DIVISION OF VITAL RECORDS, P.O. BOX 6876

YSICIAN. The law requires that the death certificate be executed will be the first the law requires that the death certificate be executed will be the first the law requires that the death certificate be executed will be the first than the first that the death certificate be executed will be the first than the first tha	s certificate has been signed by the attending physician and competity filled if the the action of the state begins of the behavior of the State Dept. of Health and Mental Hygiene prior to burial, commence on territorial	ted, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	H A	PORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the m
O THE HOSPITAL OR ATTENDING PHY	TO THE FUNERAL DIRECTOR: After be filed within 72 hours after deal	MPORTANT: It item

														96)	25001
	FOR STATE REGISTRAR		STATE OF N	MARYLAN					EALTH DEAT		MENTA	L HYGIE				
N.	1. DECEDENT'S NAME (First, Mi										2. DATE	OF DEATH	DAY	YEAR	3. T#A	E OF DEATH
	FLORENCE	ELIZ	ABETH		GAN	NLE	Y				AUG		21	1996		1:34 Pm
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In y	rs. last bin	thday)	IF UNDER	_	IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTH		(State or Foreign
	217-16-0614		1 🗌 M 2 📉 F	86	,	YRS.	MONTHS	DAYS	HOURS	MIN.	Feb.	h, Day, Year)	910	Mary	lar	nd
	Sa. FACILITY NAME (If not institu	ution, give stre	et and number)				9b. CITY	, TOWN O	R LOCATI	ON OF DE				UNTY OF D		
DIRECTOR	Stella Maris		ice				Tow	son					Bal	timor	e C	County
EC		b. COUNTY			10	Oc. CIT	Y, TOWN (OR LOCAT	ION	-					10d. I	NSIDE CITY
E	Maryland	N/2	Δ			Ral	timo	re (1i+17						L	IMITS? YES 2 NO
	10e. STREET AND NUMBER	11/2	1						ZIP COD	E			10a. C	TIZEN OF V		
FUNERAL	4040 NI -1-1-	- 7							21206							
N.	4248 Nichola	s Avei	12. WAS DECEDEN	T EVED IN II	C ADMET	0	142				#0 0Pi0#	N? (Specify 1		S.A.		44.4
	1 Never Married 2 Ma	irried	FORCES? 1	YES :	2 XNO			If yes, spi	city Cuba	n, Mexica	n, Puerto	Rican, atc.)	ea or No-	Blaci	k, White	erican Indian, s, atc.
BY	3 X Widowed 4 Divorce	d	IF YES, GIVE V	MAR OR DATE	S			1 TYES	2 X NO	Specify	/:			Spec	"y: W	nite
ED	15. DECEDI	ENT'S EOUC	ATION	16	a. DECED	DENT'S	USUAL O	CCUPATIO	iN		161	. KIND OF E	USINESS/II	NOUSTRY		
E	(Specify only his Elementary/Secondary (0-12)				(Give A	kind of v			st of working	ng	"					
PLE	7th Grade	'	College (1-4 or 5		omen	nake	er					Own H	ome			
COMPLET	17. FATHER'S NAME (First, Middl	le (est)							18 MOT	HED'S NA	ME /Circl	Middle, Meid	o Cumama			
	Frank		known	S	chmi	dtn	าลท		Ida	icii o iin		Louise			nite	
BE	19a, INFORMANT'S NAME (Type		ILL MOVIE					D (Da 4 -		0 11		ber, City or T				
2	Thomas John	,	·· (Con)		190. M	7\ ~~	ADDRES	S (Street a	na Numbei	or Hurai i	-moure Num	L 201	Thee	Zip Gode)	212	286
			y (SOII)							ψaι (_					ryland
20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of page 1) 20c. LOCATION — City or Town, State page 2) 20c. LOCATION — City or Town, State page 3) 20c. LOCATION — City or Town, State page 3) 20c. LOCATION — City or Town, State page 4) 20c. LOCATION — City or Town, State page 4) 20c. LOCATION — City or Town, State page 4) 20c. LOCATION — City or Town, State page 4) 20c. LOCATION — City or Town, State page 4) 20c. LOCATION — City or Town, State page 4) 20c. LOCATION — City or Town, State page 4) 20c. LOCATION — City or Town, State page 4) 20c. LOCATION — City or Town, State page 4)																
	21. SIGNATURE OF FUNERAL S	ERVICE LICE	NEE				22.	NAME AN	D ADDRE	SS OF FA	CILITY					1
	▶ Kathe	eln	m. h	lun	he	1 /	Jc	ohn (115 E	. Mi Belai	illei ir Ro	r, Ii bad,	nc. Balt:	imore	, Mai	ryla	and 21206
	23. PART i. Enter the dise	asea, or co	mplications the	t coused th	na daath	Do I	not antar	tha mo	da of dy	ing, auc	h aa car	diac or rea	piratory a	errest,	1	Approximata
	IMMEDIATE CAUSE (Final	rt Tallura. L	lat only one car	use on eacl	h line											Interval Between Onset and Death
	disease or condition		INF	RC	ANI	00	R								i	ame
	resulting in death)	a		(OR AS A C											-	11100.
_	Conventially the condition of b.															
CERTIFICATION	Sequantially list conditions, If any, leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):															
A	cause. Entar UNDERLYING	3														
F	CAUSE (Disease or injury that initiated eventa	1 "	DUE TO	OR AS A CO	ONSEQUE	NCE O	F):								-	
H	resulting in dasth) LAST															
CE																
AL	PART II. Other algorificant		contributing to	daath but	not raau	ulting	In the u	nderlyln	cause	given in	Part I.		AN AUTOPS	Y 246		AUTOPSY FINDINGS ABLE PRIOR TO
20	DEMENT	IN											2 NO			LETION OF CAUSE
NE I													/ \			YES 2 NO
-	DID TOBACCO USE	E CONTR	IBUTE TO CA	AUSE OF	DEATH	ł YI	S	NO K	UNC	ERTAI	N \square					
A	25. WAS CASE REFERRED TO N						TH (Check	only one)					_			
PART II. Uthar algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Post 2 NO 26. PLACE OF DEATH (Check only one) EXAMINER? 1 Post 2 NO 27. MANNER OF DEATH 28. DATE OF INJURY (Month, Day, Vesir) 1 NO THER: 4 Nursing Home 5 Residence 8 Xother (Specify) HOSPICE 28. DATE OF INJURY WORK?																
Η	27. MANNER OF DEATH		28a. DATE OF	F INJURY	-	8b. TIN		28c. INJ				SCRIBE HON				
	1 Netural 5 Per		(Month, I	Day; Year)		IN.	JURY M	t D	RK?	NO	777100					
ВУ	2 Accident investigation 28s. PLACE OF INJURY — At home farm street factory office. 28s. PLACE OF INJURY — At home farm street factory office.									Bourte A	lumbar					
	3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)										arrado,					
E	29e. CERTIFIER					-	_									
MP	(Check only		IAN: To the best o													
COMPLETED	2 MEDICA	L EXAMINER	: On the beels of	examination a	nd/or Inve	stigatio	on, in my	opinion, d	esth occu	red at the	time, det	e and placa,	end due to	the ceuse(e) end	manner es stated.
BE (296. SIGNATURE AND TITLE OF	FCERTIEIER	2 ^	10		_			29c. LIC	ENSE NUI	WBER	_	29d, D	ATE SIGNED	O (Mont	n, Day, Year)
	Lixandall	10	we	ku	w	\supset			779	25	64	3		0/0	11/	96
2	30. NAME AND ADDRESS OF P	ERSON WHO	COMPLETED CAL	SE OF DEATI	H (ITEM 2	7) /Type	Print1		-					_	-/-	** ***

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DR. KENDALL FAULKNER 2300 DULANEY VALLEY RD.

TOWSON, MD 21204

State of Maryland / Department of Health and Mental Hygiene

25002

VΆ

Physician
/Medical
Examiner

Director

2

Completed

2

Examiner

Physician/Medical

þ

Completed

Be

2

Certification:

Medical

State

3. Time of Death 10:30p

XXYas 2 No

Funeral Director

with the Meryland ir than "natural", or itema 23a or 28a-f ahow the Medical Examiner must be notified at

death , permit. Pages 1 and 2 should be filed within 72 hours after to Department of Heelth and Mentel Hygiene. Important: If frem 27 is marked other than "natural", or item any injury or other treatment as any injury or other treatments as a page.

/Medicai

Physician Examiner attending physician and for use as the buriel-transit certificata be axecuted ed by the a signed by t peen hes page 2 certificate this funeral Affer To the Hospital or Attending within 24 hours after death.
To the Funeral Director: Afte completally filled in by the fun

Box 68760

Records, P.O.

Division of Vital

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Data of Death AUGUST 14, 1996 CLARA HUBBARD 4a. Fscility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth BALTIMORE CITY THE JOHNS HOPKINS HOSPITAL H Under 24 Hrs. 8. Data of Birth Hours Min. MAR 23, Year 923 If Undar 1 Yaar 5. Social Security Number 6. Sax 7. Age (In yrs. lest birthday) Birthplace (State or Foraign Country) Deys Months 1□ M 2 🕮 F 73 Yrs. 217-22-1015
Usuel Residance of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits MD N/A BALTO 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2022 E. LANVALE ST 21213 U.S.A. 12. Was Decedent Evar in U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bieck, Whita, atc. 11. Marital Status 1 ☐ Yas 2 No If Yes, Give Yaer or Datas: 1 Nevar Married 2 Married 1 ☐ Yes 2 ☐No Specify: BALCK 3 ☐ Widowed 4 € Divorced 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) CAN COMPANY FACTORY WORKER 10th 17. Fathar's Nama (First, Middle, Last) 18. Mother's Nema (First, Middla, Meiden Surnama) ESTHER UNKNOWN JACK WILKERSON 19e. Informent's Name/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 1102 KENWOOD AVE BALTO, MD 21213 WILKERSON DAVID 20b. Plece of Disposition (Name of cametery, cremetory or other plece) 20a, Method of Disposition 20c. Location - City or Town, State Dete 1 XBuriel 2 ☐ Cremetion 3 ☐ Removel from Stete AUG 21 4 ☐ Donetion 5 ☐ Other (Specify) ARBUTUS MEM PK ARBUTUS, MD 1996 21. Signature of Funerel Service Licensee 22. Nama and Address of Fecility BETTS FUNERAL HOME 1129 N. CAROLINE ST BALTO, MD 21213 Part 1. Enfer the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heert failure. List only one ceusa on eech line. Immediate Ceuse (Finel disaesa or condition resulting in death) 24 HOURS PULMONARY EMBOLIS Due to (or es e consequença of) DEEP VENOUS THROMBOSIS 1 WEEK Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Last Due to (or es e consequenca of): Dua to (or as e consequença of): Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert i. 23b. Did tobseco use contribute to the cause of death? ISCHEMIC CARDIOMYOPATHY, PERIPHERAL VASCULAR DISEASE

DIABETES MELLITUS 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown

24a. Was en autopsy performed?

24b. Were eutopsy findings eveileble prior to completion of cause of death?

Intervel Between Onsat end Deeth

2X No 1 Yas

1 ☐ Yes 2 No

25. Wes case referred to medical examiner? 1 ☐ Yas 2 🗓 No 27. Menner of Deeth

1 Neturel

2 Accident

3 ☐ Suicide

5 Pending investigation

28e. Dete of Injury (Month, Dey Year) 6 Could not be

Hospitel:

1 inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of

Other: 4 Nursing Home 5 Rasidence 6 Other (Specify) 28c. Injury et Work? 1 Yas 2 No

28d. Describe how injury occurred 28f. Location (Street srid Number or Rurel Route Number, City or Town, State)

28. Place of Deeth (Check only one)

28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 1 🖰 Certifying Physician: To the best of my knowledge, death occurred at the time, date end pleca, and dua to the causa(s) and manner as steted. 29e. Certifier (Check only one)

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, dete and piece, and due to the cause(s) end menner steted.

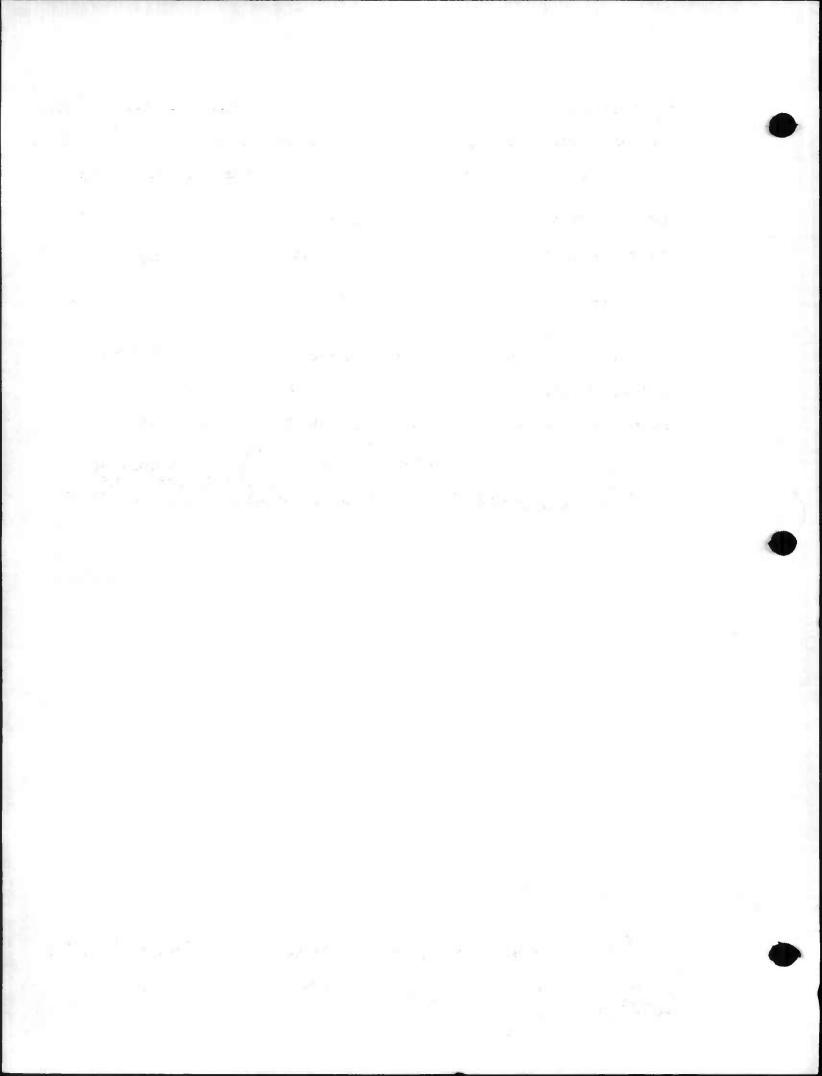
29b. Signatura and titla of certifiar

11)

m6241

29c. Licensa number

30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print) JOHAS HOPKINS HOSPITAL BALTIMORE, MD



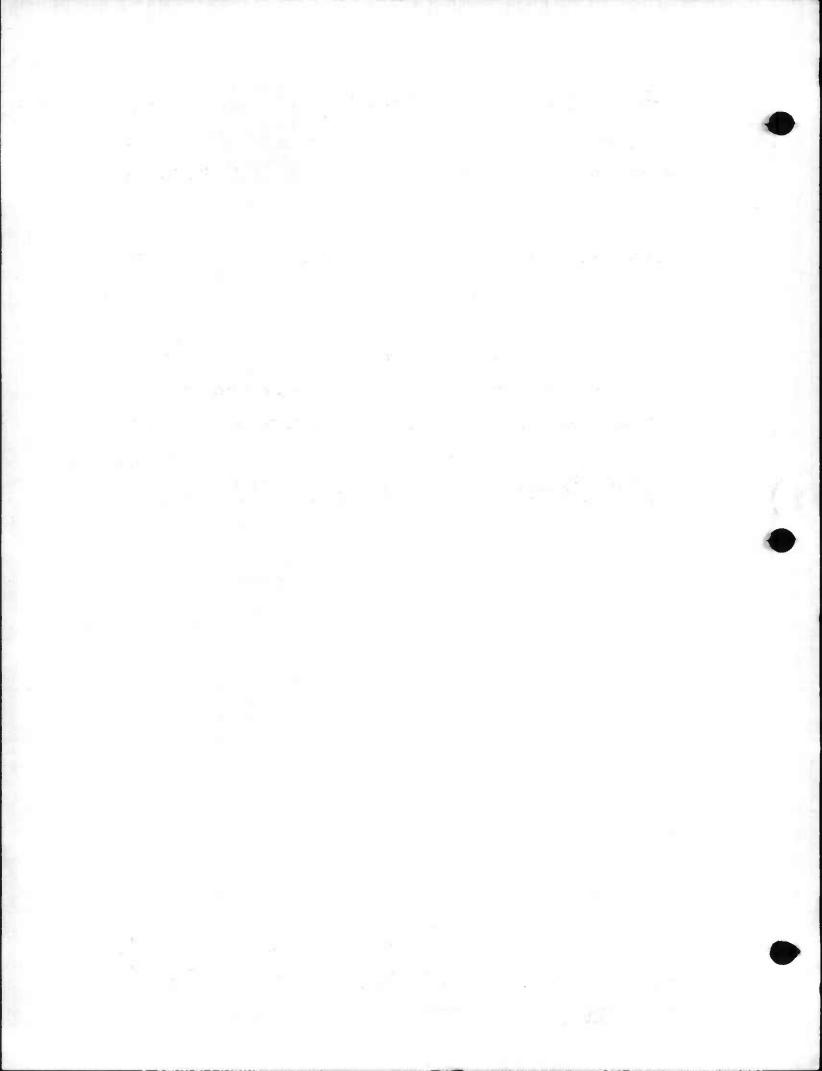
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96

25003

_		_				Cei	uncat	e or	Dealli		Reg.	No.		
Н	Physic	ian	1. Decedent's Neme (First, Middle, L.	ast)	5.	How	FII	,		2. Det	e of Deeth	Dey	Year	3. Time of Death
1	/Medi	ical	An Equilibration of Manager Institution of			11000			th City Tou		9457	211	1996	12:45PM
	Exami	ner	4a. Fecility Name (If not institution, gi	ve street end nu	m <i>ber)</i>			- 1		wn, or Location of	of Deeth	4c. County	of Deeth	
-			CHURCH HOME 5. Social Security Number 6.	Sex	7. Age (In yrs.	last hirthday)	If Unde	r 1 Year	Balti If Under 2		e of Righ	N/		on /Ctata on Familia
	Funeral Director			1□M 2X F	92	Yrs.	Months		Hours	Min. (Mo	e of Birth oth, Day, Ye	ar)		ca (Stete or Foreign
	_		Usuel Residence of Decedent	1	92					May	26,	1904	Arkan	sas
	ylanc Man		10e. Stete 10b. County		10c. Cit	y, Town or Lo	cation						10d	l. Inside City Limits
	Me I	iç	Maryland N/A		Ва	ltimor	е							1 Yes 2 No
	r 28	Director	10e. Street end Number				10f. Zip	Code			10g.	Citizen of W	/het Country	n
	h wil		101 N. Bond Str	`eet				212	231			US	۸.	
	deed	Funerai	11. Maritel Stetus		edent Ever in U	,S. 13. \	Vas Dece			gln? (Specify Ye , Puerto Rican, o	s or No-	14. Rece	- American	
0	rurs efter deeth with the Menylar al', or items 23a or 28a-f show Examiner must be notified at		1 ☐ Never Married 2 ☐ Merried	1 ☐ Yes			i Tes, spa i □ Yes		Specify:	, ruello nicali, i	510.)		k, White, etc	
21215-0020	illed within 72 hours efter deeth with the Meryland Hygiene. ther then "natural", or items 23s or 28s-f show int, the Medical Exercices must be notified at	Completed by	3 N Widowed 4 □ Divorced	Yeer or D	etes:		103	X	орвану.			Specify:	Whi	te
7	"natural",	ete	15. Decedent's E (Specify only highest gr	ducation rade completed)		16a. Deced (Giva	lent's Usu kind of wo	el Occup	ation during most d)	of working	16t	. Kind of Bu	siness/Indus	stry
121	within ene. then	E G	Elementery/Secondery (0-12)	College (-4or 5+)	lifa. L	OO NOT u	se retired	1)					
2	il Hygie other t		17 Fother's Name /First Middle Lee	5+		Home	maker		40 Matha	de Name /Finst		Jwn Re		ce
and	S a b s	Be	17. Fethar's Name (First, Middle, Las	_					18. Mother	r's Neme (First,	Middle, Mei	gen Sumem	θ)	
Z	2 should be filed with and Mental Hygiene. a marked other ther aumatic event, the N	To	Samuel Hamilton		S					ie Gova				
Maryland	d 2 should th and Mer 7 la marks traumatic		19a. Informent's Neme/Relationship							r or Rural Route				ode)
	other		Mr. Clewell Howel 20a, Method of Disposition	.l, Jr.	20h F	12 W	ilfre	ed Co	ourt,	Towson,	Mary	Land 2	1204	State
0	Peges nent of nt: If its iry or o		1 Ty Buriel 2 ☐ Cremetion 3 €		Stete	ametery, cren	netory or o	other pied	,					
altimore,	permit. Peg Department Important: It any Injury o		4 Donetion 5 Other (Speci		Dr				ery_ss of Fecility		/96 P:	ikesvi	lle,	Maryland
Se Co	permit. Peges Department of Important: If is any Injury or once.		Martin / F	Burn		M-	itcho	11_1	Ji odof	old Hom	e			
L			Martin I. Law 23a. Part1. Entar the diseese, or con shock, or heert feilure. List only	neon		6	500 Y	ork	Road,	Baltim	ore, 1	Maryla	nd_21	212
		Ь.,	shock, or heart feilure. List only	one ceuse on e	ech line.	n. Do not anti	er the mod	ie oi ayın	ig, such es d	cardiec or respir	etory errest,		in	pproximate itervel Between Inset end Deeth
	Physician /Medical		Immediete Cause (Final	Ac	to be	luca	anu	1a	luo	secre	la.	1		near and poolin
	Examiner		disease or condition resulting in death)	e. //000	Dunto		Jan at		The ,	mung	ury.			
_		je		. 1	Sickal	Si a conseq	1/11	10	mes	randin	0 1	Hall	1	-
	certificate be executed ding physician and use as the buriel-transit	Examiner	Sequentially list conditions	p)	Due to (c	or es e conseq	uence of):		1100	en we	r eg	inu	reon	
oʻ	a exe		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events					6					i	
68760,	hysic the by	lica	thet initieted events resulting in deeth) Lest	C	Due to (o	r es e conseq	uenca of):				<u>. </u>		 	
9	nding pl	n/Medical											1	
Box		an		d										
	requires that the death een signed by the etter hould be deteched for	Physician	Pert II. Other significant conditions	contributing to de	eath but not res	ulting In the ur	nderlying o	ause giv	en in Pert I.	23	b. Did toba	cco use con	tribute to th	ne cause of death?
P.O	d by	F.									1 🗆 Yes	20 No	3 Probet	bly 4 Unknown
15,	ti se ti	by												
orc	v raquire been sign	Completed								24	a. Wes en e performed	utopsy 1?	evails	autopsy findings able prior to pletion of cause
Records,	98 D	npie											of de	ath?
F	Pa at	S									1 ☐ Yes	VED NO	1 □ Y	as PONO
Vital	Physician: The this certificate ral director, page	Be	25. Was casa rafarred to medical axaminer?	112-1				1		of Death (Chec	k only one)			
of	Q. 66 5	10	1 Yes 2 No	Hospitel:		ER/Outpetlen			4 LI NUI	rsing Home 5				
NO.		ion:	27. Mennar of Deeth Naturel 5 Panding		h, Dey Year)	28b. Tima of Injury		28c. Injun World			scribe how I	nju <i>ny</i> occurre	ed	
Sig	Attending r death. sctor: After by the fune	cat	2 Accident investigation 3 Suicide 6 Could not be				М		Yes 2□N					
Division	or Attendation of the Control of the	Certification:	4 ☐ Homicide determined	286. PIECE	of Injury - At he ng, etc. (Specif	ome, ferm, stre y)	et, fector	y, offica		281. Loc	ation (Stree or Town, S	tete)	or Rural R	Route Number,
_	Hospital		29e. Certifiar	hvelelen. To the	hant of my lens	uladas dask		-4 4b - 4'		4-1 4-4		-121		
	To the Hospital or Attend within 24 hours after death To the Funeral Director: completely filled in by the	edicai	29e. Certifiar Cortilying P! (Check only one)	miner: On the ba	isis of exemine	tion end/or inv	estigetion	, in my o	na, dete end plnion, daetl	h occurred et the	e time, dete	e(s) end mar end plece, e	nd due to th	e ceuse(s)
	To the vithin 2 To the comple	Σ	29b. Signeture end title a pertifier	ong men	ioi stotou.	/	290	c. License	e number		29d.	Date signed	(Month, Da	y, Year)
	F ≤ F Ö		Amal	Medi	al A	recoli	1	29c. License number 29d. Date signed (Month, Gay, Year)						
			30. Nama and address of parson who	completed sair-	a of don't fire	230\ (Time !	Drin*\	P	732	20		1	1	0
	1()		CATTAIN M	Al ICM	a or usern (item	N 200	rint)	1,00	B	L B	111	00	MO	,
	Sta	ite	31. Dete filed (Month, Day, Year)	32. R	egistrar's Signa	ture	- ve	J	n	1		1	11/13	
	Danish		1110 0 0 4000	7 .4.4	Hande	37								

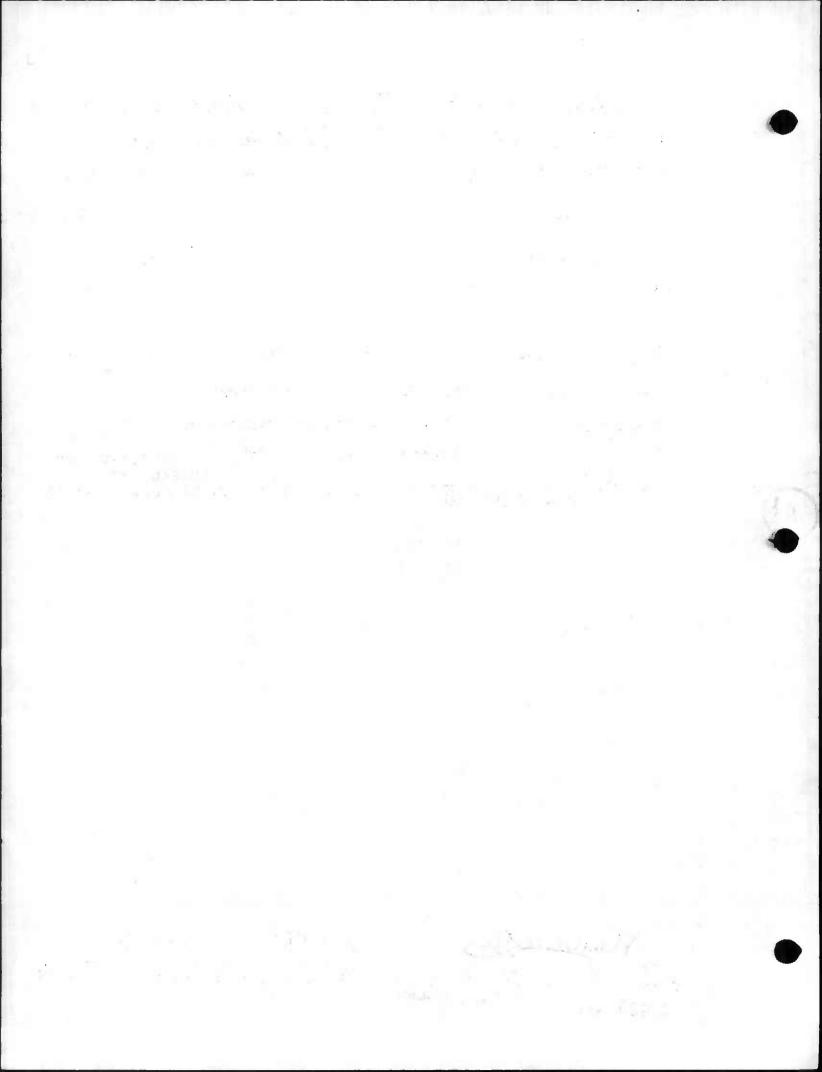


			State of Maryland / Department of H	lealth and Me	ntal Hygi			004
	Physici /Medic Examir	al	1. Decedant's Nama (First, Middla, Last) Freddie L Hunter	2	Data of Death Month		1996 10	na of Death
	Funeral Director		5. Social Security Number 6. Set 1 Aga (In yrs. last birthday) 46 Yrs. Output The under 1 Year 46 Yrs.	If Undar 24 Hrs. 8	Data of Birth (Month, Day, Apr. 30	Year) ,1950	9. Birthplaca (St Country) Virgin	ata or Foreign
	's after death with the Meryland ', or items 23a or 28a-f show terniner mast be notified at	ector	10a. Stata 10b. County 10c. City, Town or Location BALTIMORE				1 🖎	da City Limits Yas 2 □ No
	23a or 2	Funeral Director	10e. Street and Number 10f. Zip Coda 21 NORFOLK AVENUE 21	216	10	-	What Country? SA	
020	ours after des al', or items Examiner m	þ	11. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced 12. Was Decedant Ever in U,S. Armed Forcas? 1 Nevar Married 2 Married 13. Was Decedant of H if Yas, specify Cuba 14. Was Decedant Ever in U,S. Armed Forcas? 15. Was Decedant of H if Yas, specify Cuba 16. Was Decedant Ever in U,S. Armed Forcas? 15. Was Decedant Ever in U,S. Armed Forcas? 16. Was Decedant Ever in U,S. Armed Forcas? 16. Was Decedant Ever in U,S. Armed Forcas? 17. Was Decedant Ever in U,S. Armed Forcas? 18. Was Decedant Ever in U,S. Armed Forcas. 18. Was Decedant		y Yas or No- can, atc.)		e - Amarican India ck, Whita, atc.	
21215-0020	filed within 72 hours after death with the Merylend Hygiene. • natural", or frems 23a or 28a-f show ther than "existing frust be noticed at	Completed	15. Decedent's Education (Specify only highast grada completed) Elementary/Secondary (0-12) 1 2 th 16a. Decedant's Usual Occup (Giva kind of work dona of life. DO NOT use retired Entrepreneu	during most of working d)	11	Maso	nry	
Maryland	Mental Mental arked o	To Be C	17. Fathar's Nama (First, Middla, Last) Robert Hunter	18. Mothar's Nama (I	lack			
			19a. Informant's Name/Ralationship (Type, Print)19b. Mailing Addrass (StreetJennie Johnson4003 Norfol	k Avenue			- 0101	.6
more			20a. Mathod of Disposition 1 ☑ Burial 2 □ Cramation 3 □ Ramoval from Stata 4 □ Donation 5 □ Othar (Spacify) 20b. Place of Disposition (Nama of cematary, cramatory or othar place of Disposition (Nama of cematary), cramatory or othar place of Disposition (Nama of cematary), cramatory or othar place of Disposition (Nama of cematary), cramatory or othar place of Disposition (Nama of cematary), cramatory or othar place of Disposition (Nama of cematary), cramatory or othar place of Disposition (Nama of cematary), cramatory or othar place of Disposition (Nama of cematary), cramatory or othar place of Disposition (Nama of cematary), cramatory or othar place of Disposition (Nama of cematary), cramatory or othar place of Disposition (Nama of cematary), cramatory or othar place of Disposition (Nama of cematary), cramatory or othar place of Disposition (Nama of				City or Town, Star Mills,	
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	Physician /Medical Examiner		Immediata Causa (Final disease or complications that cause on each line. Immediata Causa (Final disease or condition rasulting in death) Due to (or as a consequence of)	ng, such as cardiac or r	aspiratory arras	st,	Approx Interva Onset	
x 68760,	requires that the death certificate be executed een signed by the attending physician and hould be detached for use es the burlei-fransit	Physician/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated awarts resulting in death) Last b. Ethand Itbust Due to (or as a consequence of): c. Due to (or as a consequence of):				5-11	gears
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_	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edicai C	29a. Cartifiar (Check only one) Certifying Physician: To the best of my knowledge, death occurred at the time of the control	na, data and place, an pinion, daath occurred	d dua to tha cau at tha tima, dat	usa(s) and ma ta and place, a	nnar as stated. and dua to tha cau	ise(s)
à	To T	Σ	29b. Signatura and titla of certifiar Policy A Lian MD DhD. Pog79	noscenii III		d. Data signed Mg. 21	d (Month, Day, Ye	ar)
	9		30. Nama and addrass of person who complated causa of daath (Itam 23a) (Type, Print) Peter S. Liav 22 · S. Gelline ST.			0		
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State of Maryland / Department of Health and Mental Hygiene

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						Cei	tificate	of Dea	ath		Reg. No.		_ 0 0 0 0
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aryla show	-	10e. State 10b. C	ounty		10c. City, T	own or Lo	cation					10	Od. Inside City Limits
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To the Hospital within 24 hours To the Funeral completely filled	edicai	CONNECT ONLY 2 MS	tifying Phys dical Exami	ner: On the best	of exemination	ige, deeth end/or inv	occurred et t	he time, dete my opinion.	e end plece, deeth occurr	end due to the	cause(s) end me	enner es ste	eted. the cause(s)
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2		30. Name and eddress of pe	orson who co	impleted ceuse of	death (Item 23	e) (Type, F	Print) PL	w	7-0-1	and	Genon.	-0 1	405pital
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Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Physician (Medical Examiner Charlotte Irene Johnson Month August 22 1996 Examiner Funeral Director	land inside City Limits 1⊠ Yes 2□ No ? ; indlan, te de)
Examined Facility Name (if not institution, pive street and number) 6.218 Fair Oaks Avenue 8.1 immore 1.5 Social Security Number 6.5 sex 7. Age (in yrs. lest birthday) 1.0 indicated	e (State or Foreign land inside City Limits 1 🛱 Yes 2 🗆 No resident land land land land land land land land
Social Security Number 6. Sex 212 - 26 - 2727 Usual Patientians of Deceder 1 100. County 100. City, Town or Location 100. State 100. County 100. City, Town or Location 100. State 100. County 100. State 100. County 100. State 100. City, Town or Location 100. State 100. County 100. State 100. City, Town or Location 100. State 100. City Town or Location 100. City Town or	land inside City Limits 1 Ø Yes 2 □ No ? indlan, te try
Social Security Number Social Security Num	land inside City Limits 1 Ø Yes 2 □ No ? indlan, te try
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The state of the s	L4
Mr. Robert W. Johnson, Sr./band 6218 Fair Oaks Avenue Baltimore, Md. 212. 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town 20d. Method of Disposition 20d. Place of Disposition (Neme of cemetery, cremetory or other place) 20d. Method of Disposition 20d. Place of Disposition (Neme of cemetery, cremetory or other place) 20d. Method of Disposition 20d. Place of Disposition (Neme of cemetery, cremetory or other place) 20d. Location - City or Town 20d. Place of Disposition (Neme of cemetery, cremetory or other place) 20d. Place of Disposition (Neme of cemetery, cremetory or other place) 20d. Location - City or Town 20d. Place of Disposition (Neme of cemetery, cremetory or other place) 20d. Location - City or Town 20d. Place of Disposition (Neme of cemetery, cremetory or other place) 20d. Location - City or Town 20d. Place of Disposition (Neme of cemetery, cremetory or other place) 20d. Location - City or Town 20d. Place of Disposition (Neme of cemetery, cremetory or other place) 20d. Location - City or Town 20d. Place of Disposition (Neme of cemetery, cremetory or other place) 20d. Location - City or Town 20d. Place of Disposition (Neme of cemetery, cremetory or other place) 20d. Location - City or Town 20d. Place of Disposition (Neme of Cemetery, cremetory or other place) 20d. Location - City or Town 20d. Place of Disposition (Neme of Cemetery, cremetory or other place) 20d. Location - City or Town 20d. Place of Disposition (Neme of Cemetery, cremetory or other place) 20d. Location - City or Town 20d. Place of Disposition (Neme of Cemetery, cremetory or other place) 20d. Location - City or Town 20d. Place of Disposition (Neme of Cemetery, cremetory or other place) 20d. Place of Disposition (Neme of Cemetery, cremetory or other place) 20d. Place of Disposition (Neme of Cemetery, cremetory or other place) 20d. Place of Disposition (Neme of Cemetery 20d. Place of Dis	L4
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resulting in death) Due to (or as a consequence of):	nset and Death
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Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 23b. Did tobacco use contribute to the first significant conditions contribute to the first significant conditions.	
So that have a hard being the second of the	cause of death?
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1 Yes No Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Anesidence 6 Other (Specify) 27. Manner of Death 28a. Date of Injury 28b. Time of 28c. injury et 28d. Describe how injury occurred	
25. Was case referred to medical exeminer? 1	
27. Manner of Death 1	
29a. Certifier (Check only one)	oute Number,
29b. Signature and title of certifier 29d. Date signed (Month, Day 02/206 ND 8/22/26	1
30. Neme and address observer who completed/cause of death (Item 23a) (Type, Print)	d. cause(s)
30. Name and address of design who completed cause of death (Item 23a) (Type, Print) Henry J. V. H. Salocele 6 79 Tolms Hopkins tosa, tol Polytunger. My	d. cause(s)
State 31. Date filed (Month, Dey, Year) 32. Registrar's Signeture	d. cause(s)

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Appendix and the second second

State of Maryland / Department of Health and Mental Hygiene 25007 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month Day LUCY **JOHNSON** 18, Aug. 1996 2:00 PM /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Daath 4c. County of Daath Examiner Summit Rehabilitation Center Catonsville Baltimore 5. Social Sacurity Number If Under 1 Yaar | If Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Year)

Sept. 6, 1913

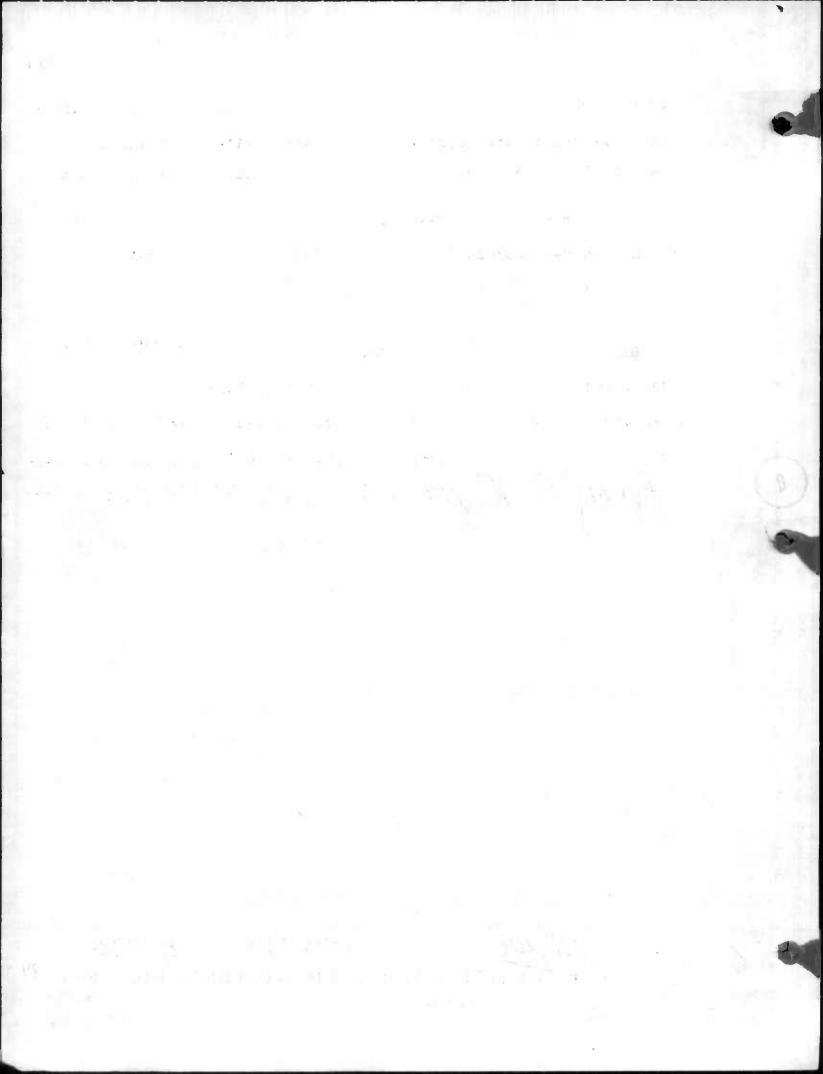
9. Birthplece (Stete or Foreign Country)

Maryland **Funeral** Months 1 □ M 2 □ F 212-30-5343 Vrs 82 Director Usuel Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location rthan "natural", or items 23s or 28s-f show the Madical Examiner must be notified at 10d. Insida City Limits Director N/A Baltimore 1 ∃Yes 2 No 10e. Street end Number 10f. Zin Code 10g. Citizen of What Country? # 3 S. Rosedale Street 21229 USA Funeral 12. Was Decedent Evar in U,S. Armed Forces? 11. Marital Status 13. Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indien, Black, White, etc. filed within 72 hours after 1 Never Memied 2 Married 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: 21215-0020 þ Specify: 3 ☐ Widowed 4 ☐ Divorced Black Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15 Decedent's Education 18b. Kind of Business/Industry (Specify only highest grade completed) I Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) School System 6th Cook more. Maryland 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be ages 1 and 2 should be mt of Health end Mental James Smith Nellie Cook 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) 89 if Itam 27 is Oscar Johnson/husband #3 S. Rosedale Street, Balto., MD other 21229 20a. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) Dete 20c. Location - City or Town, State Buriel 2 Crametion 3 Removel from State Cedar Hill Cemetery 8/23 4 ☐ Donetion 5 ☐ Other (Specify) Baltimore, Maryland 21. Signetural of Funeral Service Licental 22. Neme and Address of Facility LEROY O. DYETT & SON FUNERAL HOME, P.A. 4600 LIBERTY HEIGHTS AVE., BALTO. 221207 or complications that cause the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, ist only one cause on each if Approximete Intervel Batween Onset end Deeth Physician Immediate Cause (Fine) diseesa or condition resulting in deeth) Examiner Due to (or es consequence of) Examiner The law requires that the death certificate be executed the buriel-tran Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as e consequence of) P.O. Box 68760, ettending physician I for use es the bune Physician/Medical Due to (or as a consequence of) Pert ff. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert f. 23b. Did tobacco use contribute to the cause of death? signed by the 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, þ ate hes been signated bage 2 should b Completed 24b. Were autopsy findings available prior to completion of cause of deeth? 24a. Wes an autopsy performed? certificate hes 1 Yas 2 →No 1 ☐ Yas 2 ☐ No Division of Vital or Attending Physician: 25. Wes cese referred to medical axeminer? Be 26. Placa of Deeth (Check only one) Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No After this 28a. Dete of Injury (Month, Dey Year) 27. Menner of Deeth Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Panding Investigation 1 Natural death. 1 Tyes 2 □ No 2 Accident Director: 3 Sulcide 6 Could not be detarmined In by 28e. Plece of fnjury - At homa, ferm, street, factory, office building, etc. (Specify) 28f. Location (Streat end Number or Rural Route Number, City or Town, Stete) 4 Homicide within 24 hours e To the Funeral D completely filled Hospital 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the ceuse(s) and menner es stated.

2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, dete end piece, end due to the cause(s) end menner stated. Medical 29a. Certifier (Check only one) \$ 29b. Signature and title of certifier 29c. Licensa number 29d. Date signed (Month, Day, Year) 26294 30. Neme and eddress of person who comp THE Cause of deeth (Item 23e) (Type, Print)
THO MAIDEN CHOICE LANE GA

State Registrar 31. Dete filed (Month, Dey, Year)

32. Registrava Sigratur



item #23 part II, filmg 738, 8/23/96,cyw, per Certificate of Death

Reg. No. 1. Decedent's Nama (First, Middle, Last) 2. Date of Death **Physician** Month JONES ALMA 4.40 AM 1996 AUGUST 20 /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Good Samaritan Hospital Baltimore N/A If Under 1 Yaar if Under 24 Hrs. Hours Min. 5. Social Security Number 8. Date of Birth 08/30/1929 7. Age (In yrs. last birthday) 9. Birthplaca (Steta or Foraign **Funeral** Months Days 1□M 2☑F 244-13-1842 North Carolina 66 Yrs. Director Usual Rasidence of Decedent Pages 1 and 2 should be filled within 72 hours after death with the Maryland to Health and Mentel Hygiane. 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits ral", or items 23a or 28a-f shore Examines must be notified at N/A 1X Yas 2 No Maryland Baltimore Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2409 E. Fairmont Ave. 21224 U.S.A. Funeral 12. Was Decedant Evar in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Raca - Amarican Indian, Bleck. White, etc. 1 Never Married 2 Married 1 ☐ Yes 2X No If Yas, Give Baltimore, Maryland 21215-0020 "natural", or Specify: American Indian 1 ☐ Yes 27 No þ If Yas, Give Year or Detes: 3 Widowed 4 □ Divorced if the Medical Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT usa retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) Homemaker Domestic 7 is marked other traumatic event. 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Henry Locklear Anne N. Locklear 2 19a. informant's Name/Relationship (Type, Pnint) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Department of Health at Important: If Item 27 is any injury or other trau once. Carolyn Jones Daughter 18 N. Maderia St. Baltimore, Md 21231 20b. Placa of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removal from Stete 4 ☐ Donation 5 ☐ Other (Specify) Locklear Cemetery 8/26/96 Red Springs, N.C. 21. Signature of Funeral Service Licen 22. Name and Addrass of Facility David J. Weber Funeral Home 401 S. Chester Street Baltimore, Md 21231 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one cause on each line. Onsat and Death Physician Immediete Cause (Final disease or condition resulting in death) /Medical COLLAPSE Adays LUNG Examiner Due to (or es e consequenca of): PNEUMONIA Examiner EBSIELL that the death certificate be executed physician end the burial-transit Sequentielly list conditions, if any, laading to immediate cause. Enter Undarlying Cause (Disease or Injury that initiated events rasulting in death) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760. Physician/Medicai Due to (or as a consequanca of): attending pi for use es t Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. END STAGE RENAL DISEASE ON HEMODIALYSIS 23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 | No 3 | Probably 4 | Unknown HEMODIALYSIS 40 þ 24a. Was an autopsy performed? 24b. Were autopsy findings evallable prior to completion of cause of death? Completed COPONARY ARTERY DISEASE E URINARY TRACT INFECTION cartificate Hospital or Attending Physician: 25. Was case referred to medical examiner? Be 26. Place of Deeth (Check only one) Hospitai: 1 Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 ☐ No 2 2 ER/Outpatient 3 DOA this funeral 28a. Data of Injury (Month, Dey Year) 27. Manner of Deeth 28d. Describe how injury occurred Certification: 28b. Time of 28c. injury at Work? After 1 Natural 5 Pending after deeth. 1 ☐ Yes 2 ☐ No investigetion 2 Accident 6 Could not be 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28a. Placa of Injury - At homa, farm, street, factory, office building, etc. (Specify) 4 Homicide 24 hours a 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end piece, end due to the cause(s) and manner as stated. Medical (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) and menner stated. To the Vithin 2 29b. Signature and titla of cartifiar 29c, Licensa number 29d. Date signed (Month, Dey, Year) P08236 AUGUST 30. Neme and address one erson who completed cause of death (Item 23a) (Type, Print) MAYA SAMARITAN HOSPITAL GUPTA G00D 31. Dete filed (Month, Dey, Year) 32. Registrar's Signature State AUG 2 3 1996 Julia Davidson-Randall Registrar

DHMH 16 Rev 6/95

	B.K.S			State of M	arylan				Mental Hy	giene	96	25009		
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O.C.M.E

AUG. 17, 1996

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io.	by Fi	1 ☐ Never Married 2 ☐ Marriad 3X Widowed 4 ☐ Divorced	If Yes, Give			1□Yes 2		Specify:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Spec		ITE		
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f item 27 r other tr		EVA K. BERKOW (DAUGHTER)		8511	ARBOR	RWOO	D ROA	D;_E	BALTIMORI	E, MD	2120	88		
+ >		20e. Method of Disposition 1	☐Removal from St		lece of Dispo emetery, crea	osition (Name matory or oth	e of ner plac	a)	1	Date 2	Oc. Location	n - City or To	own, Steta		
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important: I any injury o once.		21. Signature of Fundral Servica Licensee 22. Name end Address of Facility Sol Levinson & Bros., Inc. 8900 Reisterstown Road Pikesville, MD 212													
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		Neta Fa	Ha mis			1	74-	7707)	ocett,	tugust	-16,	1996		
		30. Name and address of person who	completed ceuse of	f deeth (Item,	23е) (Туре,	Print)	Λ.				~	-			
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DHMH 16 Rav 6/95

BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours ager death. Page 8 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
760	od within 24 hou	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by Me. fill be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event, the me
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DIVIS	PITAL OR ATTI	RAL DIRECTO	E if item 28
	TO THE HOSF	TO THE FUNE be filed within	IMPORTAN

	1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPAR CERTIF	TMENT		ALTH AND	MENTAL HYGIEN REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last) MARY AND	abelle	Kibl	er			2. DATE OF OEATH MONTH DA	15	YEAR 1996	3. TIME OF DEATH		
3	4. SOCIAL SECURITY NUMBER 212-36-1993	5. SEX 6. AGE (N	n yrs. last birthday) YRS.	IF UNDER		IF UNDER 24 HRS. HOURS MHN.	7. DATE OF BIRTH (Month, Day, Year) Mar 5, 19	07	A BIRTHE	irginia		
OR	Meridian Nursing (Lane		timo	LOCATION OF O			e Aru	ATH		
DIRECTOR	100. STATE 10b. COUNTY Maryland N/A			y, rown o		(Brook	lyn)		T	10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 3803 St. Margai	ret St., 101. ZIP CODE 109. CITIZEN OF WHAT C								HAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES	IS DECEDENT EVER IN U.S. ARMED MRCES? 1 YES 2 NO H yes, appecify Cuban, Mexican, Puerto Rican, etc.) 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, appecify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 X NO Specify:							14. RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12		18a. DECEDENT'S (Give kind of life. Do NOT u	work done d se retired.)	CCUPATION furing most	of working	Day Ca					
BE CO	17. FATHER'S NAME (First, Middle, Lest) LEWIS Aike	ens				Sanah	ME (First, Middle, Maiden Catherine	Ridd				
2	Mrs. Ann Jewer_D/		7426	Hick	cory	Lane, H	anover, Ma	ry la	nd 2	21076		
	20s. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	oval from State Cem		n Men	noria	PK. 8	/17/96 G1e	n Bu		Maryland		
HILICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Presulting in death) Approximation of dying, such as cardiac or respiratory arrest, interval B Onset and On											
#: MEDICAL CE	PART II. Other significent condition		ut not resulting				AUTOPSY	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1												
T PIL	27, MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIN	-	28c. INJUI WOR	RY AT	28d. DESCRIBE HOW I	NJURY OC	CURED			
_	3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm,	street, facto	ory, office		281. LOCATION (Street of City or Town, State)		r or Rural Ro	oute Number,		
COMPLEIED	anat .	CIAN: To the best of my knowledge. On the bests of examination								and manner as stated.		
O BE	30. NAME AND ADDRESS OF PERSON WH	m	ATM (1704 5	04-11		D3/2	WBER 44			Month, Day, Year)		
1	Dr. H. George	Hebard, M.D.	4710 P		ngtor	Ave.,	Baltimore,	Mar	yland	1 21226		
	31. DATE THE MOTE 2 3 1996	32. REGISTHAR'S SIGN	THREE									

State of Maryland / Department of Health and Mental Hygiene item #1, filmg 738, 8/23/96,cyw, per fh Cartificate of Death 25012 Certificate of Death 1. Decedent's Nama (First Middle Last) 2. Date of Death 3. Time of Death **Physician** Sobbu 45000 BOBBY LISBON 96 2305 55 /Medical 16 4a. Facility Name (If not institution, give streat end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner (Soutimore MD Maryland Medical Center 5. Social Security Number N/A 6. Sex if Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) AUG 28, 7. Aga (In yrs. lest birthday) **Funeral** Birthplaca (Stete or Foreign Country) Days 1 M 2 F Months Hours -56-8462 Yrs Director 1949 MD Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f ahow 7 is marked other than "naturel", or items 23a or 28a-f ahov treumatic event, the Madical Examiner natal be notified at Director MD N/A BALTO 1XXes 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 1028 W. FRANKLIN ST 21223 U.S.A. Funeral death 12. Was Decadent Ever in U,S. Armed Forces? Was Dacadent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) Raca - American Indian, Black, White, etc. filed within 72 hours efter 1 Never Married 2XX Married Yes XXNo f Yes, Give Year or Datas: 21215-0020 þ 1 Yes XXNo 3 ☐ Widowed 4 ☐ Divorcad Specify: BLACK Completed 15. Decedent's Education ifv only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grede other than " Elementary/Secondary (0-12) College (1-4or 5+) NURSING HOME 9th NURSING ASST N/A Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumema) ith end Mentel h Be Pages 1 end 2 should be LEROY MCCALL ETHEL UNKNOWN 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Steta, Zip Code) permit. Pages 1 end 2: Dependent of Health el Important: If Item 27 Is any Injury or other tree WANDA LISBON 1028 W. FRANKLIN ST BALTO, MD 21223 20a. Method of Disposition 20b. Placa of Disposition (Neme of cemetery, cremetory or other place) Date 20c. Location - City or Town, Stata 1 Burial 2 Cremation 3 Removal from State AUG 22 4 ☐ Donation 5 ☐ Other (Specify) BALTIMORE CEM 22. Name and Address of Facility
BETTS 1996 BALTO, MD 21. Signaturi FUNERAL HOME 1129 N. CAROLINE ST BALTO, MD 21213 Ant1. Enter the disease, or complications that caused the death. Do not enter tha mode of dying, such as cardlac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) ancer ung Examiner Due to (or as a consequenca of): Examiner The law requires that the death certificete be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, ettending physician for use es the bune Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? signed by t d be detach Ventilator Dependent 1 ☐ Yes 2 ☐ No 3 ☐ Probably ★ Unknown þ Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? P used family certificate hes 1 ☐ Yes 2 ☐ No or Attending Physician: Be 25. Was case referred to medical 28. Piace of Death (Check only one) examiner? Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) ၉ 1 Yes 2 No DOA this 27 Manper of Death 28a. Date of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred After t 5 Pending Investigation deeth. 1 Yes 2 No 2 Accident within 24 hours after deett To the Funeral Director: completely filled in by the 6 Could not be determined 3 ☐ Sulcide 28e. Piaca of injury - At home, farm, streef, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide Hospital Certifying Physician: To tha best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only onel the th 29b. Signature and title of certifier (29c. Licansa number 29d. Data signed (Month, Dey, Year) and address of person who completed cause of death (Item 23a) (Type, Print) no medical Ce my EWE UNIV OF 31. Date filed (Month, 32. Registfar's Signature State

a Davidson-Randell

Registrar

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State of Maryland / Department of Health and Mental Hygiene

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25013

					C	ertificate of	Death		Reg. No.	20	23013
	Dhuais	ion	1. Decedent's Nama (First, Middla, La	st)				2. Data of De Month		Yaar	3. Tima of Death
	Physic /Medi		ELLEN MARIE	LOVE				AUGUST		996	8:45 AM
	Exami		4e. Fecility Nema (If not Institution, giv	a streat and number)			4b. City, Town, or	Location of Deeth	4c. County	of Deeth	
			SAINT JOSEPH N	MEDICAL CEN	TER		rowson, M		D B	ALTI	MORE
0	Funeral Director		5. Social Sacurity Number 300-07-2598 6. S		rs. lest birthd 79 Yrs	Months Davi			th y, Year) 14, 191	9. Birthp Cour	plece (Stata or Foreign ntry) OHIO
	show	ō	Usuel Residence of Decedent 10a. Stata 10b. County Maryland Balti		City, Town o		ltimore			1	10d. Inside City Limits
	he N	ecto	10e. Street end Number			1,01 = 1 0 1					
	23a or	Funeral Director	815 Ridgeleigh	Rd.		10f. Zip Coda	21212		10g. Citizan of 1 United		
020	be filed within 72 hours after death with the Meryland rial Hygiene. d other than "natural," or items 23a or 28a-f show event, tra Medical Examiner must be notified at	by	11. Merital Stetus 1 □ Navar Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent Ever in Armed Forces? 1 ☐ Yes 2 ☒ No If Yas, Giva Yaar or Datas:	u,S. 1	3. Was Decedent of If Yas, specify Cu 1 ☐ Yes 2 🕅 No		Specify Yes or No to Rican, atc.)	14. Rad Bia Specify	ck, Whita,	
21215-0020	n 72 hc "netur	Completed	15. Decedant's Ed (Specify only highest gra	ducation ida completed)	(G	cedant's Usual Occuive kind of work done DO NOT usa retir	e during most of wo	rking	16b. Kind of B	usinass/In	dustry
12	withir Bne. then	dmo	Elemantary/Secondary (0-12)	College (1-4or 5+) 4 vears	H	Homena	•		Own	Homo	
D	should be filed within the Mental Hygiene. marked other then imatic event, tre M		17. Fathar's Name (First, Middle, Last)			Homeme		me (First, Middle,			
lan		o Be	Paul Gerhardt M					et Rache			
Maryland	1 end 2: Health er em 27 is rther trau	To	19a. Informant's Name/Relationship (Edwin O. Love/Hus	Type, Print)		eiling Addrass (Stree	et and Number or R		er, City or Town,		
Baltimore,			20a. Mathod of Disposition		. Place of Di	sposition (Nama of		Data	20c. Location		
	Peges net: if its int: if its		1 Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif	Ramoval from Stata		To 11 out Me		0/22			
		1	21. Signature of Funaral Sarvice Licer		цапеу	Valley Me			Timon		
	pemit. Departn Importa any Inju		I John O. Mu	tchell			650 Ba.	00 York ltimore,	Rd. MD 21	212	e, me.
А			23a Pool, Entar tha disease, or com ock, or haert tailura. List only	plications that caused tha do ona ceusa on aach lina.	aath. Do not	anter the mode of dy	ring, such as cardia	c or raspiretory a	rrast,		Approximeta Interval Between Onset end Deeth
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	Examiner		disaasa or condition rasulting in daath)	a ACUTE_CER		VASCULA sequence of):	R_ACCID	ENT			DAYS
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	certificate be executed nding physician and use es the buriel-transit	Examiner	Soguestially ilst conditions	b. — Due to	Dua to (or as a consequence ot):						
ó	exec an an riel-tr		Sequentially ilst conditions, if any, laading to immadiata causa. Enter Undertying Ceuse (Diseasa or Injury	Dua to (or as a consequence of).							
68760,	the death certificate be executed by the ettending physician and sched for use as the buriel-transit	Medical	that initiated avants	c. Dua to	Dua to (or as a consequence of):						
68	tifica ng ph es th	Peg	rasulting in death) Last							i	
Box	eath cer ettendir for use		•	d							
	deat de ett	sici	Part II. Other significant conditions o	ontributing to death but not a	asulting in th	a undarlying causa g	ivan in Part I.	23b. Dld 1	lobacco use co	ntribute te	o the cause of death
P.0	at the de by the eteched	Physician	4)					10	Yes 200 No	3 Pro	bably 4 Unknow
	es that igned t	þ	1) DIABETES MEI	LITUS							
Records,	lew requires that es been signed b 2 should be dete	Completed	2) PREVIOUS CER	REBRAL VASC	ULAR	ACCIDENT	[en autopsy rmed?	av co	ara autopsy tindings railable prior to empletion of causa daath?
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Vital	lcian: The certificate rector, pag	Be C	25. Wes casa ratarred to medical				26. Placa of Dec	ath (Check only o	na)		
>	Physician: this certific ral director,	ToE	axaminer? 1 ☐ Yas 2 🏋 No	Hospital:	☐ ER/Outpa	tient 3 DOA	ther	foma 5□ Rasio		er (Specif	(v)
ion of	fing After Tune		27. Mannar ot Death 1 Natural 5 Panding 2 Accident investigation	28a. Data of Injury (Month, Day Year,	28b. Time Injur	y W	ury at ork? □ Yas 2 □ No	28d. Dascribe	now injury occur	red	
Division		Certification:	3 Suicida 6 Could not be determined	street, tectory, office		28f. Location (S City or Tox		er or Rure	al Route Number,		
	Hospita 24 hours Funeral stely fille	edicai C	29a. Certifier (Check only one)	ysfcian: To the best ot my k ninar: On the basis ot exemi and mannar stetad.	nowledge, de netion and/or	eth occurred at tha t invastigation, in my	tima, date and place opinion, daath occu	e, and dua to that arred at the tima,	causa(s) and mi dete end plece,	annar es s and due to	tated. o the cause(s)
	within 2 To the comple	Me	29b. Signatura and titia of certifier	and manners		29c. Licar	nsa number		29d. Data signe	d (Month,	Day, Year)
	- s - ō		miti.11	D. de Len	74	A -	10500				
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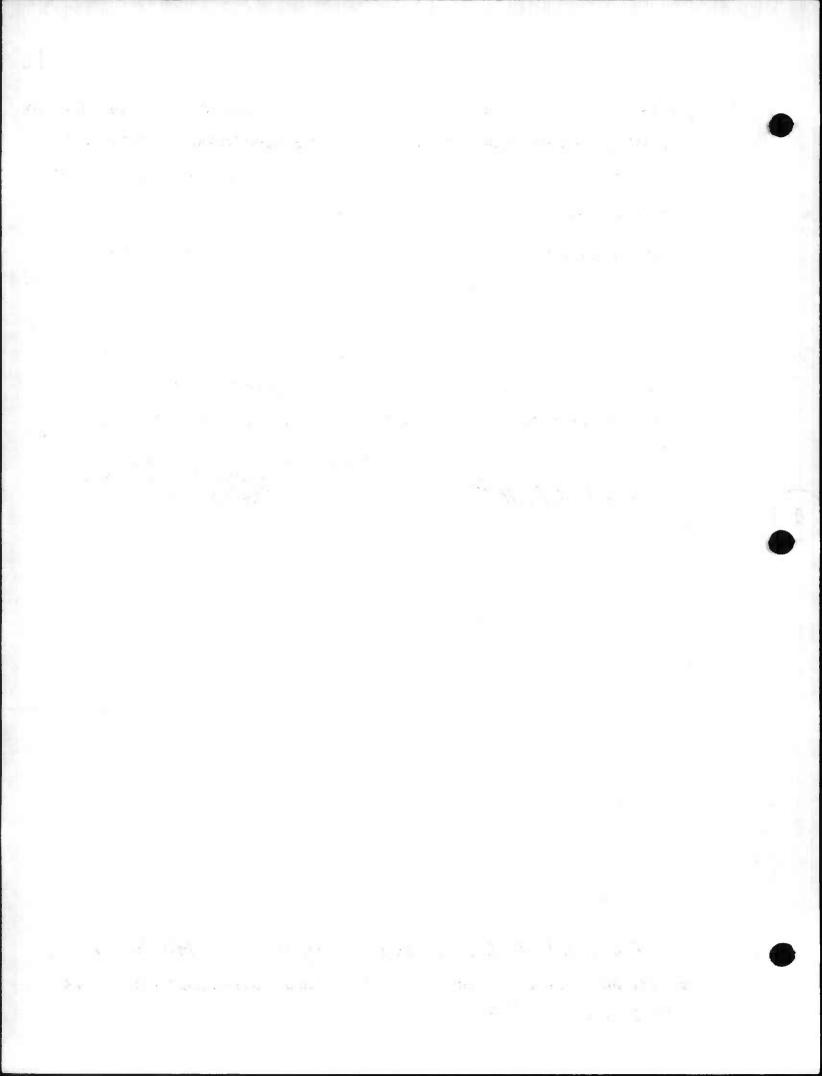
7620 YORK ROAD, TOWSON, MARYLAND 21204

Registrar
DHMH 16 Ray 6/95

State

NATIVIDAD D. DELEON, M.D.,

31. Data tiled (Month, Day, Year) AUG 2 3 1996



State of Maryland / Department of Health and Mental Hygiene

25011

					ar y raina		tificate of		F	leg. No.	90	23014
Physician			1. Decedent's Neme (First, Middle, Last) Olga Leacock						2. Dete of Dea Month August	th Dey/8	Year 1906	3. Time of Death 5:36 PM
	/Medi Examii							4b. City, Town, or	Location of Deeth	-	of Death	3 30111
4.0			Laurel Hospita	1				Laurel		P	6	
ŀ	Funeral Director		098-46-3121 1 M 2 Trs. Montha Deys Hours									
Baltimore, Maryland 21215-0020	and		Usual Residence of Decedent 10a. Stete 10b. County		10c. City, 1	own or Loc	eation				10	0d. Inside City Limits
	Many H sh	tor	MD 3 3 3 3 3								1 ☐ Yes 2 ☐ No	
	h with the 23e or 28e et be not	al Direc	10e. Street end Number 8354 Flint Lock Court 21144					1	10g. Citizen of Whet Country? USA			
	permit. Pegas 1 and 2 should be filed within 72 hours aftar death with the Maryland Department of Haatil and Mentall Hygiane. Department of Haatil and Mentall Hygiane. Say Injury or other traumatic event, the Medical Examinal must be northed at pince. Date.	by Funeral Director	11. Meritel Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced	1 ☐ Yes 2X No		ea Decedent of Hispenic Orlgin? (Specify Yes or No Yes, apecify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ②☑ No Specify:			14. Race - American Indien, Black, White, etc. Specify: BLACK			
	72 hc	eted	15. Decedent's Education (Specify only highest grade completed) (iffe. Do NOT use retired) (iffe. DO NOT use retired)					18b. Kind of Business/Induatry				
	within ane. than	To Be Completed	Elementery/Secondary (U-12) College (1-4or 5+)				iiie. DO NOT use retired) ood Service Attend					
	d be filed ental Hygid ted other c event, ti		17. Fether's Name (First, Middle, Last) 18. Mother's Name (Wildle, Last) 18. Mother's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Last)					a Brown				
	nd 2 shou alth and M 27 is mari r traumeti	-	19e. Informent'e Neme/Reletionahlp (7 Lester A. Brow						ural Route Number			
	Pegas 1 enent of Ha		20e. Method of Disposition 1 Defining 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify) 20b. Place of Disposition (Name of cemetery, cremetory or other placa) Meadowridge Cemetery 8/21 Meadowridge Cemetery 8/21									
	Departr Departr Importu any Injk		21. Signeture of Funeral Service Licensee 22. Name and Address of Facility Hardesty Funeral Home, P.A. 12 Ridgely Ave. Annapolis, MD 21401									
			23a. Pert1. Entar the disease, or compilications that cause of the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximate Interval Between									
1	Physician /Medical Examiner		Immedieta Ceusa (Finel diseese or condition resulting in deeth)	Acute	Lei	iker	uic 1/a	usform	ation			Onset and Deeth Math
		ner		0	Due to (or e	s a consequ	uange of)/	die 1	Sado		2	1 Marc
	ertificate be executed ling physicien and se as the buriel-transit	Be Completed by Physician/Medical Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury thei Initieted events reaulting in death) Last	c	Due to (or es		×	ww. c	70 400			20
Вох	atten affor u		Pert il. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death?									
Vital Records, P.O.	es thet the death certification by the attending be detached for use as		Pet II. Other significant conditions co	ntinbuting to death bu	t not resultir	ig in the un	denying cause gr	ven in Pert I.		es 2 No		one cause or death?
	ysicien: Tha law requires thet the daath cer is cartificata has been signed by tha attendir i director, paga 2 should be detached for use		***						24e. Wes a perfor		eva	ara autopsy findings alleble prior to appletion of cause death?
									1□ Y	es 20 No	1□	Yea 2□No
	lelan: Partific Pector,		25. Waa case rafarred to medical examiner?	Hospitel: 🗸 .			Ott	205	th (Check only one)			
ō	Attending Physician: or death. ector: After this cartific by the funeral director,	: To	1 Inpatient 2 EH/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Dother (Specify)								"	
Division of Vital	ath. :: Aftar a funer	ation	1 Neturel 5 Pending (Month, Dey Year) 2 Accident Investigetion (Month, Dey Year) 1 Vesturel 5 Pending (Month, Dey Year) 1 Vest 2 No					rk?	Local December 11, 11, 11, 11, 11, 11, 11, 11, 11, 11			
	after day	Certification:	3 Suicide 6 Could not be determined	286. Pleca of inju	28e. Pleca of Injury - At home, ferm, atreet, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State)							
	To the Hospital or Attending Phywithin 2 Hours after death. To the Funeral Director: After thi completely filled in by the funeral	edical	29a. Certifier (Check only and) Certifying Phy	sician: To the best of Iner: On the beais of end menner ste	exeminetion	dga, daath end/or inv	occurred et the the stigetion, in my constigetion, in my constitution, in my constitut	me, dete end pleca opinion, deeth occi	a, end due to the curred et the time, d	euse(s) end ma lete and pleca,	anner ea st and due to	ated. the cause(a)
	To t To t	M	29b. Signature and title of certifier	0	1		29c. Licana	se number	7 2	9d. Dete signe	d (Month, L	Dey, Year)
	10		"Clara M	an	, M	0	1)4	-187	5 H	tugust	14	1776
	V		30. Neme end eddresa of person who c	ompleted cause of da	ath Utam 23	Sa) (Type, F	Print)	0 - 5	(C10	0. 100.	+ 1	M

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State Registrar sty dr. 12 Ri

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Physics

State of Maryland / Department of Health and Mental Hygiene

25015 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Year **Physician** John K. Miller 1996 /Medical Aug 10:00 am 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 2796 Spring 5. Sociel Security Number Touridsonville Ar Hunder 1 Yeer If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) Lakes Drive Anne Arundel 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) **Funeral** 10XM 2□ F Yrs. 216-03-2243 Usuei Residence of Decedent **Director** 82 3-21-1914 Md 10a. Stete 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23s or 28a-f show traumatic event, the Medical Examiner must be notified at 10d. Inside City Limits Director 1 Yes 2 No Anne Arundel Jessup 10a. Street and Number 10f. Zip Code 10g. Citizen of What Country? 8309 Firewood Funeral Court 20794 14. Race - American Indien, 12. Wes Decedent Ever in U.S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puento Rican, etc.) 11 Meritei Stetus permit. Peges 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural; or iten any injury or other traumatic event, the Medical Examinations. Black, White, atc. 1 Tres 2 No
If Yes, Give
Yeer or Detes: W. W. II 1 Never Merried 27 Merried Saltimore, Maryland 21215-0020 1 ☐ Yes 2K No Specify: Specify: þ 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) Coilege (1-4or 5+) Grade 10 Railroad Mechanic 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middla, Maiden Sumeme) Joseph Miller Rosetta Kolmer 19e. informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Natalie B. Miller 8309 Firewood Ct.-Jessup, Md. 20794 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Burial 2 ☐ Cremetion 3 ☐ Removei from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Balto.National Cem. 8-23-96 Balto. Md 21. Signeture of Funeral Service Losses

Truman Schwab 22. Neme end Address of Fecility 5151 Baltimore National Pike 23a. Pertl. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only ona cause on each line. **Physician** Immediata Cause (Finel disease or condition resulting In daeth) /Medical Examiner Due to (or as a consequence of): Physician/Medical Examiner physician and the burial-transit Sequentially list conditions, if any, laading to immediata cause. Enter Underlying Cause (Disaase or injury that initiated events resulting in deeth) Last Box 68760, Due to (or es e consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco usa contributa to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were autopsy findings available prior to completion of causa of death? Completed 24e. Wes an autopsy page 1 ☐ Yes 2 ☐ No al or Attending Physicien: Tis after death.

Director: After this certificate in by the funeral director, pa 25. Wes case referred to medical examiner? Be 28. Place of Death (Check only one) 1 Yes 2 No Hospital: 1 Inpatient 2 DEN Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 28a. Dete of Injury (Month, Dey Year) 27. Magner of Deeth 28c. Injury at Work? Certification: 28d. Describe how injury occurred 5 Panding investigation 1. Naturel 1 Yes 2 No 2 Accidant 28f. Location (Street end Number or Rural Route Number, City or Town, State) 6 Could not be datarmined 3 Suicide 28e. Place of Injury - Atnome, arm, street, factory, office building, atc. (Specify) 4 Homleida Certifying Physician: To the best of my knowledga, deeth occurred et the time, dete end plece, end due to tha causa(s) and manner as steted.

2 Madical Examiner: On the basis of examinetion end/or invastigation, in my opinion, deeth occurred et the time, dete end plece, and dua to tha causa(s) end menner steted. 29e. Cartifier Medical (Check only one) 29b. Signature and (Set) certified 29c. License number 29d. Dete signed (Month, Day, Year) mn 5841-30. Name end eddrass of person who complated cause of deeth (Item 23a) (Type, Print) Buescher, MD. 3333 N. CALVERT ST Batto, Marziz18 31. Data filed (Month, Day, Year) 32. Registrar's Signature State Registrar

DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene

		Ite	nl1,Film738,8/23/96,1t	State of Marylan		artment of rtificate of			Reg. No.	96	25016		
П	Physic	ian	1. Decedent's Name (First, Middle, Last)					2. Date of Death Month Dey		Year	3. Time of Death		
	/Medi	cal	CARL WENDELL MALLOI					Augus		996	1:30p.m		
A	Exami	ner	4a. Facility Name (If not Institution, give				4b. City, Town, or L						
-	C	e Completed by Funeral Director	5344-5 Brookwa 5. Social Security Number 6. Se	•	lest hirthday)	If Under 1 Yeer	Columbia If Under 24 Hrs.				lana (Chaha an Familia		
L	Funeral Director					Months Days		8. Date of Bir (Month, Da May 16	Birth Day, Year) 6 1959 9. Birthplace (State or Foreign Country) Ohio				
	pue **		Usuel Residence of Decedent 10a. State 10b. County 10c. City, Town or Location							1/	Od. Inside City Limits		
	Manyl f sho								1 ☐ Yes 2X No				
Baltimore, Maryland 21215-0020	ter death with the Marylen terms 23a or 28a-f show ther must be notified at		10e. Street and Number 9560 Wandering Way						10g. Citizen of What Country? USA				
	n 72 hours efter death with the Manyland "netural", or items 23s or 28s-f show solds Evanning must be notified at		11. Marital Status 1 Never Married 3 Widowed 4 Obvorced	12. Was Decedent Ever in U. Armed Forces? 1 XYes 2 □ No If Yes, Give Yeer or Dates: 1979-	li li	Was Decedent of f Yes, specify Cub I ☐ Yes 2 🖾 No	Hispanic Origin? (Sp an, Mexican, Puerto Specily:	pecify Yes or No Rican, etc.)	Bla	ca - America ick, White, e	etc.		
5-(72 h		15. Decedent's Edu (Specify only highest grad	cation e completed)	ted) 16e. Decedent's Usual Occupation (Give kind of work done during life. DO NOT use retired)			ution 19 Auring most of working			16b. Kind of Business/Industry		
2121	withii ane. than		Elementary/Secondary (0-12) College (1-4or 5+) None Chef				ed)	Restaurant					
pc	il Hygie other		17. Father's Name (First, Middle, Last)	NOTIC			18. Mother's Nam	ne (First, Middle					
ylar	should be nd Mental marked o	ToE	James Lee Malloy				Gwendol	olyn Russell					
Man	permit. Pages 1 and 2 should be Department of Health and Menta Important: If item 27 is marked, any injury or other traumatic avonce.		19a. informent's Name/Relationship (7) Gwendolyn Malloy	rpe, Print) (Mother)			tand Number or Rul				Code)		
ē,	Heall Heall tem 2 othar		20a. Method of Disposition						20c. Location	045 City or Toy	wn. State		
mo	ent of ent of ht: If It		1 ☐ Burial 2 ☐ Cremation 3 ☐ F 4 ☐ Donation 5 ☐ Other (Specify)	20b. Piece of Disposition (Neme of cemetery, crematory or other place) AUG. 23, Chesapeake Crematory			, ,	Beltsville, MD					
alti	mit. Poertm sortar rinjui		21. Signeture of Funeral Service Licens		22. Name and Address of Fa				beresville, Mb				
Ö	Per		23a. Parti Enter the disease, or compleshood or heart failure. List only or	Pompo	W.	itzke Fu	neral HOm	es, Inc	., 5555	Twin	Knolls Rd		
	/Medical Examiner bhysician end s the buriel-trensit	edicai Examiner	Immediate Cause (Final disease or condition resulting in death) a. Progressive Multifocal Leulcencepholopathy 4 month Due to (or as a consequence of): b. Acquired Immunodeficiency Syndrone 2 years Due to (or as a consequence of): Course (Disease or Injury thet initiated events resulting in death) Last Due to (or as a consequence of):										
Box	death certif e ettending id for use e	M	d.										
	death e ette ad for	sicia							23b. Did tobacco uss contribute to the cause of death?				
P.0	es that the death certific igned by the ettending p be detached for use es	y Physician/M							Yes 2 No		ably 4 Unknown		
Division of Vital Records,	aw requires been s	Completed by							an autopsy ormed?	evai	re autopsy findings ilable prior to apletion of cause eeth?		
Ě	The ate h	Com						10	Yes 2 No	1 🗆	Yes 2□ No		
/Ita	certificate	Be (25. Was case referred to medical examiner?				26. Place of Deet	th (Check only o	one)				
5	Physician: rthis certific rral director,	ဥ	1 ☐ Yes 2 XNo		ER/Outpatlent	3□ DOA Ott	ner: 4 Nursing Ho	iome 5 ⊠esidence 6 □Other (Specify)					
U N	ding Ph h. After thi funeral	ion:	27. Manner of Death Natural 5 Pending	(Month, Day Year) Injury Work?					28d. Describe how Injury occurred				
DINISIO	Attender deatlector:	Certification:	2 Accident Investigation 3 Suicide 6 Could not be determined learnined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)				28f. Location (Street and Number or Rural Route Number, City or Town, State)						
	Hospital or 24 hours efte Funeral Dir stely filled in	edical	29a. Certifier (Check only check only check only check only check)								ited. the cause(s)		
	d d d	Med	one) and manner stated. 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year)										
(F.J		M.D. MD 04523										
1	レノ	1	30. Name and eddress of person who co	moleted cause of death (Item	23e) (Type E		V 13 &	27	081	41/7	6		
1	7		Laura W. C	heever, M	10 7	The Monce	Clinic Con	N W.14	Street	Relhin	more. Mn		
Ħ	Sta Registr		31. Dete filed (Month, Day, Year)	32 Registrar's Signat	400	, 5, , , , ,	-1111-)						

(1)

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 25017 Film G738 item 7,8 per FH 8-29-96 rja Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Day Month **Physician** 4:40 P.M Moure harlotte 21,1996 /Medical 4a. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** If Under 24 Hrs. 8. Dete of Birth 1946 (Month, Dey, Year) Feb. 21, 1950 North Arundel Hospital

5. Social Security Number 6. Sex 301 Hospital. Arundel Drive 5. Social Security Number If Undar 1 Yaar 9. Birthplaca (Stete or Foreign Country)
Virginia **Funeral** Months 1 M 2 F Devs 46 Yrs 228-60-2059 50 Director Usual Rasidenca of Decedent 10b. County 10e Stete 10c. City. Town or Location 10d. Inside City Limits the Marylar r than "natural", or items 23s or 28s-f shov the Medical Examiner must be notified at Anne Arundel Millersville 1 Yaa 2 No Maryland Director 10e Street and Number 10f. Zio Code 10g. Citizen of What Country? 45 Waterford Road 21108 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puarto Rican, atc.) 14. Bace - Amarican Indian 11 Maritai Status Bleck, White, atc. hours after 1 Yas 2 No 1 ☐ Never Merried 2 N Merried Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: à 3 ☐ Widowed 4 ☐ Divorced White Year or Detes: Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry filed within 72 Hygiene. Ther than Elementery/Secondery (0-12) College (1-4or 5+) 12 N/A Computer Analyst Westinghouse 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Ages 1 and 2 should be fill int of Health and Mental H t: If flem 27 is marked off Be 2 Jones Velma Chandler Anze 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Important: If item 27 is any injury or other trax once. Mr. William Moore 45 Waterford Road Millersville, Maryland 21108 20b. Place of Disposition (Neme of 20e. Method of Disposition 20c. Location - City or Town, Stete cemetery, crametory or other piece) 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Glen Haven Mem.Park Aug. 24, 1996 Glen Burnie, Maryland 22. Neme end Address of Fecility 21. Signeture of Funeral Service Licensed McCully Funeral Home 3204 Mountain Road Pasadena, Maryland 21122 23a Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Death Physician /Medical Immediete Ceuse (Finel CANCES diseese or condition resulting in deeth) Examiner Due to (or es e consequence of) Examiner sicien end buriel-transit certificate be executed Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Lest Due to (or es e consequence of) physicien s the buriel P.O. Box 68760, Physician/Medical Due to (or as a consequence of): use as ed by the attending detached for use as Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yee 2 No 3 Probably 4 Unknown Records. þ icate has been sig 1, page 2 should b 24b. Were eutopsy findings eveileble prior to completion of causa of deeth? Completed 24e. Wes en eutopsy performed? 1 Yes 2 No 2 No 1 Yes Be 25. Wes case referred to medical 26. Place of Deeth (Check only one)

certificate Division of Vital Physician: After this funeral To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After tilled in by the

examiner? 1 Yes 2 No

Neturel

2 Accident

3 Suicide

(Check only one)

29e. Certifier

27. Menner of Deeth 5 Pending investigation

6 Could not be determined 4 I Homicide

1 Inpatient 28a. Dete of Injury (Month, Dey Year)

28b. Time of Injury Placa of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

2 ER/Outpatient 3 DOA 28c. Injury et Work? 1 Tyes

2 🗆 No

Cilen BuzNI

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, State) 1 Certifying Phyalcian: To the best of my knowledge, deeth occurred et tha time, data end place, end due to the ceuse(s) end menner es steted.

29b. Signeture and titla of certifier

2 Medical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end menner stated. 29c. Licansa number

29d. Data signed (Month, Day, Year)

MAD

eddress of person who completed cause of deeth (Item 23e) (Type, Print)

HO38. 301. 31. Dete file 32; Projetrace Bomball

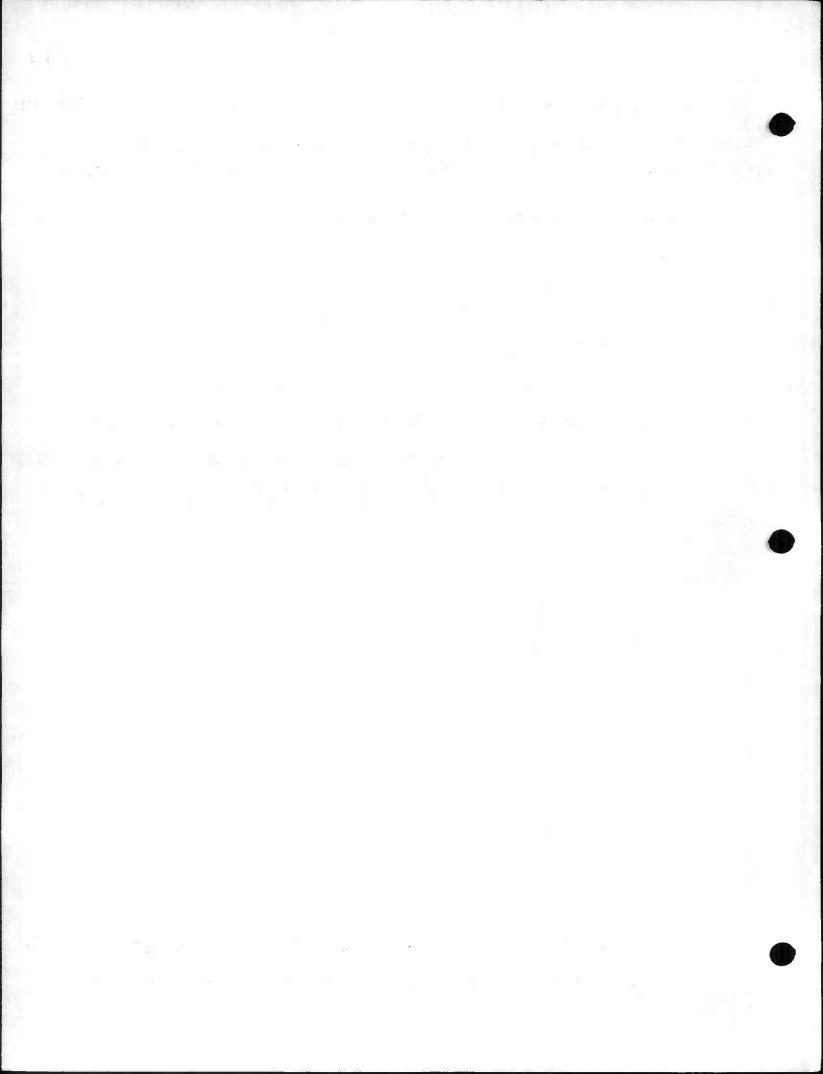
21061

State Registrar

2

Certification:

edical



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Death

1. Decedent's Name (First, Middle, Last) 3. Time of Death **Physician** Winston 5:50 a.m 1996 Jugust 17 /Medical 4b. City, Town, or Location of Beath 4c. County of Death Examiner Jen Burnie If Under 24 Hrs. 8. Date of E runde Olen 8. Date of Birth (Month, Day, 5. Social Security Number 6. Sex 7. Aga (In yrs. last birthday) If Undar 1 Yaar 9. Birthplaca (Stata or Foreign Wash, D.C. **Funeral** Days 219-38-6140 Hours 10 M 20 F Months Yrs. Director Usuai Residence of Deceden death with the Meryland 10a. State 10b. County 10c. City, Town or Location worle 10d, inside City Limits 7 is marked other than "natural", or itsms 23s or 28s-f show traumetic event, the Modical Examiner must be notified at 1 Yes 2 No Director 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? ,5 road 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puarto Rican, etc.) Funeral 12. Was Decedent Ever in U.S. Armed Forcas? 1 N Yes 2 □ No If Yas, Giva 11 Maritai Status 14. Raca - American indian. Black, Whita, etc. permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hyglene. Important: If Item 27 te marked other than "natural", or Ite 1 Never Married 2 Married Saltimore, Maryland 21215-0020 1□Yes 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usual Occupation
(Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Truck Mechanic NIa 12 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be illiam F1040 191 lune 19e. informant's Name/Relationship Typ 19b. Mailing Address (Street and Number or Rural Route Number Wife or other 20b. Place of Disposition (Name of cematery, crematory or other) 20c. Location - City or Town 20a. Method of Disposition Date 1 Burial 2 Cremation 3 Removal from Stata 4 Donation 5 Other (Specify) Brooklyn Fark 119/96 22. Nama and Addrass of Facility
McCully Funeral of 21. Signature of Funeral Service Licani 23a. Part1. Enter the disease, or complications that caused the daath. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata intervel Between Onset and Death **Physician** /Medical nsuffi Immediate Cause (Final 9 MOS disaase or condition resulting in death) Examiner Due to (or as e consequence of): Examiner PI signed by the attending physician and does detached for use as the burial-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last Due to (or es a consequence of): bacco Smoking Physician/Medical Due to (or es a consequence of) Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown hemodialysis þ 24b. Were autopsy findings available prior to completion of cause of death? should l 24a. Was an autopsy performed? Completed lung disease Inani hes 1 ☐ Yes 2X No 1 Yas 2 No Mronic Dowe funeral director, 25. Was case referred to medical exeminer? Be 26. Place of Death (Check only one) Hospitai: 1 ☐ Yes 2 No 2 Other: 4 ☐ Nursing Home 5 🕱 Residence 8 ☐ Other (Specify) 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of injury (Month, Dey Year) 27. Menner of Death 28b. Time of 28d. Describe how Injury occurred Certification: 28c. injury at Work? 1 Netural
2 Accident 5 Pending investigation Nla 1 Yes 2 No 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 Suicide 28e. Placa of injury - At homa, farm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier (Check only one) Medical 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner as stated. minar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mariner stated. 29b. Signature 29c. Licanse number 29d. Date signed (Month, Day, Year)

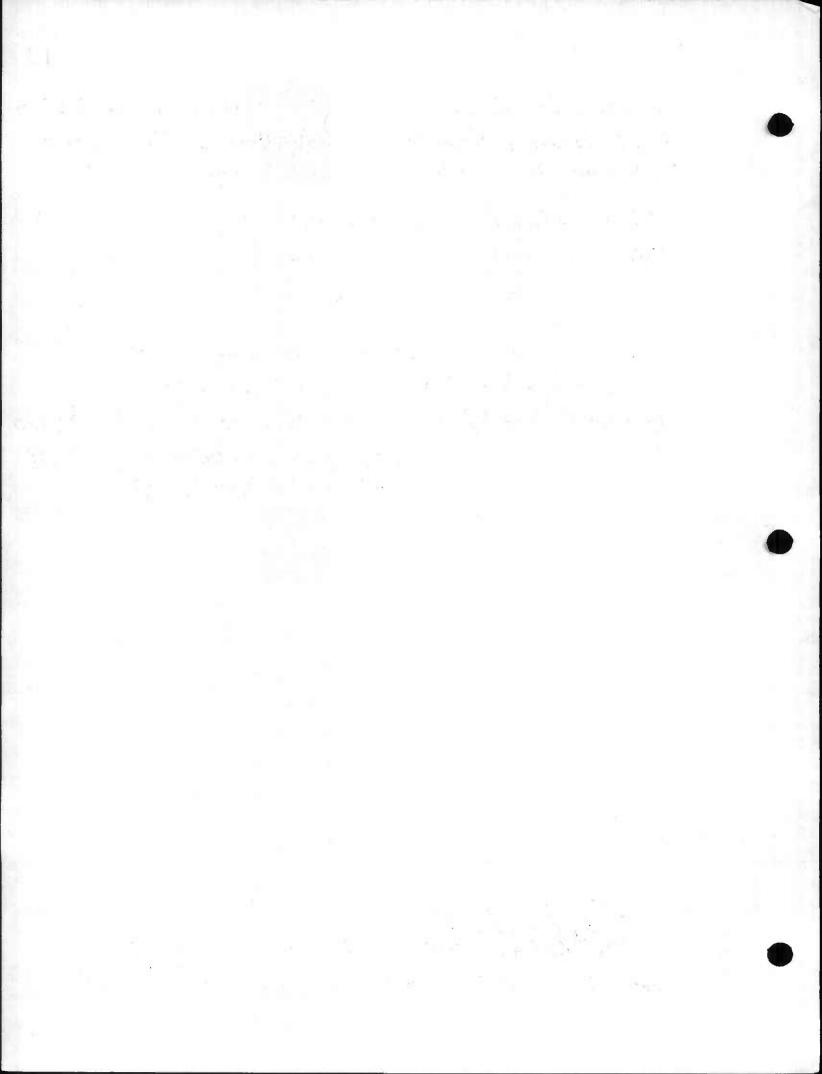
> ompleted cause of death (Item 23a) (Type, Print) M. D. 7333411 32. Registrar's Gigneture

Records, P.O. Box 68760, Division of Vital | To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certific. completely filled in by

> State Registrar

31. Date filed (Month, AUG 23



State of Maryland / Depart

Department of Health and M	fental Hygiene	96	25019
Certificate of Death	Reg. No.		_ 0 0 1 1

Physician
/Medical
Examiner

1. Decedant's Nema (First, Middla, Last)

2. Date of Daath Month

3. Tima of Death

Fune Direc

permit. Pages 1 end 2 should be filed within 72 hours after death with the Marylend Department of Health end Mental Hygiene. Important: If Item 27 Is marked other than "natural", or Items 23a or 28a-1 show any Injury or other traumatic event, the Medical Examples inval by invited at

Baltimore, Maryland 21215-0020 Physicia /Medic Examin

To the Hospital or Attending Physician: The law requires that the death certificete be executed within 24 hours after deeth.

To the Funeral Director: After this certificate hes been signed by the ettending physician end completely filled in by the funeral director, page 2 should be detached for use as the buriet-trensit

Division of Vital Records, P.O. Box 68760,

al	MICHAEL JOS		JR.			AUGUST	18,19	996	10:3	36 A
er	4a. Facility Nama (If not institution, g 1415 ANCHOR S				4b. City, Town, or BALTIMO		4c. County Ci			
	5. Sociel Sacurity Number 216-62-3304 Usual Rasidence of Decedent		(In yrs. last birt	hday) If Undar 1 Yea Months Days			Year)	9. Birthple	aca (Stata or iry) ntico	r Foraigi OV i
	10a. Stata 10b. County		10c. City, Town	or Location				10	d. Insida Cit	ly Limits
ctor	Md. Cit	су	Ba1	timore					1 🗆 🏋 as	
al Dire	1415 Ancho	or Street		10f. Zip Coda	21230	10	g. Citizan of W USA		ry?	
by Funeral Director	11. Maritel Status 1 Naver Marriad 2 Married 3 Widowad 4 Divorced	12. Was Decedant Ev Armad Forces? 1 Yas 2 No If Yas, Giva Yaar or Datas:		13. Was Dacedent of If Yes, specify Cul 1 ☐ Yas 2 ☒ No		pacify Yas or No- o Ricen, atc.)		e - Amarice k, Whita, a . Whi	itc.	
ge Completed	15. Decedant's (Spacify only highast g Elamantary/Secondery (0-12) 1 2	Education grada complatad) Collega (1-4or 5+))	Dacedent's Usuai Occu (Give kind of work done life. DO NOT use retire		_	Stresconcre	0		
lo Be Co	17. Fathar's Name (First, Middla, Las	st) J. Mason		latificance	18. Mothar's Nar	na (First, Middla, Mi	aidan Sumami		.0.	7
-	19a. Informant's Name/Ralationship	(Type, Print)	19b.	Mailing Address (Strae	t and Numbar or Ru	ıral Routa Numbar,	City or Town,	Stata, Zip (Coda)	
	Donna Mason /	/ Wife		115 Ancho	r Street	t, Balti	more,	Md.	2123	30
	20a. Method of Disposition 1⁴∑ Burial 2 □ Cramation 3 4 □ Donation 5 □ Othar (Spac	☐ Ramovel from State	cematery	Disposition (Nema of c, cramatory or othar pla Haven Ce	metery		Glen			Md.
	21. Signature of Bunerat Service Lice	ensee And Rei	us	22. Nama and Addr		Cully Balti				30
Summer inscription of	Saquantially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last									
- 1	Part II. Other algnificant conditiona	contributing to death but r	not rasulting in	tha undarlying ceusa gi	van in Pert I.	23b. Did tob	acco use con	tributa to t		f death Jnknov
completed by						24a. Was an performe	ed?	evail com of de	e eutopsy fir labla prior to plation of ce aeth?	usa
	25. Was case rafarrad to medical				Of Disco of Dag		2 🗆 No	1 🗠	Yas 2 1	No
	axaminar? XXYas 2□ No	Hospital: 1 ☐ Inpatiant	2 ☐ ER/Outp	patiant 3 DOA Otl		th <i>(Check only one)</i> oma XXRasidan	ca 6 DOtho	r (Specific)		
	27. Mannar of Deeth 1 Natural 5 Pending 2 Accidant Investigation	28a. Date of Injury (Month, Day Y	(aar) 28b. Tir	ma of 28c. Inju		28d. Describe how		ed /		
	3 ☑ Suicida 6 ☐ Could not I 4 ☐ Homicide datarmined	28e. Place of Injury building, etc. (- At homa, farm Specify) M €	n, straat, factory, office		28f. Location (Stre- City or Town,	et and Numbe Stefa) 1415	Mary	land	eet
	29a. Cartifiar (Check only one)	hyaician: To the best of n miner: On the basis of ax end manner stated	amination and/	daath occurred at the ti or Invastigetion, In my o	ne, date and plece, plnion, death occur	end dua to the ceu- red at the tima, deta	se(s) end men a and place, ar	nner es stat nd dua to ti	tad. ha ceusa(s)	
	29b. Signature and title of certifiar	A. M.	eansa number 29d. Data signed (Month, Day, Year)							
	30. Nema and address of person who			ype, Print)	ME		JGUST			
	MARZODON TO D			enn Stree	et, Balt	imore,	Maryla	and 2	21201	
	31. Data filed (Month, Dey, Year) AUG 2 3 1996	92. Registrar	Por de la	,						

Registrar

State of Maryland / Department of Health and Mental Hygiene

ate of Death

96

29d. Dete signed (Month, Dey, Year) Aug. 12, 1996

21090

25020

213-20-045/ sual Residence of Decedent Da. State 10b. County Maryland N/A De. Street and Number 535 Maude Aven Marital Status 1 Never Married 2 Married 3 MWidowed 4 Divorcad 15. Decedent's E. (Specify only highest green in the status) Elementary/Secondery (0-12) 12 Father's Name (First, Middle, Last, William E.	SYLVI re street and number) g Center-H Gex I M 2 S F 7. Age 12. Was Decadent E Armed Forces? 1 Yes 2 N N f Yes, Give Year or Dates:	ammon 71 10c. City, Ba	st birthday) Yrs. Town or Locate I timore	if Under 1 Y Anoths D ion Q (I 10f. Zip Co	Baltim Year H Under 24 H Anys Hours Mi	2. Date of Death Aug 11, or Location of Deeth 10°C S. B. Date of Birth (Month, Day, Feb 3, 1	1996 4c. County Anne (925) g. Citizen of V	of Death Arunde 9. Birthplace Country Mary 10d. I	(State or Foreig and Inside City Limit
Meridian Nursin Social Security Number 213-20-6457 Sual Residence of Decedent Da. State 10b. County Maryland N/A De. Street and Number 535 Maude Aven Marital Status 1 Never Married 3XWidowed 4 Divorcad 15. Decedent's E. (Specify only highest grave) Elementary/Secondery (0-12) 12 Father's Name (First, Middle, Last, William E	Gex 7. Age To	9 (In yrs. les 71 10c. City, Ba	st birthday) Yrs. Town or Locate I timore	f Under 1 Y Aonths D ion C (I 10f. Zip Co s Decedent es, specify	Baltim Year If Under 24 H ays Hours Mi Brooklyn) de 21225	or Location of Deeth HOYE S. B. Date of Birth (Month, Day) Feb 3, 1	Anne 1925 g. Citizen of V	9. Birthplace Country Mary 10d. I	(State or Foreig and Inside City Limit
Social Security Number 213-20-6457 sual Residence of Decedent ba. State 10b. County Maryland N/A be. Street and Number 535 Maude Aven Marital Status 1 Never Married 2 Married 3X Widowed 4 Divorcad 15. Decedent's Expectify only highest green than the state of the state	UE 12. Was Decadent E Armed Forces? 1 Yes, Give Year or Dates: Jucation de completed)	9 (In yrs. les 71 10c. City, Ba	st birthday) Yrs. Town or Locate I timore	f Under 1 Y Aonths D ion C (I 10f. Zip Co s Decedent es, specify	Brooklyn)	101	g. Citizen of V	Mary 1	and Inside City Limit IXI Yes 2□N
Na. State 10b. County Maryland N/A Ne. Street and Number 535 Maude Aven Marital Status 1 Never Married 2 Married 3 Not Marital Status 15. Decedent's Expectify only highest grate Elementary/Secondery (0-12) 12 Father's Name (First, Middle, Last, William E	12. Was Decadent E Armed Forces? 1 Yes 2 X N If Yes, Give Year or Dates: Jucation de completed)	Ba Ever in U,S.	ltimore	e (I	^{de} 21225		USA	What Country?	1X Yes 2 □ N
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(Specify only highest grave) Elementary/Secondery (0-12) 12 Father's Name (First, Middle, Last, William E	de completed)			Yes 2X		orto Rican, etc.)		ck, White, etc. White	
William E	Name (First, Middle, Last) Villiam E. Everhart,			NOT use re	one dunna most of w	orking	Balti	more Ci 1 Syste	ty
a. Informent's Name/Relationable /		rt,	Sr.		18. Mother's N	eme (First, Middle, Me da Mae l	elden Suman _eWis	ne)	
Mr. Gary R. Moul			19b. Malling A 5 Wes	Address (St t Mon	treet end Number or i tgomery St	Ru <i>ral Rout</i> e Number, 6 Baltimo	ore, M	State, Zip Coo ary Tano	⁽²⁾ 21230
a. Method of Disposition 1)∑(Burlal 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specif		cerr	ce of Disposition to the company of	ory or other	place)	Date 20		city or Town, ore, Ma	
Signature of Edneral Service Licer	Kevin E		M. 2:	cCull 37 E.	Patapsco	Home of B	timore	, Md. 2	
nmediate Cause (Finel	plications that caused one ceuse on each lin				dying, such as cardi	ac or respiratory arres	st,	Inte On:	proximate erval Between set and Death
sease or condition sulting in death)				Day 3					
equentially list conditions, any, leading to immediate use. Enter Underlying	b. —	Due to (or a	s a consequen	consequence of):					
suse (Disease of Injury at Initiated events sulfing In death) Lest	d	Due to (or as	s a consequen	ice of):					
rt II. Other significant conditions o	ontributing to death bu	t not resulti	ng in the under	riying caus	e given in Part I.				cause of death
						performe	ed?	avaliable comple of death	
. Was case referred to medical					26 Place of D		-	1016	3 2021110
examiner? 1 ☐ Yes XXNo	Hospitel:	t 2 EF	VOutpatient :	3□ DOA	Other:			er (Specify)	
E CONGOIN	28a. Date of Injury (Month, Dey	/ 28	3b. Time of Injury	28c.	Injury at Work?				- 1
3 Suicide 6 Could not be determined	28e. Place of Injul	y - At home (Specify)	a, farm, street,	, farm, street, factory, office 28f. Location (Street and Number or Rural Route Number, City or Town, State)					
on service ser	was case referred to medical examiner? Was case referred to medical examiner? Was case referred to medical examiner? Pending to medical examiner?	was case referred to medical examiner? Was case referred to medical examiner.	was case referred to medical examiner? Was case referred to medical examiner? Yes 2\text{XNo} Yes 2\text{XNo} Yes 2\text{Line} Yes 2\te	mediate Cause (Finel ease or condition ultiting in death) Quentially list conditions, ny, leading to immediate see. Enter Undertying use (Disease or injury timitated events ulting in death) Lest Due to (or as a consequent of the conditions contributing to death but not resulting in the under the conditions contributing to death but not resulting in the under examiner? Hospitel: Yes Yano Hospitel:	Pneumonia a. Due to (or as a consequence of): quentially list conditions, ny, leading to Immediate see. Enter Underlying use (Disease or injury t initiated events uiting in death) Lest At II. Other significant conditions contributing to death but not resulting in the underlying cause till. Other significant conditions contributing to death but not resulting in the underlying cause till. Other significant conditions contributing to death but not resulting in the underlying cause till. Other significant conditions contributing to death but not resulting in the underlying cause till. Other significant conditions contributing to death but not resulting in the underlying cause till. Other significant conditions contributing to death but not resulting in the underlying cause till. Other significant conditions contributing to death but not resulting in the underlying cause till. Other significant conditions contributing to death but not resulting in the underlying cause till. Other significant conditions contributing to death but not resulting in the underlying cause till. Other significant conditions contributing to death but not resulting in the underlying cause till. Other significant conditions contributing to death but not resulting in the underlying cause till in patient 2 EPt/Outpatient 3 DOA Was case referred to medical examiner? 1 Yes XXNo Manner of Death 1 Inpatient 2 EPt/Outpatient 3 DOA 28a. Date of Injury 28b. Time of Injury 4 M 28c. Place of Injury - At home, farm, street, factory, off death minds.	Pineumonia a. Due to (or as a consequence of): Quentially list conditions, ny, leading to Immediate isse. Enter Underlying use (Disease or injury to Intitated events uiting in death) Lest Due to (or as a consequence of): Due to (or as a cons	Pneumonia a	Due to (or as a consequence of): Due to (or as a consequence of):	mediate Cause (Finel ease or condition ulting in death) Due to (or as a consequence of): C. Due to (or as a consequence of): Due to (or as

29c. License number

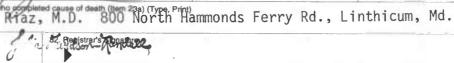
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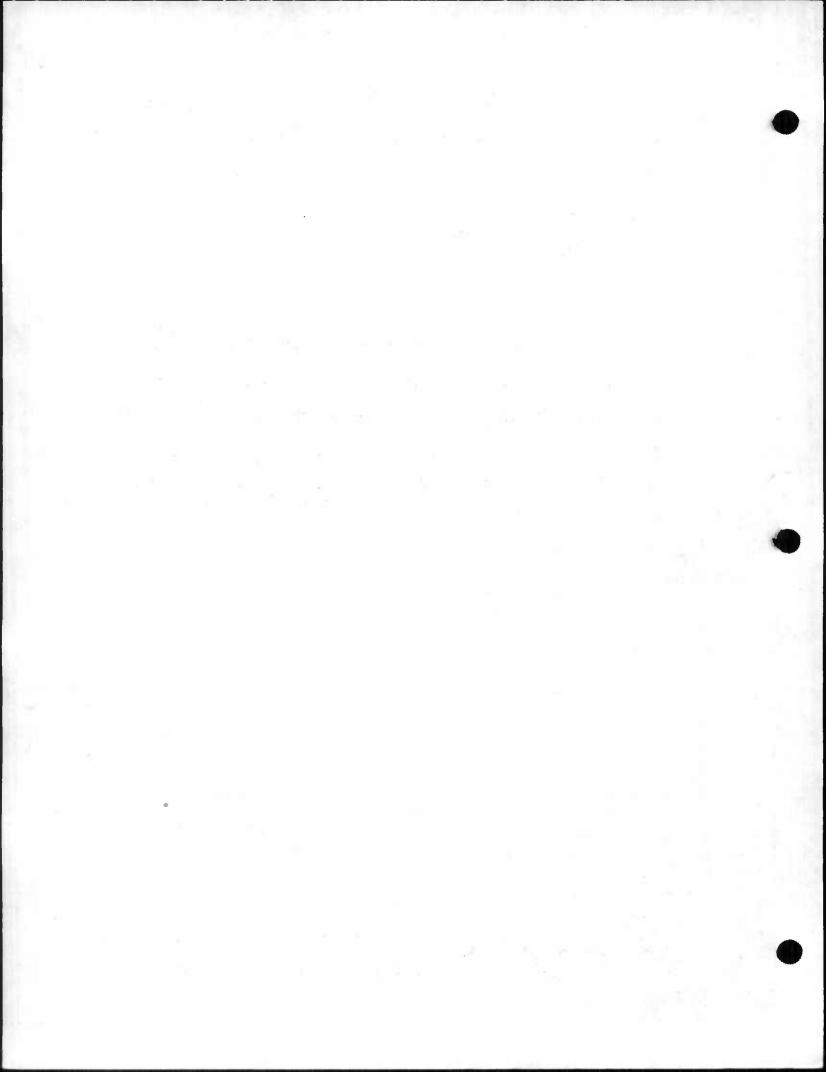
State

Registrar

31. Date filed (Month, Day, Year AUG 2 3 1996

29b. Signature and title of certifler



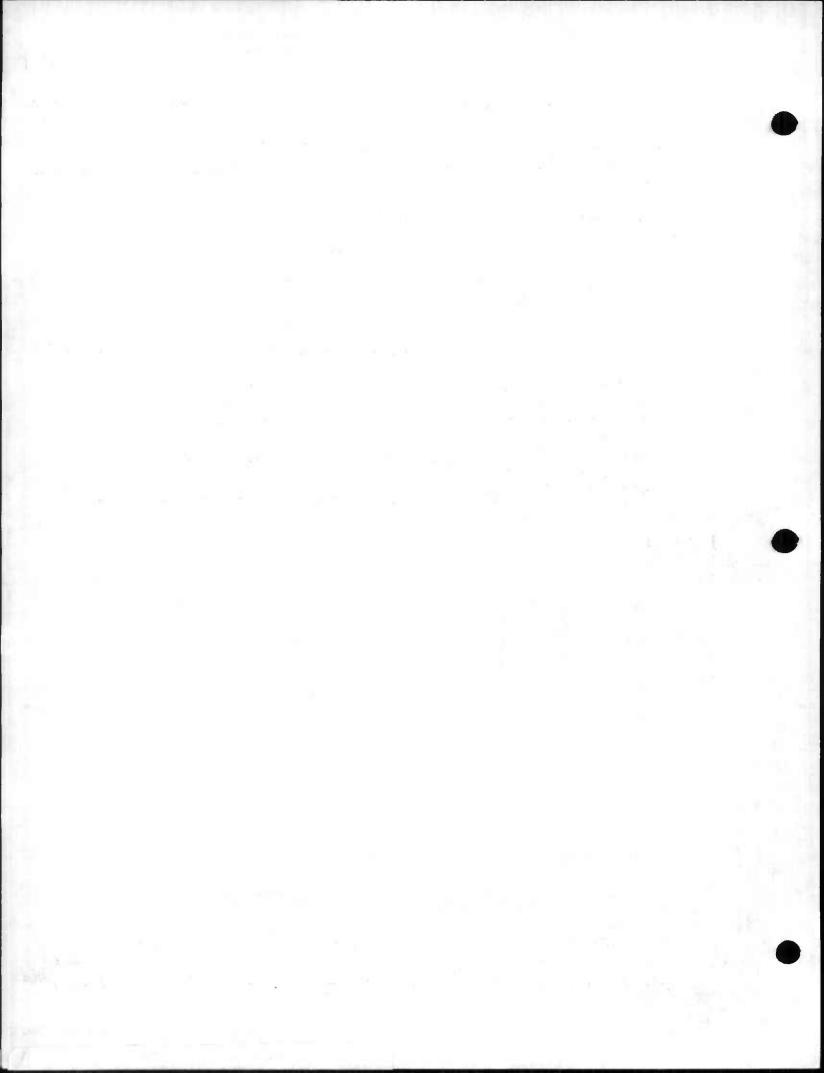


State of Maryland / Department of Health and Mental Hygiene

96 25021

				certificate of	Death		Reg. No.		- 00C
Physician /Medical	Decedent's Name (First, Middle, IF)	.est) rank E. Meado	OWS			2. Date of De Aug. 9,	eath	Year	3. Time of Death 6:00a.m
Examiner	4a. Facility Name (If not institution, g	ive street end number)			4b. City, Town, or	Location of Deat	h 4c. Coun	ty of Death	
	109 Temple Dri	ive			Pasaden	a	Ann	e Aru	ndel
uneral		Sex 7. Age (n yrs. last birtho			S. 8. Date of Bi	rth (9. Birthp	plece (Stete or Foreign
irector	236-26-1575	1 ☑ M 2 □ F	75 Yr	s. Months Days	Hours Mir	8. Date of Bi (Month, Da Jan 8 ,	1921	West	"Virginia
>	Usual Residence of Decedent 10a. State 10b. County		0 T						
ole p	1		Dc. City, Town o					1	Od. Inside City Limits
Set of	Maryland Anne A	rundel	Pas	sadena					1 ☐ Yes 2X No
be notified Director	10e. Street and Number			10f. Zip Code	^		10g. Citizen of		itry?
1230	109 Temple Dr	rive		2112				S.A.	
of other than "natural", or items 23a or 28a-1 show event, the Medical Evaminer must be notified at Be Completed by Funeral Director	3 ☐ Widowed 4 ☐ Divorced	12. Was Decedent Eve Armed Forces? 1 ⊠Yes 2 □ No If Yes, Give Year or Dates:	www.II	13. Was Decedent of If Yes, specify Cut 1 ☐ Yes 2 ĀNo		Specify Yes or No rto Rican, etc.)	Speci	ice - Americ ack, White, Whi	etc.
area linear	15. Decedent's (Specify only highest g	Education	16a. D	ecedent's Usuel Occu	pation	ation 16b. Kind of Busin			dustry
rt, the Medical	Elementery/Secondery (0-12)	Coilege (1-4or 5+)	li	fe. DO NOT use retire	9d)	nnny			
CO TE	12	N/A	Elec	ctrician L	ocal #24		Joseph	A. S	eagrams Co
merked other imatic event, 1 To Be Co	17. Father's Name (First, Middle, Las	st)				me (First, Middle		me)	
To	William Alle				Lora I	Alberta	Hill		
	19e. informant's Name/Relationship			lailing Address (Stree					
any injury or other tra	Mrs. Lois Mae			7 Temple D	rive Pasa	adena,Ma	ryland	21122	
or off	20e. Method of Disposition 1 Burial 2 □ Cremation 3		20b. Place of D cemetery,	isposition (Neme of cremetory or other ple	900)	Date	20c. Location	- City or To	wn, State
ury	4 Donation 5 Other (Spec		Cedar H	Hill Cemet	ery Aug	.12,1996	Baltim	ore,	Maryland
any inj once.	21. Signature of Fundant Service Lice	ensile-)	1	22. Name and Addr		UV.			
5 8	Tenso 4	HUMIN		McCully F 3204 Moun			na Marv	land	21122
	2 n f art1. Enter the disease, or con shock, or heert tailure. List onl	nplications that coused the	death. Do not					Idiid	Approximate
ician	Shock, of fleet tailure. List onl	i	Onset and Death						
dical	Immediete Cause (Finel diseese or condition	10	(sen)						
iner	resulting in deeth)	a. Due	e to (or as e cor	sequence of):	dam				0
nec			.5 (5. 20 0 00)						
Examiner	Sequentielly list conditions,	Due Due	to (or as a con	sequence of):					
	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initieted events								
adica adica	that Initieted events resulting in death) Last	C. Due	to (or as a con	sequence of):					
Physician/Medical		4							
ter us		U							
/sic	Part II. Other significant conditions	contributing to death but no	ot resulting In th	e underlying cause gi	ven in Part I.	23b. Did	tobacco use co	ontribute to	the cause of death?
						1 🗆	Yes 30 No	3 ☐ Prot	bably 4 Unknow
2 2									
Completed							an autopsy	24b. We	ere autopsy findings allable prior to
mple	-					police		cor	mpletion of cause death?
E CO						10	Yes al No	10	Yes 20No
Be	25. Was case referred to-medical				26. Place of De	eth (Check only o	-		
2	skaminer? 1 ☐ Yes 2☐ No	Hospital:	2 ER/Outpa	tient 3 DOA Ott	her: 4 Nursing h	1	dence 6 □Otl	ner (Specifi	()
	27. Manner of Death 1 ☑Natural 5 ☐ Pending	28a. Date of Injury (Month, Dey Ye		e of 28c. inju			how injury occu		,
atic	2 Accident Investigation	n	, Injul		Yes 2 No				
Certification:	3 Suicide 6 Could not to determined		At home, farm, pecify)	street, factory, office		28f. Location (3 City or Tox	Street end Num. vn, Stete)	ber or Aura	Route Number,
	29a. Certifier 1 Certifying Pi	nysician: To the best of m	/ knowledge, de	eath occurred at the time	me, date and place	and due to the	CAUSA(S) and m	enner as et	ated
edical	(Check only 2 Medical Execute)	miner: On the basis of exa and manner stated.	mination end/or	Investigetion, in my	opinion, death occu	irred at the time,	date end place,	and due to	the cause(s)
We wo	29b. Signature and title of certifier?			29c. Licens	se number		29d. Date signe	ed (Month, L	Day, Year)
1	> Hilm	mmo	,	MA	0003	4	0/	10/	96
8	an shareful to	101		4	,,,,,		0/1	-//	- O
1	30. Name and address of person who	completed ceuse of death	(Item 23a) (Typ	pe, Print)	110	1 01	1	110	2106

State Registrar

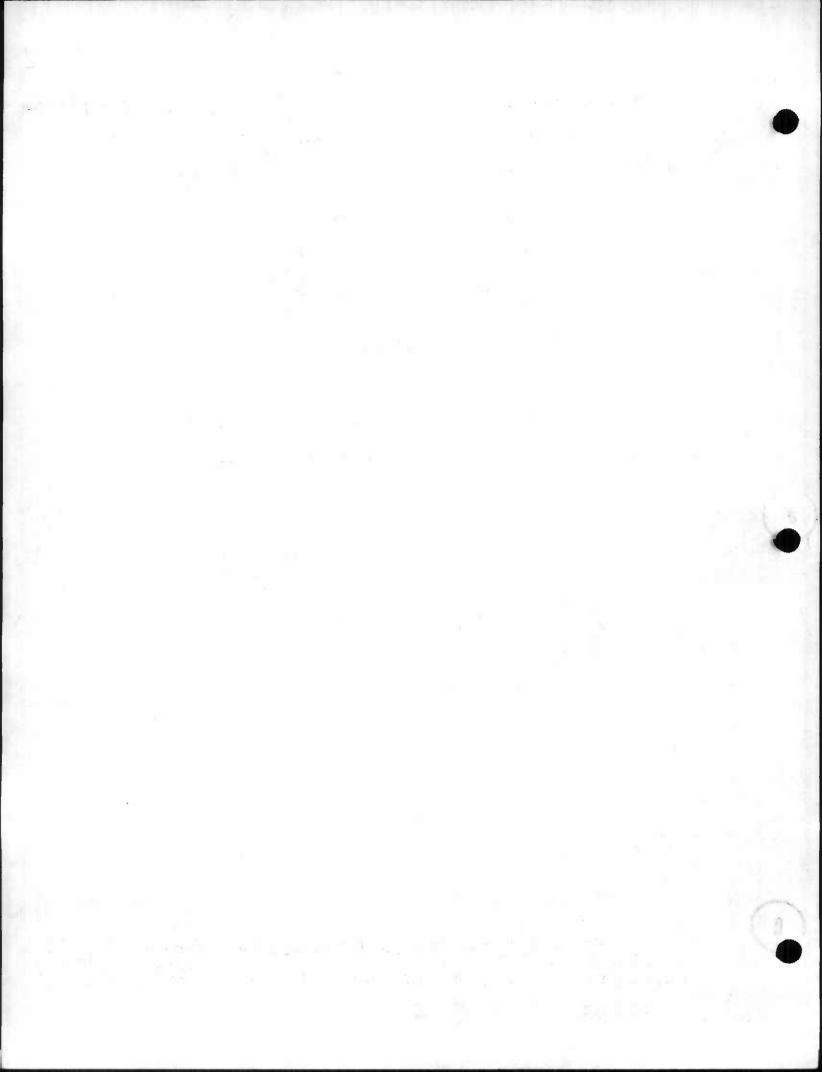


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

25022

_	0.00						Ce	rtificat	e or	Deatr	7		Reg. f	No.		
	Physic /Med		1. Decedent's Nar Isabell	me (First, Middle Le Nicho								2. Date of D Month Aug U		20,	1996	3. Time of Deeth
	Exami				, give street and nu L Hospita				I			City	eth 4	4c. County		
Ţ	Funeral Director		5. Social Security 213-34-	-3342	6. Sex 1 □ M 2 □ F X X	7. Age (In yrs 78	s. last birthday Yrs.	Months	1 Year Deys	if Unde Hours	Min.	8. Date of B (Month, D SEPT.	lirth Day, Yea 17,	1917	9. Birthp	place (State or Foreign htry) YLAND
	yland		Usual Residence of 10a. State	10b. County		10c, C	ity, Town or L	ocation							1	0d. Inside City Limits
	the Marylar 28a-f show	ctor	MD		n/a		В	ALTIM	ORE							VXYes 2□No
	1th with th	Dire	10e. Street and Nu 1906	IMPER HOME WOO	D AVENU	E		10f. Zip		1218			-	Citizen of V		atry? ATES
020	after des	by Funeral Director		ried 2 Marri	Armed Fo	XXNo ive	U,S. 13.	Was Dece If Yes, spe	dent of I cify Cub			ecify Yes or N Rican, etc.)		14. Rac	e - Americ ck, White,	an Indian,
21215-0020	"natural",	pet		15. Decedent	's Education	1,000	16a. Dece	dent's Usu	al Occup	pation			16b.	Kind of Bu	usiness/inc	dustry
121	within 7 ena. than "n	Completed	Elementary/Sec	ondery (0-12)	t grade completed) College (kind of wo		during mo d)	st of work	ing				
	filed within 72 Hygiena. rther than "nat	Co	3r 17. Father's Neme		- esti		HU	USEWI	l E	10 Moth	orlo Nom	e (First, Middl		in own home		nome
Maryland	should be filed and Mental Hygis marked other umatic event,	To Be			AYNE					To. MIO(I		RLINE	PAY		10)	
Mar	d 2 sho th and 7 is me traum		19a. Informant's N	la <i>m</i> e/Relationsh JUISE M.	FORD							al Route Num				
	Health Health tem 27		20a. Method of Dis	sposition		20b.	Plece of Disponentery, cre		OME w		AVEN	IUE, BA		MORE,		
Baltimore,	Page ment o			☐ Cremation 5 ☐ Other (Sp	3 □Removal from ecify)		00 DL AW		METE			8-23	BALTIMORE, MD			MD
Balt	permit. Pag Department Important: I any injury o		21, Signature of Fr	unaret Service L	icensee	10	2:	2. Name ar	d Addre	ss of Fecil	lity					
2	40244		22a Parti Enter	yre	the f	Ter	te			1ARCH		-1101	Ε.	NORT	'H A'	VENUE
,	Physician /Medicai Examiner		shock, or hea	(Final	complications that conly one cause on e	Seach line.	PSi.	S	S		,	DMG			1	Approximate Interval Between Onset end Death 3 days
L	n #	ner			8	Due to	or es a conse	quenca of):	Doy	361	T	150	× ^			BURANS
	and and II-trans	Examiner	Sequentially list or	onditions,	Б.	Due to (or as e conse	uence of):	V			1000	0			Bygars > 40 yan
68760,	ysician		Sequentially list or if any, leading to Ir cause. Enter Undo Cause (Disease or that Initiated event	erlying r injury s	с	My pe	or as a consec	MS (OV							74 Ouga
XO	n certificate be executed anding physician and usa as the burial-transit	Physician/Medical	resulting In deeth)	Last	d										1	
O. B	that the death led by the attent detached for u	/sicia	Part II. Other signi	ficant condittor	ns contributing to de	eath but not re	sulting in the u	nderlylng c	ause giv	ren in Pert	1.	23b. Dic	i tobacc	o use cor	ntribute to	the cause of death?
, P.O	that the	by Phy	Myoca	ardia	1 Infan	chor	, Ca	ivas	ca	l Car	ncer	10	Yes	2 □ No	3 ☐ Prot	pably 450mknown
Vital Records,	The law requiras that the death ate best best been signed by the atte page 2 should be detached for	Completed b	left 1	nemij	degia	r chin	ight	Cer	e byz	ندا لا	ascu	24a. Wa	s an aut formed?	opsy	eve	ere autopsy findings Bilable prior Io Impletion of cause death?
R	The law ate has page 2:	mo.	acci	dent								1 🗆	Yes	2) No		Yes 2□ No
/ita	ysician: The	Be	25. Was case refer examiner?	rred to medical							e of Deatl	Check only	one)			
o	1 Dal npatient 2 LI ER/Outpatient 3									4 🗆 14		me 5 Res				1)
lon	Attending r death. ector: Alter by the fund	ation	1 Natural 2 Accident	5 Pending investiga	(Mon	th, Day Year)	Injury	M	8c. Injur Wor 1 □	k? Yes 2□		28d. Describe	now inj	ury occum	ed	
Division	2000年2月	Certification:	3 ☐ Suicide 4 ☐ Homicide	6 Could no determin	ned 286. Placa	of tnjury - At h		reet, factory	, office			28f. Location City or To			er or Rura	l Route Number,
	Compital 124 hours Puneral Dietaly filled	edical C	29a. Certifier (Check only one)	1 Certifying 2 Medical E	Phyelctan: To the xamtner: On the ba	best of my kno asis of exemine ner stated.	owledge, deeth ation and/or In-	occurred execution,	et the tir	ne, dete ar pinion, des	nd plece, a	and due to the ed at the time	ceuse(, date a	s) end me nd place, s	nner es st	ated. the ceuse(s)
Ø.	Total	×	29b. Signature and	title of Certifier	c. A.					e nu <i>m</i> ber		T		ate signed		
-	10			-5	400	nat	to My	A	T2	438	394	6	Aug	ust	20	,1996
_	10		30. Name and add	DETMA.	BENNET	T, MD	m 23a) (Type, UN (C	Print) N ME	TUDA	PIAL	- HOE	PITAL	20	1 Eas	st Ur	1996 niversity saltimore
	Sta Registi		31. Date filed (Mon	th, Day, Year) 3 1996	1 9: 32 R	egistrar's Sign	lane									



State of Maryland / Department of Health and Mental Hygiene

25023

					Ce	rtificate of	Death	R	eg. No.	0 6	0023	
	Physic	ian	Decedent's Neme (First, Middle, La					2. Date of Deel			Time of Death	
	/Medi		LEROY NEVI	LLE				AUGUST	21, 19	96 8	A.M.	
	Exami	ner	4e. Fecility Neme (If not institution, giv	124			4b. City, Town, or L		4c. County	y of Deeth		
ш		,,,,,	2701 VIOLET AVE			Milledor 4 Manual	BALTIMOR		CITY	-		
	Funeral Director		5. Sociel Security Number 6. S 218 86 2861	#M 2□F 33	rs. last birthday Yrs.	If Under 1 Year Months Deys		8. Dete of Birth (Month, Dey, 3/24/63	Year)	9. Birthplece Country)	(State or Foreign	
	yland wow		10e. Stete 10b. County	10c.	City, Town or L	ocation				10d. I	Inside City Limits	
	the Man 28a-f sh rouf ed	Director	MD. BALTO.	CITY	BALT	IMORE 10f. Zip Code		1	On Citizen of	Whet Country?	I∰Yes 2□No	
	th with	a Di	2801 VIOLET	AVE.		2121	.5		USA	The Country ?		
21215-0020	72 hours efter death with the Maryland natural; or items 23a or 28a-f show dical Examiner must be routled at	by Funeral	11. Maritel Status 1	12. Wes Decedent Ever in Armed Forces? 1 ☐ Yes 2 10 No if Yes, Give Year or Detes:	U,S. 13.	Was Decedent of I if Yes, specify Cub 1 ☐ Yes 2 ☐ No	Hispanic Orlgin? (Spen, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)		ca - American in ck, White, etc. by: BLAC		
2-0	in 72 hours natural', ledical Ext	Completed	15. Decedent's Ed (Specify only highest gre	lucation	16e. Dece	dent's Usuel Occu	petion during most of work	ina	16b. Kind of B	usiness/industr	у	
2	9	npie	Elementary/Secondary (0-12)	College (1-4or 5+)	life.	DO NOT use retire	nd)	ang.				
2	Direct	Co	14	0	CONS	TRUCTION	WORKER		PRIVA			
and	d a b	Be	17. Fether's Neme (First, Middle, Lest)				18. Mother's Nam					
2	should be and Mental marked o umatic eve	1º		ILLE			MAGGI		JEFFERS			
Maryland	C1 00 00 00		19e. Informent's Neme/Relationship (end Number or Rur				le)	
	f Heelth tem 27 other tr		MAGGIE CAPLE 20e. Method of Disposition	MOTHER		PARK HG I psition (Name of	S. AVE. B			21215	Chata	
ilmore,	9 - 5		1 ⊠ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify	Removal from Stete	cemetery, cre	metory or other ple	Y 8/24/96			Olty or Town,		
翻	Description of the control of the co		21. Signeture of Funeral Service Licen		2	2. Name end Addre	ess of Fecility					
4	19539		· Cours Ca	Calin	E 3	SUD ENLYM	HERS FUNE	RAL HOME	P.A.	I AND 21	217	
	E SER		23a Part Enter the disease, or com	plications that caused the de	eth. Do not en	ter the mode of dyl	ng, such es cardiec	or respiretory erre	est,	App	proximate provel Between	
	Physician /Medicai Examiner	ler	Immediate Cause (Final disease or condition resulting in death)		halo (or es e conse	pathy quenca of):				One	set end Deeth	
	dansit	Examiner	Sequentially list conditions	b. FII U =	lor as a conse	auence off:				-		
68760,	eath certificate be executed ettending physician end for use es the bunel-transit	edicai	Cause (Disease or injury that initiated events resulting in deeth) Lest C									
0	death cert e ettendin ed for use	Physician/M		d								
	0 0 0	ysic	Pert II. Other significant conditions or	ontributing to death but not re	sulting in the u	nderlying cause gi	ven in Pert I.	23b. Did to	bacco use co	ntribute to the	cause of death?	
	es thet the death or igned by the ettend be deteched for us	, Ph	VACUOLAR 1	MYELOPAT	HY			1 🗆 Ye	2 20 No	3 Probably	4 Unknown	
Division of Vital Records,	requir seen s should	Completed by						24e. Wes er perform		eveilebl	utopsy findings le prior to tion of cause	
œ '	The law ate has t page 2 s	Eo						1 □ Ye	s 2 No	1 ☐ Yes	s 2 No	
<u>ta</u>	ician: The certificate rector, pag	Bec	25. Was case referred to medical				26. Plece of Deetl	h (Check only one	9)			
2	nysic nis ce direc	70	exeminer? 1 ☐ Yes 2 No	Hospitel: 1 ☐ Inpatient 2	☐ ER/Outpetier	nt 3 DOA Oth	ner: 4 Nursing Ho	me 5 Deside	nce 6 Oth	er (Specify)		
iono	Attending Physician: or death. octor: After this certific. by the funeral director,		27. Menner of Deeth 1 ☑ Neturel 5 ☐ Pending 2 ☐ Accident investigation	28e. Dete of Injury (Month, Dey Year)	28b. Time o Injury	Wo	ry et rk? Yes 2 □ No	28d. Describe ho	w injury occur	red		
Divis	il or Atte efter de I Directo d in by th	Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Injury - At building, etc. (Spec	home, ferm, str cify)	reet, factory, office		28f. Location (Str City or Town	reet end Numb , Stete)	per or Rurel Rou	ite Number,	
	To the Hospital or Attending Physician: The is within 24 hours effer death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edical C	29a. Certifier (Check only one) Certifying Phy 2 Medical Exam	rsicien: To the best of my kr iner: On the besis of examination and manner stated.	nowledge, deetl netion end/or in	n occurred et the tir vestigetion, in my o	me, date end pleca, opinion, deeth occurr	end due to the ce ed et the time, de	use(s) end me ete end placa,	end due to the	cause(s)	
	To the comp	×	29b. Signature end title of cartifier	29	4	d (Month, Dey,	Year)					
	,		+ terrous	Conta	1	D4	2061		8/21/	96		
	14		30. Name and address of person who	ompleted cause of deeth (Ite	em 23e) (Type	D-i-n)			-			
			JEREMY GRAM	OMD S	KNAIH	SPITAL	2401 W	BELVEI	DERET	Av. Bre	TIMORE	
	Sta	te	31. Dete filed (Month, Day, Yeer)	32. Registrate Sta	neturo	7 11110	1			2	21215	
	Registra	ar	AUG 2 3 1996	wason-han	PARE							

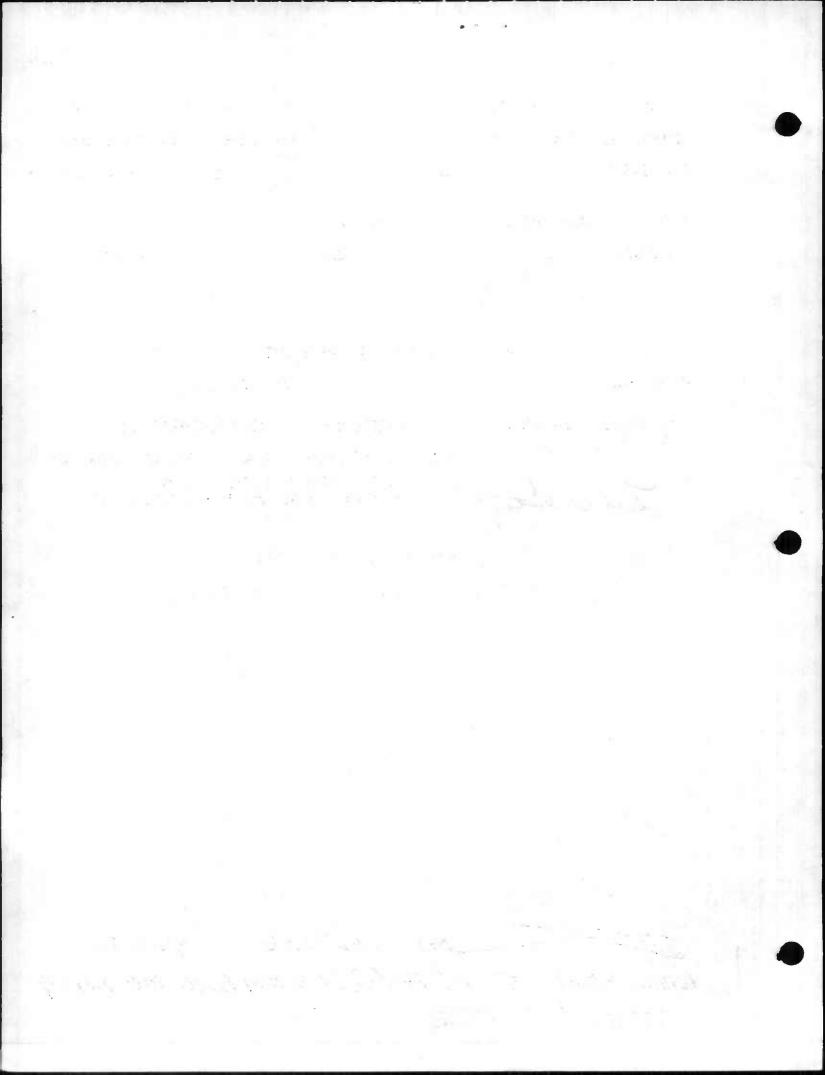
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State of Maryland / Department of Health and Mental Hygiene

25024

				Ce	rtificate of	Death		Reg. No.		
Physic	ian	1. Decedent's Name (First, Middle, La					2. Date of I		Year	3. Time of Death
/Medi	cal	ROMEO	NESMITH		(08	19	96	10:45 pm
Examii	ner	4a. Facility Name (If not institution, give (HOME) 1113 WICK	LOW ROAD			BAL	or Location of De	BALT	y of Death IMORE	,CITY
Funeral Director		5. Social Sacurity Numbar 227-42-5783 Usual Residence of Decedent	TH ONE	rs. last birthday)	If Undar 1 Yaa Months Days		fin. 8. Date of 8. (Month) 3/12/	Birth Dey, Year) 1930	9. Birthpl Coun SOUT	lace (State or Foreign try) H CAROLINA
e Maryland 8a-f ahow affied at	ctor	10a. State 10b. County	MORE, CITY	City, Town or Lo	BALTIMO	RE			10	0d. Inside City Limits 1 X Yes 2 □ No
th with the	ai Director	10e. Street and Number 1113 WICKLOW ROA	D		10f. Zip Code	.229		10g. Citizen ot	What Coun	
be filed within 72 hours efter death with the Maryland tal Hyglene. d other than "netural", or items 23s or 28s-f show evert, the Modern Examine must be portified at	by Funeral	11. Marital Status 1 Never Married 2 Marrled 3 Widowad 4 Divorced	12. Was Decedant Ever in Armed Forces? 1 ☐ Yes 2♠ No If Yes, Give Year or Dates:		Was Decedent of It Yes, specify Cul		(Specify Yes or fuerto Rican, etc.)		ce - Amarica ck, White, e by: BLA	etc.
l within 72 ho liene. r than "netur the Medical	Completed	15. Decedent's E. (Specify only highast gra	ducation ide completed)	16a. Deced	dent's Usual Occu kind of work done DO NOT use retire	upation e during most of	working	16b. Kind of B	ustness/Ind	lustry
od withir giene. er than	Somp	Elementary/Secondary (0-12)	College (1-4or 5+)		G MACHIN			AMCE		
d 2 should be filed with h and Mental Hygiene. 7 is marked other than traumatic event, the M	To Be	17. Father's Name (First, Middle, Last, GEORGE COOPER					Name (First, Midd IE BROWN	lla, Maiden Sumar	ne)	
Fages 1 end 2		19a. Intormant's Name/Relationship (LEVI NESMITH (HU 20a. Method of Disposition 1 ☑ Burlal 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif	SBAND)	1113 Place of Dispo	WICKLOW	ROAD BAI	TIMORE,	MARYLAND 20c. Location	2122 City or Too	9
permit. Pa Departmen Important: any Injury 9009.		21. Signature of Funeral Sarvice Licer		Ë	STEP BRO	THERS	JNERAL H			
leath certificate be executed ettending physician end for use as the buriel-transit	an/Medical Examiner	tmmediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that hittleded events resulting in death) Last	c	(or as a consequence of the cons		all, of t	re Li	vng	2	5 mo.s
y the	Physician	Part II. Other significant conditions of	ontributing to death but not re	esulting in the un	nderlying cause gi	iven in Pert I.		./		the cause of death?
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ew requ	Completed							s an autopsy formed?	ava	re autopsy tindings illable prior to apletion of causa leath?
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His hy	2	1 Yes 2 10 0 27. Manner of Death 1 10 Matural 5 Pending 2 Accident investigation	28a. Dete of Injury (Month, Day Year)	☐ ER/Outpatien 28b. Time of tnjury	28c. Inju			sidence 6 Oth how injury occur)
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with To t	×	29b. Signature and title of contille		mo	29c. Licans 02	8221	0	29d. Data signer 8/20	2/1	1
Stat Registra	te ar	30. Name and eddress of person who of DVIULS + Mart + 31. Date filed (Month-Day, Year)	ompleted cause of death (Ite 541 0 32. Registrar's Sign	& Fre	Perruk	294	-19 Bu	It, m	02	wig

DHMH 16 Rev 6/95



3. TIME OF DEATH

3:00 A.

REG. NO.

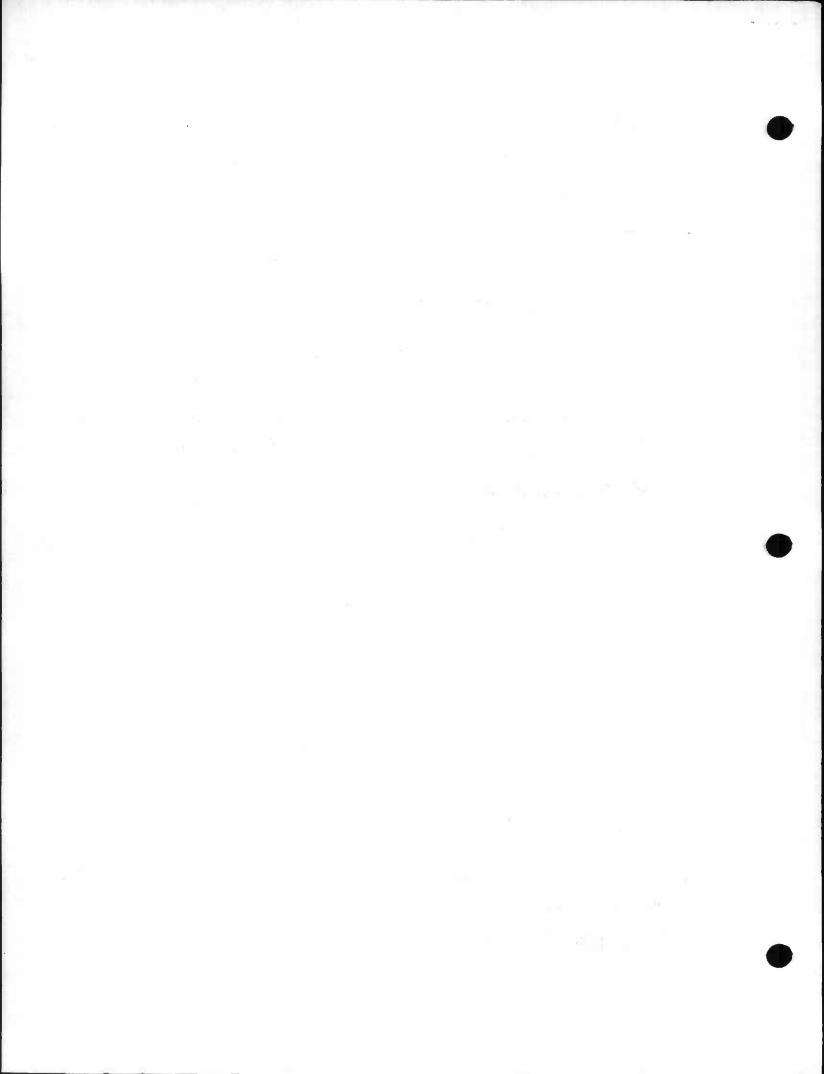
2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

August 22, 1996 ANASTASIA ESTELLE NASIS-RAVITZ a. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 🗋 M 2 😾 F 152-48-8250 YRS. Aug. 29, 1953 New Jersey burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR 5621 Long Corner Road White Hall Harford RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Harford 1 YES 2 NO White Hall 10a. STREET AND NUMBER FUNERAL 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5621 Long Corner Road 21161 USA 24 hours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-tran 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES U.S. Public Health 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yee, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 TYES 2 NO Specify: BΥ 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) 5+ Clinical Pharmacist Medical once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) at Homer Nasis Lily Kourali BE notified a 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Bernard H. Ravitz, M.D. 5621 Long Corner Road White Hall, Maryland 21161 pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must 1 Buriel 2 Cremetion 3 4 Donation 5 Other (Specify) illitop Service Corp. 8/23/96 Towson Maryland examiner 21. SIGNATURE OF FUN 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Rd removal medical Enter the disease, or complications that caused the de ehock, or heert failure. List only one cause on each line. Enter the disees complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, intervai Between Onset and Death IMMEDIATE CAUSE (Fine) the diseese Dr condition BreasT DIE TO (OR AS A CONSCOUENCE OF): 54PS event, resulting in deeth) certificate be executed to burial. traumatic CERTIFICATION and Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate the attending physician Mental Hygiene prior to ceuse. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): thet Initiated events resulting in deeth) LAST 10 OR ATTENDING PHYSICIAN: The law requires that the death PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceues given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? and by AVAILABLE PRIOR TO any COMPLETION OF CAUSE 1 YES 2 PHO shows 1 YES 2 NO been s DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\Boxed{1}\) NO \(\overline{\text{L}}\) UNCERTAIN \(\Boxed{1}\) PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) certificate h the State d, or item EXAMINER? HOSPITAL: OTHER: Inpetient 2 ER/Outpetient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF this cu 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO ВУ After 1 2 Accident 3 Sulcide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 69 DIRECTOR: / COMPLETED 28 4 Homicide FUNERAL DIRECT within 72 hours a 29s. CERTIFIER CENTIFYING PHYSICI To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(a) and manner as stated. HOSPITAL TO THE HOSPITA
TO THE FUNERA
DE filed within 72
IMPORTANT: II MEDICAL EXAMINER istion and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and man 29c. LICENSE NUMBER BE D2265+ 2 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Strauss 31. DATE FILED (Month, Day, Year)
AUG 2 3 1996 32: REGISTRARIE SIGNATURE DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



State of Maryland / Department of Health and Mental Hygiene

item #10e,22, filmg 738, 8/23/96,cyw, per Certificate of Death 1. Decedent's Neme (First, Middla, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** 06:10P NISEWANDER EMMALINE M. 18 1996 /Medical 4b. City, Town, or Location of Death 4e. Facility Nama (If not institution, give street end number) 4c. County of Death Examiner North Arundel Hospital Burnie, Md. Anne Arundel Co Glen, If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Dey, Year) 6. Sex 7. Age (In yrs. lest birthday) 9. Birthplece (State or Foreign Country) Penna. **Funeral** 1□M 20 F Months 220-18-9803 89 Director Oct.11-1906 McConnellsbu Usuel Residence of Decedent Peges 1 and 2 should be filed within 72 hours aftar death with the Manyland and of Heelth and Mentel Hygiane.
Instit if ten 27 le marked other than "netural", or items 23a or 28=f show any or other traumatic event, the Medical Exerciter result or incitied at my or other traumatic event, the Medical Exerciter result or incitied at 10e State 10b. County 10c. City. Town or Location 10d. Inside City Limits r than "netural", or items 23a or 28a-f sho the Medical Experimen must be notified at Md. Anne Arundel Crownsville 1 Yas 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 869 Oak Train TRAIL 21032 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puarto Rican, atc.) 11 Maritai Status 14. Rece - American Indien Bieck, White, etc. 1 Navar Merried 2 Married more, Maryland 21215-0020 1 ☐ Yas 2 No Specify: Specify: White þ 3 Midowed 4 ☐ Divorced Yaar or Detas: Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuei Occupation 16b. Kind of Businass/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondery (0-12) College (1-4or 5+) 8 production line no McCormick's 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middla, Meiden Sumeme) Be Russell Mellott Mary Myers 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Bobby Nisewander / Son 869 Oak Trail Crownsville, Md. 21032 20b. Piece of Disposition (Neme of 20e. Method of Disposition Data 20c. Location - City or Town, Stete Cedar Hill Cemetery 8/21/96 Greencastle, Penna 1 Buriel 2 □ Cremetion 3 □ Removel from State Important: It any injury o once. Depertmant 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Furlegat Service Licensee 22. Nema and Addrass of Facility McCully Funeral Home 0 w 13204 Mountain Rd. Pasadena, Md. 21122 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onsat and Death **Physician** /Medical Immediate Cause (Finei 1 class disease or condition resulting in deeth) Examiner Examiner physicien end the burial-transit that the deeth certificate be executed Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or as a consequence of) attending pl day signed by the aid Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 2 24b. Were autopsy findings evallable prior to completion of cause of death? 24e. Wes an autopsy performed? Completed page 2 s has 1 ☐ Yas 2 12 No certificate 1 🗆 Yas 2 PINO or Attending Physician: director. 25. Wes case referred to medical examiner? Be 26. Piece of Deeth (Check only one) Hospitel: 1 Impatient Other: 4 Nursing Home 5 Residence 8 Other (Specify) P 1 Yes 2 No 2 ER/Outpatient 3 DOA After this funeral 28a. Dete of injury (Month, Day Year) 27. Menner of Beeth 28b. Time of injury 28c. injury et Work? 28d. Dascribe how injury occurred 1 Waturel 5 Pending investigation aftar deeth. 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 8 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Piece of Injury - At home, ferm, straet, fectory, office building, etc. (Specify) 4 Homicide 24 hours a Hospital edical 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner as steted. (Check only one) 2 Medical Examinar: On the basis of axamination and/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) To the Within 2 MD 29c. License number 29d. Data signed (Month, Day, Year) 29b. Signature and title glicentifier 18th D44973 GURMEETSS AWHNEY MD 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) GURMEET 325 Hospital Drive 202 Glen Burne, MD 21061 31. Dete filed (Month, Day, Year) 32. Registrar's Signature

whia Davidson Mandelle

Registrar

AUG 2 3 1996

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John W. Bowie, M.D., 6800 York Road, Baltimore, Maryland 21212	0		1/					nre	. Marvila	nd 212	12			

Bowie, M.D., 6800 York Road, Baltimore, Maryland 21212

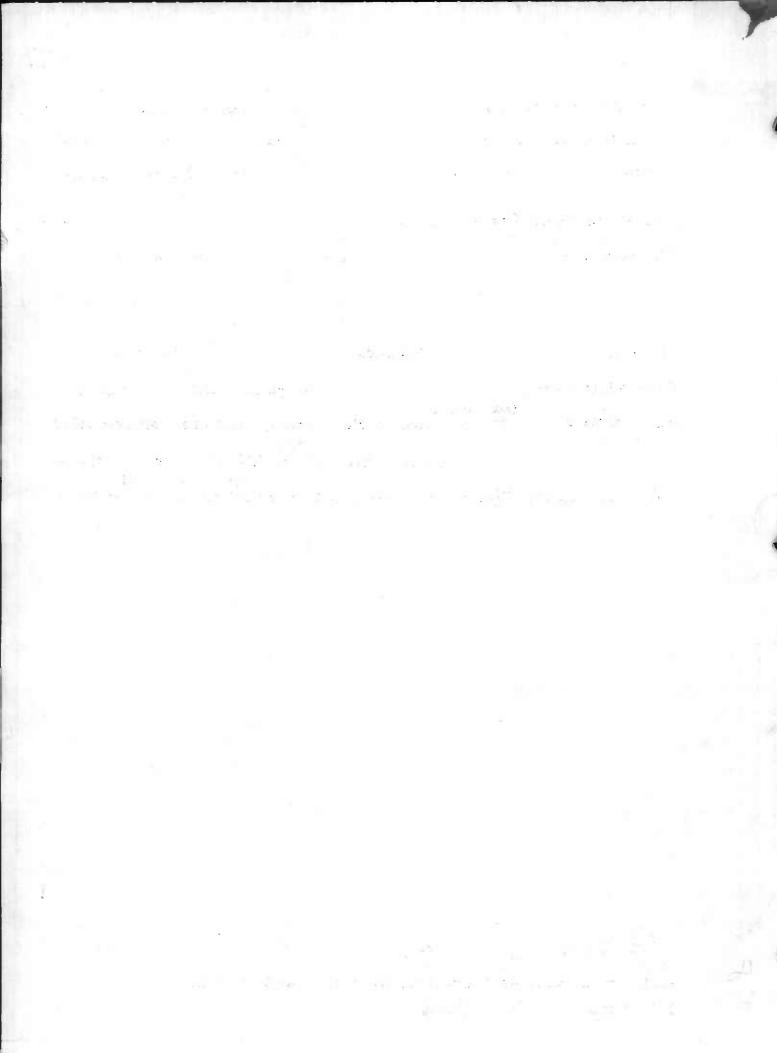
22. Registrar's Signeture

State Registrar 31. Dete filed (Month, Day, Yeer) AUG 2 3 1996

DHMH 16 Rev 6/95

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,



State of Maryland / Department of Health and Mental Hygiene

AUG. 9, 1996

Certificate of Death Reg. No. 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Deeth **Physician** SHELIA OHLER JUNE AUG. 1996 7:49 PM /Medicai 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Daath 4c. County of Deeth Examiner MEMORIAL HOSPITAL E.R. CUMBERLAND ALLEGANY 5. Social Sacurity Number If Under 1 Yaar If Under 24 Hrs. Hours Min. 8. Dete of Birth (Month, Day, Yaar) MAL-13,194 9. Birthplaca (Stata or Foraign Country) 7. Age (In yrs. last birthday) **Funerai** 403-62-82/8 Usual Rasidanca of Dacadant 1□M 2X F Months Days Director Yrs. 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits STEWART Director 1 Yas 2 No 288-1 BIG ROC 10e. Street and Number 10g. Citizan of What Country? ă U.S.A Berns 23a ZIE DOCK Funeral Was Dacedent Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Spacify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - American Indian, Bieck, Whita, atc. 1 Nevar Married 2 Married 1 ☐ Yas 2 K No If Yes, Give Yaar or Dates: Baltimore, Maryland 21215-0020 natural, or 1□ Yas 2 No Be Completed by 3 Widowed 4 □ Divorced WHITE The Medical 15. Dacadant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) DISABLED 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Pages 1 and 2 should be and Mental PLOMER **IAMES** HERNDON 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, State, Zip Code) 20 MINTIE Department of Health of Important: if Item 27 is any injury or other tra 9691 SOUTH ROAD 20a. Mathod of Disposition

1 ☑ Burial 2 ☐ Cramation 3 ☐ Removal from Stata 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Figneral Sarvica Licensea 22. Nama and Address of Facility Part1. Entar the disaase, of complications that caused tha daath. Do not antar the moda of dying, such as cardiac or raspirator, shock, or haan failura. List only ona causa on aach lina. Approximate Intarvel Batwaan Onsat and Daath Physician /Medical Immadiata Causa (Final diseasa or condition rasulting in daath) Multiple Injunies Examiner Dua to (or as a consaquance of) Examiner The law requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiata causa. Enter Underlying Causa (Disaasa or injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as e consequanca of) Pert II. Other eignificant conditions contributing to deeth but not resulting in the undarlying causa given in Part I. 23b. Did tobacco use contributa to the csusa of death? is certificate has been signed by director, page 2 should be detect 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24b. Wara autopsy findinga availabla prior to completion of cause of daath? 24a. Was an autopsy performed? 128 Yas 2 No 1 Yes 2 No or Attending Physician: Be 25. Was casa rafarred to medical axaminar? 28. Piaca of Daath (Check only ona) Hospital: 1 ☐ Inpatiant 2□ FR/Outpatient 3□ DOA XXYes 2□ No Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) ပို After this 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of Injury Certification: 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Panding investigation 1 Natural death. 7:00 PM 1 Yas 2 No 8-8-96 2 X Accidant after death Motor Vehicle Accident

281. Location (Streat and Number or Rural Routa Number,
City or Town, Stata) (Loute 36 6 Could not be datarmined 3 Suicida 28a. Placa of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 6 4 Homicida >7ree+

Mt. Savage Maryland

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, and due to the cause(s) and manner as stated.

**Medical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred et the time, date end place, and due to the cause(s) and manner stated. Street within 24 hours Hospital Medical \$ 29b. Signeture end titia of certifier 29c. License number 29d. Date signed (Month, Day, Year)

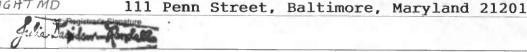
State Registrar DONALD G. WRIGHT MD

31. Date filed (Month, Day, Yaar)

AUG 2 3 1996

Honald & Wright MD

30. Nama and address of person who complated causa of death (Itam 23a) (Type, Print)



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State of Maryland / Department of Health and Mental Hygiene

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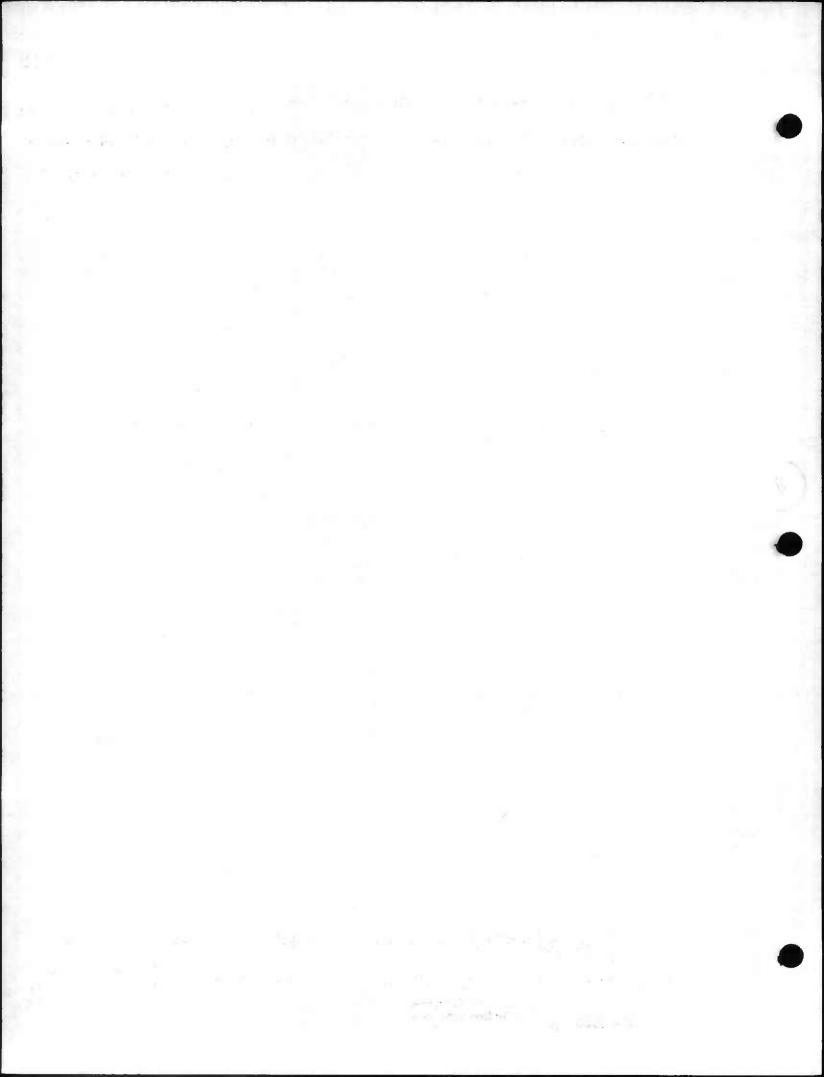
			,	Certificate of Death	Reg. No.	20 20023
	Physic /Medi		1. Decedent's Neme (First, Middle, Last) CATHERINE MARTHA	CONNELL	2. Dete of Death Month Dey AVGVST	Yeer 3. Time of Deeth 4968-40 P. m
	Examii		4e. Facility Neme (If not institution, give street end number) HARBOR HOSPITAL CENTER	4b. City, Town, or L BALT IM		of Death IMORE CITY
	Funeral Director		5. Social Security Number 6. Sex 1 M 2 F 6 8 . Usual Residence of Decedent	thday) If Under 1 Yeer If Under 24 Hrs. Months Deys Hours Min.	8. Dete of Birth (Month, Day, Year) AUG . 2, 1928	9. Birthplece (State or Foreign Country), ROCHESTER W.Y
	deeth with the Maryland	7	10e. State 10b. County 10c. City, Town	- Carrier Chil		10d. Inside City Limits 1 ☐ Yes 2 No
	Ne M	ecto		ADIA		
	with t	Director	10e. Street end Number	10f. Zip Code	10g. Citizen of V	Vhat Country?
	23 me 23	erai	237/ S. E. Hwy 31 11. Meritel Stetus 12. Wes Decedent Ever In U.S.	3382/	U· :	a - American Indian,
21215-0020	n 72 hours after deeth with the Maryler "natural", or flems 23a or 28=1 show edical Examiner must be notified at	by Funeral	1 Never Merried 2 Married 1 1 4 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13. Wes Decedent of Hispenic Origin? (Si If Yes, specify Cuban, Mexican, Puerto	PRICAN, etc.) Rican, etc.) Specify	k, White, etc.
2-0	72 ho	Completed	15. Decedent's Education 16a. (Specify only highest grede completed)	Decedent's Usual Occupation (Give kind of work done duning most of work life. DO NOT use retired)	16b. Kind of Bu	usiness/industry
2	within ene. then	mple	Elementery/Secondary (0-12) College (1-40r 5+)	. /		. 11
	DO		17. Fether's Neme (First, Middle, Last)	HOME MAKER		HOME
and	S a b	Be c			e (First, Middle, Meiden Sumam	
Maryiand	hould d Mer marks matic	ဥ	PREDERICK J. Mc GARY 19e. Informent's Name/Reletionship (Type, Print) 19b.	Melling Address (Street end Number or Ru	ENCE H. CRA	
Ma	od 2 s ith an ith an ith an				ACADIA FL.	
hore,	s 1 an f Heal ftsm 2 other		20e. Method of Disposition 20b. Pleca of	Disposition (Neme of	Dete 20c. Location -	City or Town, Stete
			1 Burlel 2 □ Cremetion 3 □ Removal from Stete 4 □ Donetlon 5 □ Other (Specify)	y, cremetory or other place)	1896 ROCHE	CETEL- ALV.
	pemil, Page Department (Important: If any Injury or		21. Signetup of Fag rel Service Licansee	22. Name end Address of Fecility	28 29 HUDSON	
60	Page Indo		Skule 4.	SKARDA EH.		21224
			23a. Pert ¹ . Enter the diseese, of complications that caused the death. Do r shock, or heart feilure. List only one cause on each line.	not enter the mode of dying, such es cardiec		Approximete
ŧ,	Physician		shock, or neert reliure. Listronly one cause on each line:			Interval Between Onset and Deeth
7	/Medical		Immediate Cause (Final disease or condition RESPIRAT	DRY INSUFFI	CITENCY	ONE MONTH
ĸ.	Examiner		resulting in deeth)	consequence of):	021101	O 1 7 O 1 1
	D #	Examiner	EXTENSI	VE PNEUMOR	IA	ONE MONTH
	and and i-tran	хап	Sequentially list conditions, if any leading to immediate			
68760,	tificate be executed g physician and as the buriai-transit		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	OF LUNG		SIX YEARS
387	rificate be ng physicia as the bur	edicai	thet Initiated events resulting In deeth) Last Due to (or es e c	onsequenca of):		1 1 1 1 1 1
	\$ 5 S	5	d			
Box	deeth ce a attendii	Physician/	Pert II. Other significant conditions contributing to death but not resulting in	the underlying source short to Dest I	22h Did tobassa usa sa	table to the same of death?
P.O.	thet the de led by the a detached f	hys			1 Ves 2 No	ntributa to the cause of death? 3 ☐ Probably 4 ☐ Unknown
	es the igned be del	ру Р	DIABETES MELLITUS E	MRLY BREAST		
of Vital Records,	v requir been s should	Completed	CANCER (STATUS POST RI	GHT MASTIECTOM	24e. Wes an eutopsy performed?	24b. Were autopsy findings aveilable prior to completion of cause of death?
æ	The lev ate hes page 2	E	CHRONIC DISTRUCTIVE AIR	WAYS DISEASE	1 Yes 2 No	1 □ Yes 2 🗷 No
ita		Bec	25. Wes case referred to medical		th (Check only one)	
>	Physician: r this certific and director,	10	examiner? 1 Yes 2 No Hospitel: 1 Inpatient 2 ER/Ou	Other:	ome 5 ☐ Residence 6 ☐ Oth	er (Specify)
	og Phys ter this neral di			Ime of 28c. Injury at Work?	28d. Describe how Injury occurr	red
Si	death. ctor: Af	atic	2 Accident investigation	M 1 ☐ Yes 2 ☐ No		
Division	sfier de Direct	ertification:	3 ☐ SuicIde 6 ☐ Could not be determined 28e. Placa of Injury - At home, fer building, etc. (Specify)	rm, street, fectory, offica	28f. Location (Street end Numb City or Town, State)	er or Rural Route Number,
Ω	urs at	O				
	To the Hospital or Attanding Phy within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edicai	29e. Certifier (Check only one) (Deck only one) (Check only one) (Check only one) (Check only one)	, deeth occurred et the time, dete end plece d/or Investigetion, in my opinion, deeth occu	end due to the ceuse(s) end me red at the time, data and place,	anner es steted. and due to the cause(s)
	To th To th comp	W	29b. Signeture end title of certifier PGY-II INT. MED	29c. License number AS# 2441614-	14 AUGUST	(Month, Day, Year)
	1	-			0.00	
	Q		30. Name and address of person who completed cause of deeth (Item 23a) (SVDMDR KUMAR AGGARWAL, M	ARDOR HOSPITAL C	ENTER, 3001	S. HAN OVER SET. BALTIMORE

Registrar

State

31. Dete filed (Month, Day, Year)





ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM 6-739 9/5/96 t.t Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

August 18, 1996

25030

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Deeth Dey **Physician** Month Yee Robert Oswald Jr. Bruce 8:21AM /Medical 4b. City, Town, or Location of Death 17 1996 4e. Fecility Neme (if not institution, giva straet end number) Examiner 4c. County of Death Pasadena, MD 3452 BrookHaven Rd. Anne Arundel 5. Social Sacurity Number If Undar 1 Yaar If Undar 24 Hrs. 8. Date of Birth (Month, Day, Year) July 29,1972 7. Age (In yrs. lest birthdey) 9. Birthplaca (State or Foraign **Funeral** Months Days Hours 183 M 2□ F Maryland 218-96-5969 24 Yrs Director Usual Residence of Decedent with the Maryland works / 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits "natural", or items 23e or 28a-f show Maryland Anne Arundel Pasadena Director 1 ☐ Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1531 Long Point Road 21122 U.S.A. Funeral death 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yas or No If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Black, Whita, atc. permit. Peges 1 end 2 should be filed within 72 hours after concurrent of Health and Mental Hygiene.

Important: If Item 27 is merked other than "natural", or Item any injury or other traumatic event, the Medical Examine 1 ☐ Yes 2 ☑ No If Yes, Give 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: White by Year or Dates: 3 Widowad 4 Divorced Completed Decedent's Usuel Occupetion
 (Give kind of work done duning most of working life, DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamentery/Secondary (0-12) College (1-4or 5+) Grease and Go Auto Mechanic 17. Fether's Neme (First, Middle, Last) Be 18. Mother's Neme (First, Middle, Meidan Sumame) Robert B. Oswald, Sr. Catherine R. Sterling 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Mr. Robert B. Oswald, sr. 1531 Long Point Road Pasadena, Maryland 21122 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1X Buriel 2 ☐ Cremetion 3 ☐ Removal from Stata Cedar Hill Cemetery Aug. 21, 1996 Baltimore, Maryland 4 ☐ Donetion 5 ☐ Other (Spacify) 21. Signature of Funeral Service License 22. Name and Address of Fecility
McCully Funeral Home 3204 Mountain Road Pasadena, Maryland 21122 23a. Part1. Enter the disease, or comple shock, or least failure. List only on cations that caused the deathnot enter the mode of dying, such es cerdiac or raspiratory errest, Approximate Intervel Between Onset end Deeth **Physician** Immediate Ceuse (Finel disease or condition resulting In deeth) /Medical NARCOTIC INTOXICATION Examiner Due to (or es e consequence of) Physician/Medical Examine Attending Physician: The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events for use es the buriel-tran Bnd Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760, ettending physiciar Due to (or as e consequence of): rasulting in daeth) Last Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown þ director, page 2 should be 24b. Were eutopsy findings aveilable prior to completion of ceuse Completed 24e. Wes en autopsy performed? peen hes certificate 1 X Yes 1 Yas 2 🗆 No 2 No 25. Wes cese referred to medical exeminer? Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Homa SARasidence 6 Other (Specify) 2 Yes 2□ No 1 Inpatient 2 ER/Outpetient 3 DOA this 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Tima of Injury Certification: 28c. Injury et Work? 28d. Dascribe how Injury occurred 5 Pending Investigation 1 Naturel death. UNKNOWN M 1 Yes 2XXNo FOUND 8-17-96 2 Accident UNKNOWN efter deat Director: 6 Could not be determined 3 ☐ Suicida 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

FOUND AT HOME 2 28f. Location (Street end Number of Rural Route Number, City or Town, Stete) 3452 BROOKHAVEN RD. 4 Homicide To the Hospital or within 24 hours of To the Funeral D PASADENA, MD. edical 1 Certifying Physician: To the best of my knowledge, deeth occurred et tha time, dete end plece, end due to the ceuse(s) end menner as steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, dete end plece, end due to the cause(s) and menner stated. 29a. Certifie /Check'tt Σ 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year)

O.C.M.E.

111 Penn Street, Baltimore, Maryland 21201

30. Neme end eddress of person who completed ceuse of deeth (Item 23a) (Type, Print)

32. Registrar's Signature

JUARON LOCKE

31. Dete filed (Month, Dey, Year)

State Registrar

THE REPORT OF THE PARTY OF THE

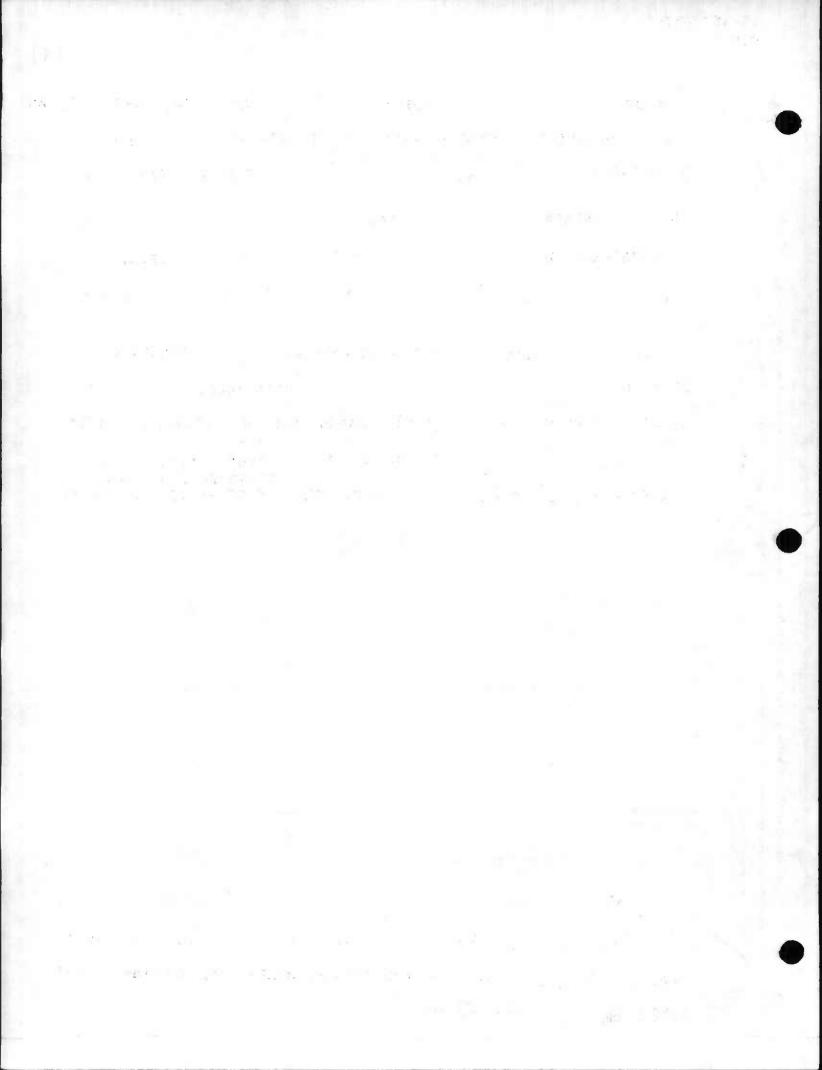
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State of Maryland / Department of Health and Mental Hygiene 96 2503 |

						Ce	ertificate	e of	Death		Reg. No.				
	Physic	ian	1. Decedent's Neme (First, Middle, Las	st)						2. Dete of De	eth	Voor	3. Tima of Death		
	/Medi		ELSIE			OUTI	LAND			AUG.		996	1110 AM		
	Exami	ner	4a. Fecility Name (If not institution, give 4400 PLAINFIE		*	APT.#1	1	4	4b. City, Town, o BALTII	Location of Death	4c. County	of Deeth			
	Funeral Director		5. Sociel Security Number 6. Sociel Security Number 1 217-16-0476 Usual Residence of Decedent	ex □ M 2X F	7. Age (In yrs	s. last birthday Yrs.) If Under Months	1 Yeer Deys	If Under 24 Hr Hours Mir	. (Month, De	th by, Yeer) 3, 1913	9. Birthpl Coun	lace (Stete or Foreign try) VA		
	Maryland f show	or	10a. Stete 10b. County MD BELATE)	10c. C	ity, Town or L						10	0d. Insida City Limits		
	with the	Director	10e. Street end Number				N/A 10f. Zip	Code	-		10g. Citizen of V	Vhat Coun	41		
020	72 hours after deeth with the Maryland natural; or items 23a or 28a-f show dical Examinet must be notified at	by Funeral	1319 GATEHEAD I 11. Marital Status 1 Nevar Married 2 Merried 3 XWidowed 4 Divorced	12. Wes Dece Armed For 1 Yas If Yes, Give Year or De	ces? 2 X No	U,S. 13.				Specify Yas or No rto Rican, etc.)		A e - America ek, White, e	etc.		
Maryland 21215-0020	be filed within 72 hours tital Hygiene. Id other than "naturel!, event, the Medical Exe	Completed	15. Decedent's Ed (Specify only highest grad Elementery/Secondary (0-12) 5th	ucation de completed) College (1-	4or 5+)	(Give	edent's Usue e kind of wor DO NOT us STIC	k done e e retired	during most of wi	orking	16b. Kind of Bu		ustry		
yiana	should be file and Mental Hy a marked oth- umatic event	To Be	17. Fether's Neme (First, Middle, Last) JOHN HICKS							ame (First, Middle,		e)			
ammore, mar	F 1 and 2 Health a tem 27 le		19e. Informent's Name/Relationship (7 MILLIE FIELDS 20e. Method of Disposition 1	Semovel from S	tate	19b. Meil 1319 Plece of Disp cemetery, cre RBUTUS	GA osition (Nem	ATES	end Number or F S HEAD ee)	lurel Route Numb	EAIR, 1 20c. Location	1D 2	1014 wn, State		
Dain	permit. Pages Department of Important: If i any injury or once.		21. Signature of Funeral Service Licensee 22. Name end Address of Fecility BETTS FUNERAL HOME 1129 N. CAROLINE ST BALTO, MD 212123 23a. Hent1. Enter the disaasa, or complications that caused the deeth. Do not antar the mode of dying, such as cardiac or respiratory errest. Approximate												
	Physician /Medical Examiner	ı	Immediate Ceuse (Final	ne ceuse on ea	ciosc		ic Ca			lar Dis			Intervel Between Onset end Death		
5	e executed ian and unal-transit	Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying	b	Due to (or es e conse	quence of);								
00/00 VO	certificate be executed nding physician and use es the bunal-transit	n/Medical	Ceuse (Disease or injury that Initiated events resulting in death) Last	d	Due to (or es a consec	quence of):								
	v requires that the death been signed by the atter should be detached for u	by Physicia	Pert II. Other algnificant conditions co	ntributing to dea	ith but not re	sulting in the u	underlying ca	use give	en In Pert I.	23b. Did tobacco use contribute to the cause of d					
1000	e iaw requires that has been signed b ge 2 should be deta	Completed							-	perfo	en autopsy rmed? ECTION	ava	re eutopsy findings ilebia prior to npletion of cause leath?		
T T T T T T T T T T T T T T T T T T T	sician: The law certificate has t lirector, page 2 s		25. Wes case referred to medical						44 m (1) 141		as XXNo	10	Yes 2□ No		
	Physician: this certific ral director,	To Be	exeminer?	Hospitel:	patient 2	ER/Outpetier	nt 3 DO/	Othe	or.	eth <i>(Check only o</i> Home XXResid		er (Snecity	1		
	tending Physicath.		27. Menner of Deeth XXNeturel 5 Pending 2 Accident Investigation	28e. Dete of		28b. Time o Injury		c. Injury Work		1	now injury occurr				
	al or Atte s after dea al Directo ed in by th	Certification:	3 Sulcide 6 Could not be determined	28e. Plece of building	f Injury - At h g, etc. (Speci	ome, ferm, sti	raet, fectory,	office		28f. Location (S City or Tox	Streat and Number, State)	er or Rurai	Route Number,		
	To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fune	edical	29e. Certifier (Check only one) 1 Certifying Physical Exami	elcian: To the b ner: On the bas end menne	is of exemine	owledge, deetletion end/or in	h occurred e vestigetion,	t the tim	e, dete and plec inlon, deeth occ	e, end due to the curred et the time,	ceuse(s) end ma dete end piece, e	nnar es ste end due to	ited. the ceuse(s)		
	To the complete of the complet	¥	29b. Signeture and title of certifiar	1 Ch	to m	7			·M.E		29d. Dete signed				
_	5		30. Name and address of person who co		of deeth (Ite	n 23e) (Type, L1 Per	Print) nn St	ree	t, Bal	timore,	Maryl	and	21201		

State

31. Date filed (Month, Dey, Year)



e executed within at mountains day. Page 6 may be retained by the hospital or attending physician.	an and complimely med in recent director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	r to burial, cremation, or removal.	umatic event, the medical examiner must be notified at once.
TO THE HDSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 in	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and computerly filed	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the m

item #21, filmg 738, 8/23/96,cyw, per fh

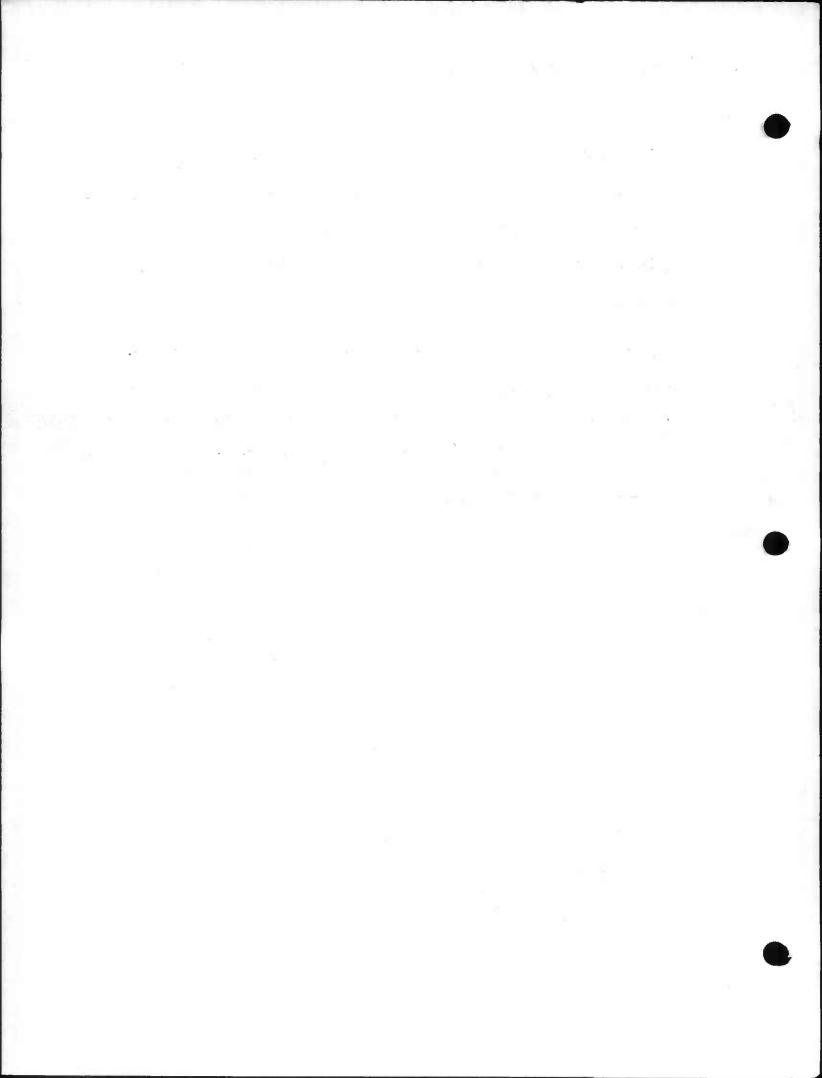
1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)

2. DATE OF DEATH MONTH DAY

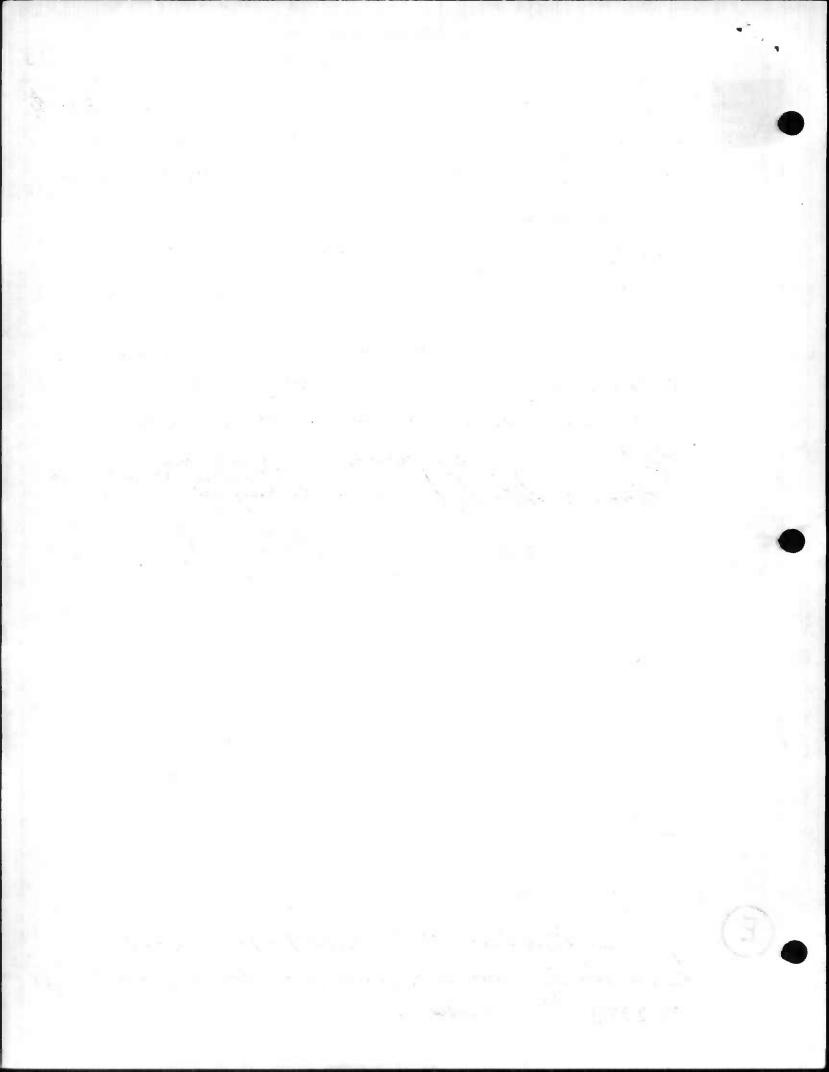
- 1	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH MONTH DAY YEAR											
	Luther	Porter			ALOUT 2	0 1996	2:00 Pm #					
1	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last	birthday) #	INDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. B				RTHPLACE (State or Foreign				
	244-46265794 112 M 21	DF //	YRS. MOI	MONTHS DAYS HOURS MIN. LONGTH, Day, Year) 0-32				5 Jan renien				
	In FACELITY NAME (If not institution, give street and number	ber)	9b	. CITY, TOWN	OR LOCATION OF D	EATH .	96 COUNTY OF	OF ATH				
œ	(3.93 m.C.			By The man for the first the same								
유	RESIDENCE OF DECEDENT			1 PAHIMONE OUN MY VALMOURD								
DIRECTOR	10e. STATE 10b. COUNTY	In	10c. CITY, TO	c. CITY, TOWN OR LOCATION 10d. INSIDE CITY								
H	(1)17/, \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4	13	4I11	MORK-	-		LIMITS?				
7	10e. STREET AND NUMBER	m 1		10	I. ZIP CODE		10g. CITIZEN OF	IZEN OF WHAT COUNTRY?				
3	7000 MOLLANDER	RIDGE_			2122	24	11.	11,50				
FUNERAL	11. MARITAL STATUS 12. WAS DE	MED	13. WAS DEC	CENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No.— 14. RAG	- 14. RACE — American Indian,					
	1 Never Merried 2 Merried FORCES			If yes, sp		in, Puerto Ricen, etc.)	Bia	Black, White, etc.				
ВУ	3 Wildowed 4 Divorced	GIVE WAN ON DATES		""	S 2 D NO Specia	у.	MACK					
B	15. OECEDENT'S EDUCATION 160. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY											
COMPLETED	(Specify only highest grade completed) Cullege (1-	life	ve kind of work Do NOT use re	done during mo tired.)	ost of working	N 101	0.					
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8	17. EATHER & MANGE (First, Middys, Bast)	1.07	111 14 1	CASE DE LA CONTRACTION DE LA C	18. MOTHER/S N/	ME (First, Middle, Maiden	Sumeme)					
	WILLE HOLLINGT	7			90	MAK PO	R 750					
H	19e. INFORMANT'S NAME (Types 1441)	196	. MAILING AD	DRESS (Street		Route Number, City or Tow	n State Zin Code)					
5	MARTORIE GEL	16 6	205	11/15	x low V	57 8010	man M	MD 01217				
	200. METHOD OF DISPOSITION	200 51455	ND DATE OF D	WITH	LHAT	DATE / 20c, LO	CATION OF THE	WINTELM!				
	1 Buriel 2 Cremetion 3 Removal from St	cerietery, crei	matory or other	dack 1	4-7/	126: 10	CATION — City or 1	1/ mD				
		GARY P. MARCH	ND ADDRESS OF FA	7 BOY/9/ COUNSUILE / 1/4,								
		SART P. MARCH		A A	ADDITESS OF TA	mino	re MP,	21229				
	Meners 4 +	Grand		G.P.	MARCH	FH 270	props	-HICTON PASS				
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate											
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS CONSEQUENCE OF):											
	diseasa pr condition	pannh	ADD	nl	CAMO	ov						
	diseasa or condition resulting in death)	ESO Ph DUE TO (OR AS A CONSEC	AQ P	nL	CAMC	er		8 months				
_	diseasa or condition resulting in death) a.	DUE TO (OR AS CONSEC	AQ P	nl	CAMC	er						
NOI.	Sequantially list conditions, 6.	DUE TO (OR AS A CONSECUENT	9	nl	CAMC	er						
CATION	Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING	· ·	9	nl	CAMC	er						
IFICATION	Sequantially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury	· ·	DUENCE OF):	nl	CAMC	er						
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State of Maryland / Department of Health and Mental Hygiene

96 25033

	Decedent's Name (First, Middle, La.	st)	Ce	rtificate o	Death	2. Date of Deat	g. No.		Time of Death	
Physician		JUNE	PRI	Œ		AUG. 19	, [™] 1996	Year 3.	7'00	
/Medicai Examiner	4e. Facility Name (If not Institution, give street and number) 200 W. 12th AVE			51	4b. City, Town, or BALTIMOR	Location of Death	4c. County			
Funeral Director	229-26-0260	ex □M 2ŽF 7. Age	(In yrs. last birthday) 69 Yrs.	If Under 1 Yea Months Day				9. Birthplace Country) VIRG	(State or Forei	
* =	Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d Inside								side City Limi	
tor to	MD ANNE AR							1 ☐ Yes ŽÓN		
be notified	10e. Street and Number 10f. Zip Code					10g. Citize		en of What Country?		
23a	200 w. 12th AVE.				21225			A.		
Department of Health and Mental Hygiane. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show important: if item 27 is marked other than Medical Examiner must be notified at once in june of the control o	11. Marital Status 1 ☐ Never Married 2 ☐ Married 3 ☒ Widowed 4 ☐ Divorced	Armed Forces?	1 ☐ Yes 2 X No If Yes, Give		Was Decedent of Hispanlc Origin? (Specify Yes or If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 1 ☐ Yes 2 ☒ No Specify:		No- 14. Race - American Indian, Black, White, etc. Specify: WHTTE			
ygiane. Nor than "natural, the Medical.	15. Decedent's Ed (Specify only highest gra		(Give	dent's Usual Occ kind of work don	e during most of wa	orking	16b. Kind of Bu	usiness/Industry	/	
than dm	Elementary/Secondary (0-12)	College (1-4or 5+	College (1-4or 5+) life. DO NO		O NOT use retired)		7005 1415177			
Hygiane. oth the Me ent, the Me	12 17. Father's Neme (First, Middle, Last)	MEAT WRAPP			18. Mother's Neme (First, Midd		FOOD MARKET			
Mental H arkad ott atic ever To Be	WILLIAM A. GRUBB					MADGE GRUBB		,		
and M is mar	19a. Informant's Name/Relationship (ype, Print)	19b. Maili	ng Address (Stree	et and Number or R	u <i>ral Rou</i> te Number,	lumber, City or Town, State, Zip Code)			
n 27 i	BARBARA KISER	DAUGHTE	R 902 5	"IMBERID	GE DR., H	ANOVER, M	D 2107	6		
nt: If iter iny or oth	20e. Method of Disposition 1 Burial 2 Cremetion 3	Removal from State	20b. Piece of Dispo cemetery, crei	sition (Name of matory or other p	ace)	Date	Oc. Location -	City or Town, S	State	
tant:	4 Donation 5 Other (Specif))	METRO CRI					ORE, MD		
Departr importu any inji once.	21. Signifiure of Pytheral Service Licen	Spand				AYMOND C.				
ysician Medical	23a. Pert1. Enter the disease of companions shock, or heart failure. List only limmediate Cause (Final	^		. 1	1		st,	Inter	roximate vel Between et and Death	
caminer	disease or condition resulting In death)		an duac Arrhythma Due to (or es a consequence of):					1-	nun	
physician and sthe bunal-transit	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	Due to (or as a consequenca of):								
0 6 5	Cause (Disease or injury that initiated events resulting in death) Last	c								
I for use										
d by the attend etached for us.	Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I.					23b. Dld to	acco use cor	ntribute to the	cause of deat	
						1 🗆 Ye	8 2□ No	3 Probably	4 Unkno	
2 should						24a. Was ar perform		available	utopsy findings prior to ion of ceuse ?	
paga paga						1 □ Ye	s 20 No	1 ☐ Yes	20 No	
ertific ector.	25. Was cese referred to medical examiner?	Managhati				ath (Check only one	2			
2 -	1 ☐ Yes 2 No 27. Manner of Death	Hospital: 1 Inpatient		I SLI DOA	ther: 4 Nursing H		nca 8 DOth			
After fune tion	Natural 5 ☐ Pending investigation	28a. Date of Injury (Month, Day)	(ear) 28b. Time of Injury	28c. Injury at Work? M 1 Yes 2 No		28d. Ďescribe how injury occurred				
5 2 9 0	3 ☐ Suicide 6 ☐ Could not be determined	building, etc.	28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)			28f. Location (Street and Number or Rural Route Number, City or Town, State)				
nours uneral plany filled edical C	29a. Certifier (Check only one) Certifying Phy 2 Medical Exam	sician: To the best of r ner: On the basis of ex and manner state	caminetion and/or in	occurred at the trestigation, in my	ime, date and place opinion, death occu	e, and due to the ca arred at the time, da	use(s) end me te end place, a	nner as steted. and due to the o	ceuse(s)	
E N	29b. Signature and title of certifier Serdam M.) 29c. License number D0751 8 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) BENJAMIN BERDANN M.) 606 HAMMONDS LAWE SAC							Pate signed (Month, Day, Year) P-19-96		
101	30. Name and address of person who c	ompleted cause of dee	th (Item 23e) (Type,	Print)	1 m - a - m =	(/4	2	m	2	
No.	BEINDUNIN E	FK DMV	111.1)	LUGHA	DALIONNILLI	-DWE	SHETIN	10re 1/11	17197	



				State d	of Marylar		artment o rtificate o		and Mental H	Hygiene Reg. No.	96 6	25034	
н	Dhunin	ion	Decedant'a Nama (First, Middla, Last)					2. Data of Month					
	Physic /Medi		KAYMOND 1	1195	PS .			ST 21	1996	1830			
	Exami		4a. Facility Nama (If not institution, g	va straat and nu	ımber)			4b. City, To	wn, or Location of D				
1			UNIVERSITY OF	= MAI	MARYLAND			BAL	TIMORE	E NA			
Г	Funeral		Social Security Number 6.	Sax	7. Aga (In yrs.		Il Under 1 Ya Months Da		24 Hrs. 8. Data of Min. (Month,	Birth Day, Year)	9. Birthpia	ca (Stata or Foreign	
	Director		233-15-3672	t <u>√</u> M 2□ F	77	Yrs.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Augus	Birth (Day, Year) St 25 1	n Caroli		
	pud *		Usual Rasidance of Dacedant 10a. Stata 10b. County 10c. City, Town or Location							10	d Incide Other Limite		
	a within 72 hours after death with the Maryland liene. Than "natural", or items 23a or 28a-f show the Medical Examinet must be notified at	ō									10	d. Insida City Limits	
		Director	Maryland NA 10e. Street and Number		ва.	ltimor		4.5	10g. Citizan of What Cou				
											What Countr	y/	
	23	Funeral	50 BENKERT AVE	T					1.0.0	USA			
	er de men	Š	11. Marital Status	Armed Fo	orcas?		Nas Decedant I Yas, specify C	ol Hispanic Orig Cuban, Maxican	gin? (Specify Yas or , Puarto Rican, atc.)	pecify Yas or No- 14. Race Rican, atc.) Black			
20	s aff	by F	1 ☐ Navar Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	If Yas, Gi	1 ☐ Yas 2 ☐ No If Yas, Giva 1 ☐ Yas 2 Ē			No Specify:		Spec	Specify: Black		
S	hour turs	B	15. Decedent's I		Year or Datas:			aumation.		10h Vlad of			
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712	with than	To Be Completed	Elamantary/Secondary (0-12)	Collega (watter o. orran		
D	ai Hygie other vent, ti		17. Fethar's Nama (First, Middla, Las	t)				7	r's Nama (First, Mid	idia, Maidan Suma	ma)		
lan	id be entai		James Phillip	S				natt	ie Long				
Baltimore, Maryland 21215-0020	permit. Pages 1 and 2 should be filed Department of Health and Mental Hyg Important: If Item 27 Is marked other any Injury or other traumatic event, once.		19a. Informant's Name/Ralationship			19b. Mallir	ng Address (Str		or Or Rural Routa Nu	mber. City or Tow	n. Stata. Zip C	Coda)	
Ž	nd 2 lith as 27 is r trau			llips		50 E	enker	t Ave.	Balto		1229		
re,	tem tem othe		20a. Mathod of Disposition		20b.	Placa of Dispo	sition (Nama o	f	Data	20c. Location	- City or Tow	n, Stata	
UQ.	ages ant of t: If i		1 ☐ Kurial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Spec		Stata	•	natory or other	place)	107/0	T			
	artme ortan		21. Signature of Funaral Service Lice		101	unt Zi	On Name and Ad	Idrass of Facility	0/2//	96 Lans	down,	Dr.d	
Ba	Depariment Important		21156	2110	00	_ 1	.W 80.	North	Avenue	y runei	a1 1101	ii e	
-			21.0.1	ruce	vy		saltim	ore mid	. 21201				
			23a. Part1. Entar tha disaasa, or cor shock, or haart failura. List ont	ona causa on a	aach lina.	th. Do not ent	ar tha moda of	dying, such as	cardiac or raspirator	ry arraet,		Approximate ntarvai Between Onsat and Death	
	hysician /Medical Examiner		Immediata Causa (Final disease or condition resulting In death) a. MY6CARDIAL INFARCTION								1	Hours	
		5	•	_		or as a conseq		~					
	pet hist	dicai Examiner		b. COR	LONARY	ART		DISE	ASE			YBARS	
_6	al-tre	xai	Sequantially list conditions, if any, laading to immadiata cause. Entar Underlying Cause (Disease or injury		Dua to (or as a conseq	uance of):				İ		
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587	phy:	ğ	rasulting In daath) Last		Dua to (d	or as a conseq	uance of):				i I		
Box (death certific e attending pl d for use as t	N.		d									
ğ	atter	y Physician/M							1				
P.O.	0 0 %		Part II. Other significant conditions	contributing to d	eath but not ras	sulting In tha ur	ndarlying causa	ı givan in Part I.				he cause of death?	
	es that igned b		HYPERTENSION						1	Yes 2 No	3 Proba	ibly 4 Tinknown	
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Division of Vital Record		ete	DIABETES M	ELLITU	5				P	erformed?	com	abla prior to plation of cause	
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	or Attending Physician: The i after death. Director: After this certificate ha i in by the funeral director, page			SILATORA	L ABO	15- KN	EE AM	PUTATIO	NS 1	☐ Yas 2 12 No	10	Yas 20 No	
			25. Was case raferred to medical axaminar?	Hospital:				Other	of Death (Check or				
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		ion	27. Manne-of Death 1 Natural 5 Panding 2 Accidant Invastigation 3 Sulcida 6 Could not be datermined 28a. Data of Injury (Month, Day Year) 28b. Tima of Injury at Work? M 1 Yes 2 No 28a. Placa of Injury - At homa, Iarm, straat, factory, office building, etc. (Specify)						28d. Dascribe how Injury occurred				
Si		cal											
<u>≥</u>	after Direct	Certification:							City or	28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)			
_	pital ours erel filled												
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edicai	(Check only one)	miner: On tha ba	asis of axamina nar stated.	ition and/or Inv	astigation, in m	ny opinion, daat	h occurred at the tin	na, data and place	and dua to t	ha causa(s)	
	o the	Me	29b. Signatura and titla of certifiar	wird fridit	stated.		29c. Lic	ensa number		29d. Data sign	ed (Month D	av. Year)	
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	1		JOSEP L	/JUNI	in	my	KNO	+41	66	August	21	1996	
	4		// -	complated caus									
	/		Joseph GIB	D NA	NSSEY	III	MD.						

Registrar

State of Maryland / Department of Health and Mental Hygiene 25035 Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** Month Prager Ruth 4b. City, Town, or Location of Deeth 1996 /Medical 4e. Fecility Neme (If not institution, give street end number) 4c. County of Deeth Examiner Bultimore 5. Social Sacurity Number 6. Sax If Undar 24 Hrs. 8. Date of Birth (Month, Dey, Year) If Under 1 Year 7. Age (In yrs. last birthdey) Birthplece (Stata or Foreign Country) **Funeral** Days 214-40-5110 Months 93 Director MAR. 17,1903 Mandly Ohio Usuel Residanca of Decadant 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits r than "natural", or items 23e or 26e-f show the Medical Examiner must be notified at MARYLAND BALTIMORE Director BALTIMORE 1 ☐ Yas 2 No 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 6269 PIMLICO ROAD, APT. D 21209 USA Funeral 12. Was Decedant Ever In U.S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yas or No-if Yes, spacify Cuben, Maxican, Puerto Rican, etc.) 14. Rece - Amarican indian, Bleck, White, etc. 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas: 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: 2 3 ☐ Widowed 4 ☐ Divorced WHITE Completed 16a. Dacedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use ratired) 15. Dacadant's Education (Specify only highest grada complated) 18b. Kind of Businass/Industry Hygiene. ther than Collaga (1-4or 5+) Elamantery/Secondary (0-12) SCHOOL TEACHER EDUCATION 17. Fathar's Nama (First, Middla, Last) permit. Pages 1 and 2 should be fish Department of Health and Mannai Hy important: If Nem 27 is marked other any injury or other traumatic event 18. Mothar's Nama (First, Middia, Maidan Surnama) Be MAURICE PRAGER HATTIE **HESS** 19a. Informant's Neme/Ralationship (Type, Pnint) 19b. Malling Address (Street end Number or Rural Routa Number, City or Town, Stata, Zip Coda) MR. GORDON PRAGER (NEPHEW) 67 TACKORA TRAIL RIDGEFIELD, CT. 06877 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cremetory or othar piace) 20c. Location - City or Town, Stata 1 ☑ Buriel 2 ☐ Cramation 3 ☐ Removal from Stata 8-20-1996 BALTIMORE, MD OHEB SHALOM -4 □ Donetion 5 □ Othar (Specify) 21. Signature of Funeral Sarvice Licensee 22. Nama and Addrass of Facility Sol Levinson & Bros., Inc. 8900 Reisterstown Road Pikesville, MD 21208 23a Fart. Enter the disease, or complications the caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, bock, or high failure. List only one cause on each line. Approximate Interval Batwaen Onsat and Death Physician /Medical Immediata Causa (Final 2244 Myo carded In fartun disaase or condition rasulting in daath) Examiner Examiner ettending physician and for use as the burief-transit Sequentially list conditions, if any, laading to Immadieta cause. Enter Underlying Causa (Disaase or Injury that initieted evants rasulting in death) Lest Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760. Physician/Medical signed by the el Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably Unknown by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed 1 □ Yes 2 SANO or Attending Physician: after death. Director: After this certifica 25. Was casa refarred to madical axaminar? Be 26. Placa of Death (Chack only ona) Hospital: 1 Impatiant 2 ER/Outpatient 3 DOA 1 Yas 2 40 Othar: 4 Nursing Home 5 Rasidance 8 Othar (Specify) Certification: To 28a. Date of Injury (Month, Day Year) 27. Mennar of Death 28b. Time of Injury 28c. Injury at Work? 28d. Dascribe how Injury occurred Natural 5 Panding Invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 3 Sulcida 6 Could not be datarmined 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) To the Hospital or Atte within 24 hours after de To the Funeral Directo completaly filled in by the 28e. Plece of Injury - At homa, ferm, straat, factory, office building, atc. (Specify) 4 Homicida Certifying Physician: To tha best of my knowledge, daeth occurred at the time, dete end place, and due to the cause(s) and menner es stated.

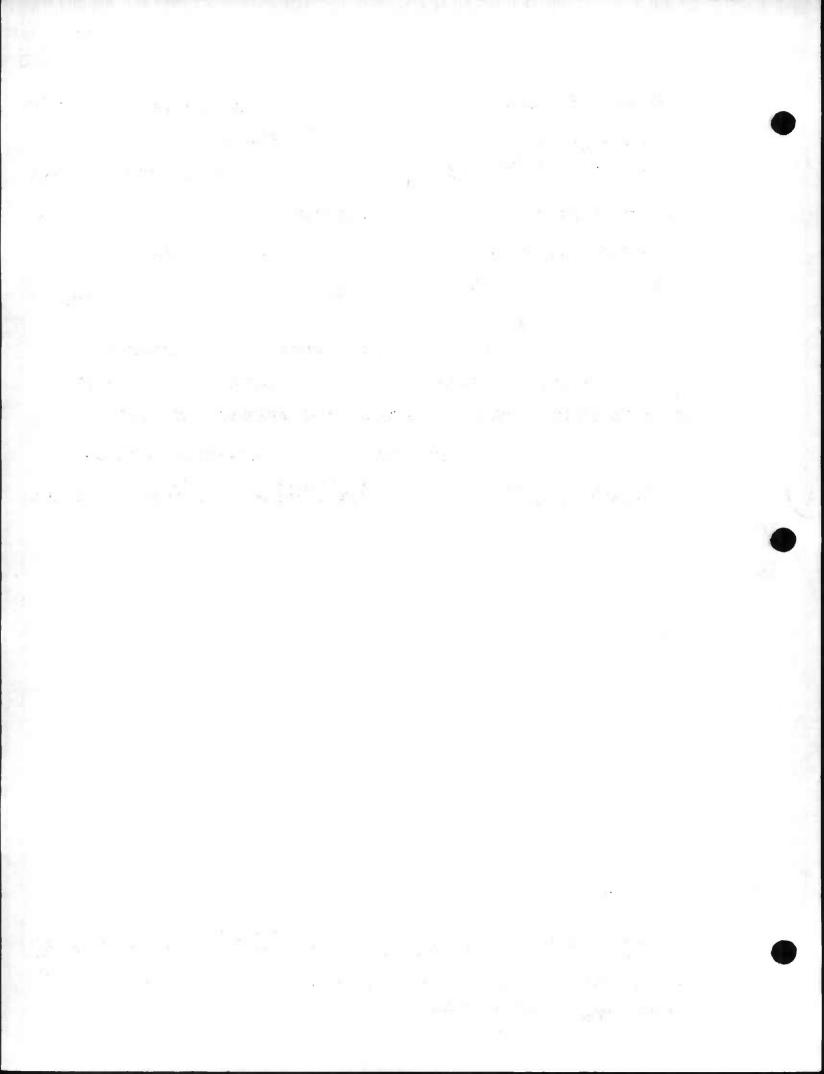
2 Medical Examiner: On the basis of axemination and/or invastigation, in my opinion, deeth occurred at tha tima, data and place, end due to the cause(s) and manner statad. Medical 29e. Cartifier (Check only one) 29b. Signeture end titla of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) PGY-2 MO 30. Name and addrass of person who complated causa of death (Item 23a) (Type, Print) 2401 w. Belvedere Balt. MO

Hospital

32. Registrar's Signature

State Registrar Theent Ce

AUG 2 3 1996



3. TIME OF DEATH

YEAR

REG. NO.

2. DATE OF DEATH

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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68760 RECORDS, P.O. BOX OR ATTENDING PHYSICIAN: The law DIVISION OF VITAL

AUGUST 10:20 C. 1995 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) B. BIRTHPLACE (State or Foreign 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year, 9/14/15 HOURS 136-01-6020 80 1 M 2 F YRS New Jersey use as the burial-transit permit. Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Meridian Nursing Home/Severna Anne Arundel DIRECTOR Park Severna Park RESIDENCE OF DECEDENT 10d. INSIDE CITY LIMITS? 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION Anne Arundel Pasadena 1 YES 2 NO FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9213 Goose Pond Drive 21122 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11 MADITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Married 2 Married 1 TES 2 NO Specify Specify: BY 3 Nidowed 4 Divorced 1943-45 White COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16h KIND OF BUSINESS/INDUSTRY detached for Elementary/Secondary (0-12) College (1-4 or 5+) 10 Supervisor N/A Oil Company once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) pe Ladyslaus Prepisz Victoria Gostomczyk a BE notified ; page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 9213 Goose Pond Dr. Kenneth L. Preston Pasadena, Md. 21122 9 20a. METHOD OF DISPOSITION
1.26 Burlai 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must uneral director, Berlin, New Jersey ☐ Donation 5 ☐ Other (Specify) _ 8/20/96 Gate of Heaven examiner 21 SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY McCully Funeral Home of Pasadena · Eugene ar 3204 Mountain Rd. Pasadena, Md. 21122 23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haert failure. List only one cause on each line. medical Approximats Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition the cremation CEREBROUAS ENVAR ACCIDENT 3 DAYS event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): and come o burial, c traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): 2 if any, leading to immediate the attending physician Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 0 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO 24a. WAS AN AUTOPSY PERFORMED? MEDICAL A Pu PNEUMONIA any COMPLETION OF CAUSE signed t 1 TYES 2 DING OF DEATH? t. of Heal ISCHEMIC HEART DISCASE 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one certificate h the State d, or item EXAMINER? HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED After this ce leath with the marked, 1 Natural 1 YES 2 NO BY After death 2 Accident Investigation 28e. PLACE OF INJURY — At home, larm, street, factory, offica building, atc. (Specify) DIRECTOR: At hours after de item 28 is r 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide FUNERAL DIRECT within 72 hours a 29e. CERTIFIER

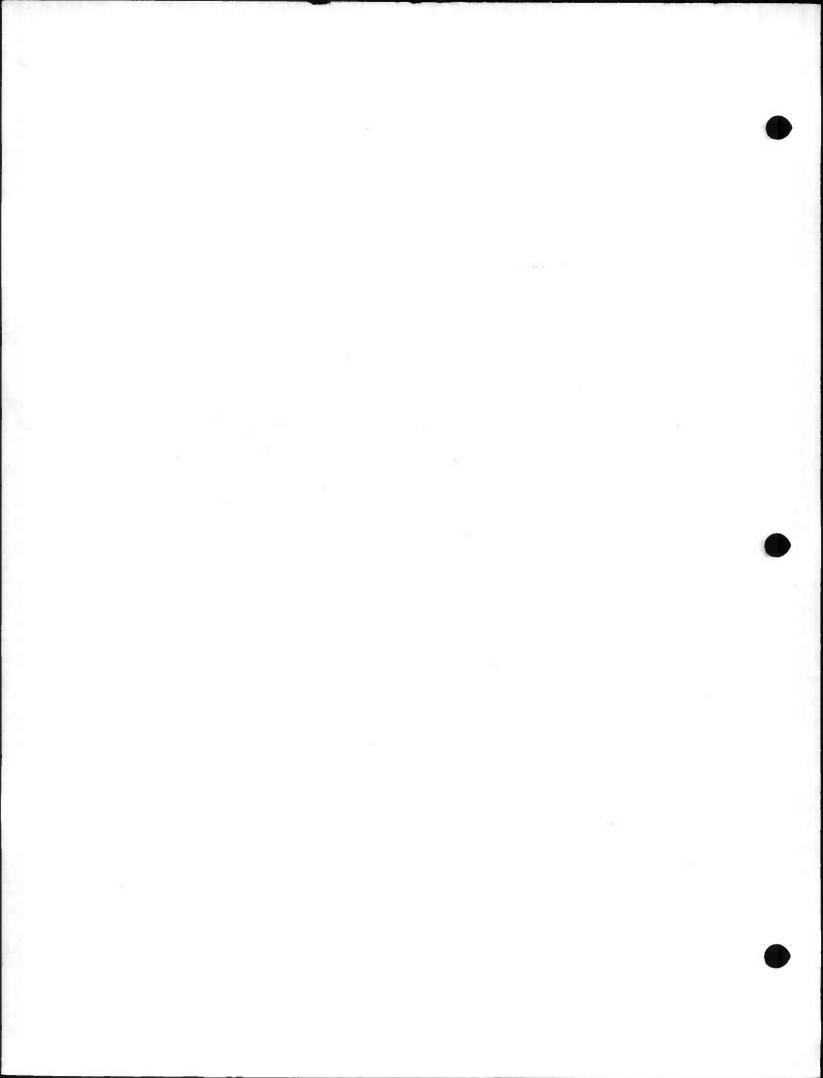
(Chack only (C HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 296 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D 21776 TAMMANO. Attender Mg AUGUST 17, 1990 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MUNDRA MI 1600 1600 CRAIN HWY GLENSVENIE 21061

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

PRESTON

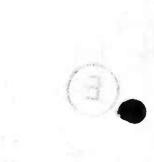
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State of Maryland / Department of Health and Mental Hygiene

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					Ce	ertificate	e of	Death		Reg.	No.		000.
		1. Decedent's Name (First, Middle, L	.ast)						2. Date of	Deelh			3. Time of Deeth
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		1321-A Malbay Di	cive					Tuthon	11-			imor	
Funera	Т		Sex	7. Age (Iri yr	s. last birthday) If Under		Luther		Birth	Dalt		
Director	_	453-49-6686	1 XM 2 ☐ F	71	Yrs.	Months	Days	Hours N	Hrs. 8. Date of (Month,				lace (State or Foreign try)
		Usual Residence of Decedent		, ,	_				Nov	1	1924	Souti	n Korea
ylan		10a. State 10b. County		10c. (City, Town or L	ocation						10	Od. Inside City Limits
Mar Hal	to	Maryland Baltin	nore		Luth	nervil:	1.0						1 ☐ Yes 2 📉 No
r 284	9	10e. Street and Number			Buci	10f. Zip (100.	Citizen of W	hal Coun	try?
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Jeath The 2	lera	11. Marital Status	12. Was Dec	edent Ever in	U.S. 13.	Was Decede			(Specify Yes or	No		- America	an Indian.
C the fee	Funeral Director	1 Never Married 2 Married	Armed F	orces? 2 🔼 No		If Yes, speci	fy Cub	an, Mexican, Pi	uerto Rican, etc.)			c, White, e	
21215-0020 d within 72 hours after death with the Maryland giena. If then "natural", or items 23s or 28s-f show in the Madical Examinat must be nytified at	b	3 ☐ Widowed 4 ☐ Divorcad	If Yes, G Year or E	ive		1 ☐ Yes 2	₩ No	Specify:			Specify:		Asian
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0 80= 5		1X Burial 2 ☐ Cremation 3			cemetery, cre	metory or off	her plac	ce) 8	1/24/96	200	Location - C	Jily Of TO	VII, State
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Balt permit. Departm Imports any inju		21. Signature of Funeral Service Dice	1000			2. Name end		ss of Facility ineral l	U. m. c				
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Physician			0.10 0.00)									Interval Between Onset and Death
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oute ransi	Examiner	Sequentially list conditions	b.——	Pue to	or as a conse	guence of):						1	
an ar		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury		1	1-10/	days and							
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OI VIIAI RECOTO Physician: The lew require this certificate hes been si ral director, page 2 should	Be	25. Was case referred to medical examiner?						26. Place of D	Death (Check on)	y one)			
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ding Ph h. After th funeral		27. Manner of Death 1 ☑ Netural 5 ☐ Pending	28a. Dete	of Injury th, Day Year)	28b. Time o	f 28d	c. Injun Worl				njury occurre		
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I or Attending after death. Director: After din by the fune	tific	3 ☐ Sulcide 6 ☐ Could not be determined	28e. Pieca	of Injury - At I	nome, farm, st	eet, factory,	office					r or Rural	Route Number,
pital or Attanding ours after death. eral Director: After filled in by the fune	Certification:	· L · · · · · · · · · · · · · · · · · ·	ound	ng, etc. (Spec	"y)				City or 1	own, St	are)		
hours neral y filled	I - 1	29a. Certifier 1X Cartifying Pl	ysician: To the	best of my kn	owledge, death	n occurred at	the tim	ne, date and pla	ice, end due to th	e cause	e(s) end man	ner es ste	eted.
1	edical	(Check only 2 Medical Examone)	minar: On the ba	asis of examination of states.	ation end/or in	vestigation, Ir	n my op	oinlon, death o	courred at the tim	e, dete a	and placa, an	nd due to t	the cause(s)
200	X	29b. Signature end title of certifie	- 11	//		29c. I	License	number -		29d. I	Dale signed	(Month, D	ay, Year)
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		20 Name and add	1 14	w ,	14/		11	2/4	47	Au	gust 2	22, 1	996
5		30. Name and address of person who					4 4		/				
		Sukk Hahn, M.D. 31. Dele filed (Month, Dey, Year)		York Ro		inervi	тте	, MD 2	1093				
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VITAL RECORDS, P.O. BOX 68760	The law requires that the death certificate be encuted within 24

BATIMORE, MARTEAND SISTS-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed without the continued of the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and computery filters in the fund of frector, page 5 should be detached for use as the burial-transit permit. Pages 1, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to the burial community of the filter of the state Dept.	miner must be notified at once.
OA BB/BU	be executed wither 24 pours and do.	sician and completely filler in by the rior to burial, cremation, or thereit	traumatic event, the medical ex-
DIVISION OF VITAL RECORDS, P.O. BOA BATEL	AN: The law requires that the death certificate	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete filter to the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to that the committee, or hours.	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the madical examiner must be notified at once.
DIVISION OF	THE HOSPITAL DR ATTENDING PHYSICIA	THE FUNERAL DIRECTOR: After this certile filed within 72 hours after death with the	MPORTANT: If item 28 is marked, or

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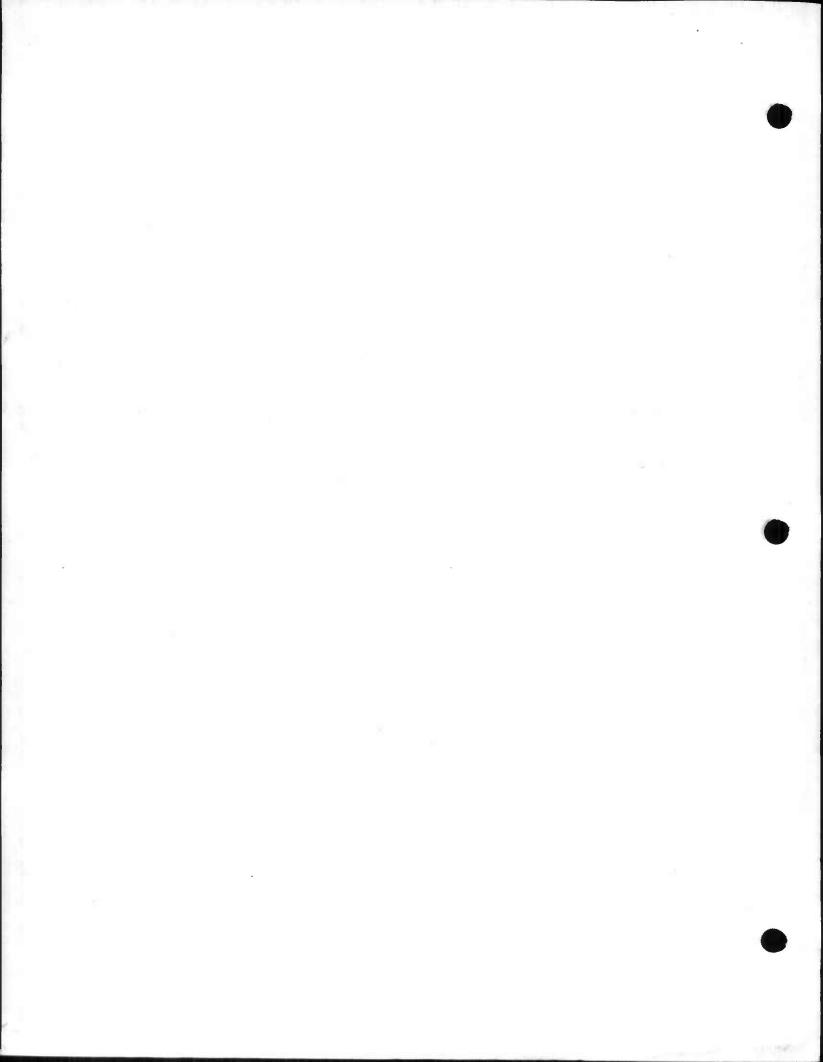
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Elvera 7. DATE OF BIRTH (Morth, Day, Year) June 24, 5:35 AM Quadu 996 8. BIRTHPLACE (State or Foreig 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 217-38-4966 54 YRS. 1 M 2 K F Maryland Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Bayview Hospital DIRECTOR Baltimore 10d, INSIDE CITY LIMITS? 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD n/a Baltimore 1 XXYES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 2014 Jubilee Court 14. RACE — American Indian, Black, White, atc. 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No-FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yea, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 TYES 2 X NO Specify: В 3 Wildowed 4 Divorced **Black** ETED 15, DECEDENT'S EDUCATION 15a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 4 unemployed n/a 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Albert Richards Millie Clemons BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Donald Brooks 2014 Jubilee Court Baltimore, Maryland 21214 20s METHOD OF DISPOSITION
1 N Burial 2 Cremation 3 Removal tro
4 Donation 5 Option (Specify)
21. SIGNATURE OF METHOD REPVICE LICENSEE 20b. PLACE AND DATE OF DISPOSITION (Name of MENORIAL) DATE | 20c. LOCATION — City or Town, State 3 - Ramoval from State comptery, crematory or other place) ARBUTUS Aug 24 Baltimore County, MD 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc. 2501 Gwynns Falls Parkway Baltimore, Maryland 21216 Ker time the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory errest, Approximate interval Between shock, or heart failure. List only one cause on asch lina. **Onset and Death** IMMEDIATE CAUSE (Finel disease or condition OUE TO (OR AS A CONSEQUENCE OF): months resulting in death) etroviral Infliction 5 years MEDICAL CERTIFICATION Sequantielly list conditions, OUE TO (OR AS A CONSEQUENCE OF): If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY PERFORMED? AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 - YES 2 - NO DF OEATH? 1 YES NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO I UNCERTAIN I PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL **EXAMINER?** OTHER:

Sursing Home 5 Residence 8 Other (Specify) 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c, INJURY AT 28d, DESCRIBE HOW INJURY OCCURED INJURY Natural 2 Accident 5 Pending 1 YES 2 NO BY Investigation 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED

8 Could not be determined 4 Homicide 29a. CERTIFIER 1 1 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. 296, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) August 20, 1986 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 720 Rutland L. Thio Ave Himore, MO 31. DATE FILED (MOPP) Day 32. BEGISTRARIG-SIGNATURE Fundale



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

25039 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month HAROLD GECRGE lugust ROSKOF ZIS Ar 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** 24 Truckhouse Rd FENESIS ELDERCARE SEVERNA MARK If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Country)
NEBRASKA Funeral 1 M 2□ F Months Days Hours 18. 1923 Director Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits ed other than "natural", or items 23s or 28s-f sho event, the Medical Examinal mast be notified at GIEN BURNIE Director A.A. Co. 1 ☐ Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Rd 6507 S. USA permit. Pages 1 and 2 should be filed within 72 hours after death a Department of health and Mental Hygiene. Important: If them 27 is marked other than "natural", or items 23e any injury or other traumatic event. CHARTER 21061 Funerai 12. Was Decedent Ever in U.S.
Amed Forces?
12 Yes 2 No
If Yes, Give No. 23 1943
Year or Dates: Apr. 24 1946 Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Bleck, White, etc. 1 Never Married 2 Married 1□Yes 2☑No Specify. Specify: WHITE þ 3 Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 18e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) AMERICAN GEN. INSURANCE SALES 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname, Be LEffelman C. Roskopt JACOB CLARA 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 261 MACKINFOST DR GENBURNIE MD 21061 LYNN DORSEY DAUGHTER 20a. Method of Disposition 20b. Place of Disposition (Name of Date 20c. Location - City or Town, State cemetery, crematory or other place) Buriel 2 Cremetion 3 Removal from State All SAINTS CEMETERY 824.96 Willmington DELAWATE 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Fecility RAYMOND C. FINK FUERAL HOME 436 CRAIN HUY SW CIEN BURNIE MD 2106 not enter the mode of dylng, such as cerdiac or respiratory errest, 23a. Part1. Enter the disease, shock, or heart failure. one cause on each line. Approximate interval Between Onset and Death Physician /Medical Immediate Cause (Finel disease or condition resulting in death) BLADDER CARCINOMA SIX MONTHS Examiner Due to (or es a consequence of) or Attending Physician: The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medicai Due to (or as e consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24b. Were eutopsy findings available prior to 24a. Was an eutopsy completion of ceuse of deeth? this certificata 2 12 No 1 ☐ Yes 1 ☐ Yes 2 ☐ No Be 25. Was cese referred to medical examiner? 28. Place of Death (Check only one) Hospital: Other: 4 Vursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Deeth 28e. Date of Injury (Month, Day Year) atter death. Director: After t 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 2 Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 24 hours Funeral 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, end due to the cause(s) end manner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) end manner steted. Medical (Check only 29b. Signature and title of certifie 29c. License number 29d. Date signed (Month, Day, Year) ATTENDING 21776 AUGUST 21 My 30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print) PATAMED AV. BATIMORE 2124 WINDRA MO 203 GAST 31. Date filed (Month, Dey, Year) AUG 2 3 1996 A 52 - Registrel Sign (US) State Registrar

State of Maryland / Department of Health and Mental Hygiene 96 25040

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	Physic /Medi		WILLIAM		RUFE	NACHI	P		AUGUST	Dey 20,19	Year	7:34 PM
١,	Exami		4e. Fecility Name (# not institution, give	street and number)	1101			4b. City, Town	or Location of Dea			
11			SAINT JOSEPH M	EDICAL C	ENTE	R		TOWSON	, MARYLAN	JD BZ	LTIN	OPE
	Funeral	Г	5. Social Security Number 6. Se	x 7. Age	e (In yrs. last	birthday)	If Under 1 Ye	ear if Under 24	Hrs. 8. Date of Bi			place (State or Foreign
e e	Director	7	212-01-6466 Usuel Residence of Decedent	M 2□ F	91	Yrs.	Months De	ys Hours	January	5, 1905	Ma	ryland
	land w		10a. State 10b. County		10c. City, T	own or Loca	ation				1	10d. inside City Limits
	Mary	tor	Maryland N/A		Ba1	timor	e					1 X Yes 2 □ No
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	th will		4520 Weitzel Ave	nue			212	14		Unite	ed St	ates
21215-0020	i within 72 hours after death with the Maryland liene. Fiban "natural", or flems 23a or 28a-f show the Madical Evantine and the Madical Evantine must be notified at	by Funeral	11. Meritei Status 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Decedent II Armed Forces? 1 Yes 2 2 1 If Yes, Give Yeer or Dates:		if `	es Decedent (Yes, specify C	Cuban, Mexican, P	? (Specify Yes or Nuerto Rican, etc.)		ick, White,	can indien, etc. White
0	2 ho	be	15. Decedent's Edu		1	6a. Decede	nt's Usual Oc	cupation		16b. Kind of B		
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Maryland	d 2 should th and Men 7 Is marks traumatic		19a. informant's Neme/Relationship (T			19b. Mailing	Address (Str	eet and Number o	r Rural Route Numb	per, City or Town	, State, Zip	Code)
Σ	C = 0 F		Mr. William H. Ruf	enacht /	Son	1361	Old M	ater Oak	Point Ro	ad Severr	na Pari	<,Md. 21122
ore	8 2 2 0		20a. Method of Disposition		20b. Plece	e of Disposi	tion (Name of	f plece)	Date	20c. Location	- City or To	own, Stete
E	Pages nent of nt: If its		1 🔀 Burial 2 ☐ Cremation 3 ☐ f 4 ☐ Donetlon 5 ☐ Other (Specify,				Cemeter		8/24/96	Baltim	ore.	Maryland
Baltimore,	permit. Page Department Important: If any injury or once.		21. Signature of Funeral Service Licens May 7- 34	™ Mark T.		na 22.1	Name and Ad	dress of Fecility	k, Inc.			
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Division of Vital	after deat Director: I in by the	ŧ	4 ☐ Homicida detarmined	28e. Place of Inju building, atc	ry - At noma, (Specify)	, tarm, stree	it, factory, offi	Ce	City or To	(Street and Numi wn, State)	ber or Hurs	af Route Number,
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	To the Hospital or At within 24 hours after of To the Funeral Direct completaly filled in by	edical	29a. Certifier (Check only one) 1 Certifying Physical Certifician Physical Physical Physical Certifician Physical	eicfan: To the best oner: On the basis of	examination	ige, death o end/or inve	ccurred et the stigation, in m	e time, data and p ny opinion, death o	lece, and due to the occurred et the time,	causa(s) and m dete and place,	anner as s and due to	tated. the cause(s)
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	5 3 5 8			v.c.oct	000	1	Zac. Lice	ense number		29d. Dete signe	ru (Month,	Dey, rear)
	10		1/10000		re	^ ~	D C	8358		8/23/	/96	
	10		30. Name and eddress of parson who co	omplated cause of de	ath (Item 23	a) (Type, Pr						

GRACITO PATRICIO M.D., 8903 HARFORD ROAD, BALTIMORE, MARYLAND 21234

32. Registrer's Signeture 196 Victia Davidson-Randese

DHMH 16 Rsv 6/95

State Registrar 31. Dete filed (Month, Day, Year)

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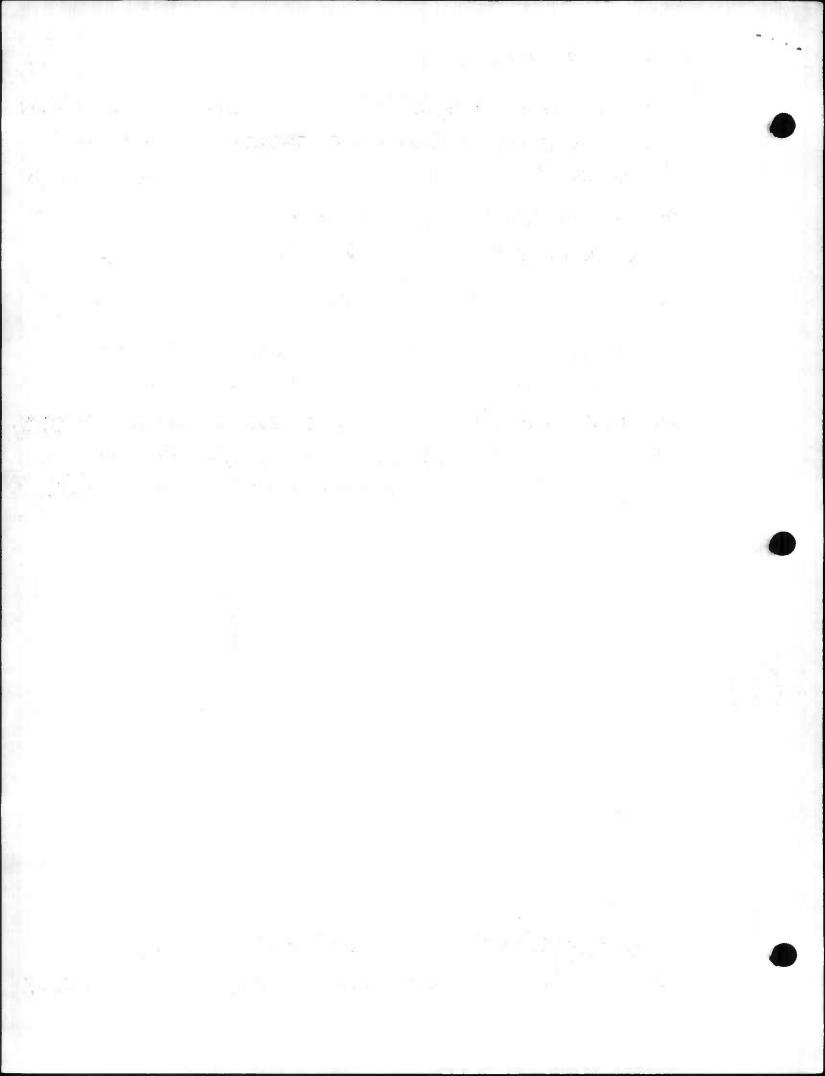
item #4b,19b, filmg 738, 8 State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death **Physician** A UG-220 PM 1996 WILLIAM FRANK RICKER /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** TOWS ON TOWS ON MEDICAL CENTER BALTIMORE GREATER BALTIMORE If Undar 24 Hrs. Hours Min. If Undar 1 Year Months Days 5. Social Security Number 6. Sax 7. Age (In yrs. last birthday) Birthpiaca (State or Foreign Country) **Funeral** M 2DF 214-05-334 Usuai Rasidance of Decedant Director MIRYLAND Dec 24, 1906 with the Maryland 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or items 23s or 28s-f sho treumstic event, the Medical Examiner must be notified at MARTHANS BALTIMORS ELLICOTT 6/7 1 Yas 20 No Director 10a. Street and Number 10g. Citizen of What Country? 10f. Zip Coda 8930 CHAPEL AVE permit. Pages 1 and 2 should be filed within 72 hours after death v Department of Health and Mantal Hygiane. important: if from 27 is marked other than "naturel", or from 23a enty injury or other treumatic event, the Mantal USA Funeral Was Decedent of Hispanic Origin? (Specify Yas or No-it Yes, specify Cuben, Maxican, Puarto Rican, atc.) 14. Rece - Amarican Indian, Biack, Whita, etc. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 No il Yas, Giva 1 Nevar Merried 2 Married 1□ Yes 2 No Specify Specify: WHITS à 38 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elamentery/Secondary (0-12) Collega (1-4or 5+) AMERICAN OIL OFF SIT PRESSMAN 2 YRS 17. Fethar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be GEORGE RICKER THERESA FUCHS 19b. Malling Addrass (Street and Number of Rural Routa Number, City or Town, Stata, Zip Code)

8930 CHAPSL AVE. ELLICOTT CITY, MARYLAND
21043 19a. informant's Name/Relationship (Type, Print) WILLIAM R. RICKER/SON 20b. Place of Disposition (Nama of cematary, crametory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Steta AUG-20 PARKVILE, MARYLAND Data Buriei 2 Cramation 3 Ramoval from Stata 1996 4 ☐ Donation 5 ☐ Othar (Specify) 8800 HARFORD R 22. Nama and Addrass of Fecility

EVANS CHAPEL OF MEMORIES 21. Signature of Figneral Service Liberates BALTIMORE, MD Approximeta interval Batween Onset and Deeth 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart tailure. List only one cause on each line. **Physician** Immediate Cause (Final diseese or condition rasulting in daath) /Medical RESPIRATORY FAILURE HOUR Examiner Dua to (or as e consequence of). Examiner PLEURAL EFFUSION Sequentially list conditions, if eny, laading to immadieta causa. Entar Undarfying Causa (Disaasa or Injury thet initiated evants rasulting in death) Lest Dua to (or as a consequanca of) physician LUNG CANCER 68760 Physician/Medical Due to (or as e consequence of): Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco uss contribute to the causs of death? 1 Yss 2 No 3 Probably 4 Unknown LARYNGEAL CARCINOMA Division of Vital Records, þ 24b. Were autopsy tindings evallable prior to complation of cause of daath? Completed 24a. Was an autopsy performed? COPD 1 ☐ Yas 2 ☐ No Hospital or Attending Physician: Be 25. Was casa ratarred to medical 26. Piaca of Death (Check only ona) 1 Yas 2 No Othar: 4 ☐ Nursing Homa 5 ☐ Rasidance 6 ☐ Othar (Specify) 2 1 Inpatiant 2 ER/Outpatient 3 DOA this 27. Mennar ot Death 28c. Injury at Work? Certification: 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Dascribe how Injury occurred After 5 Panding Invastigation Naturai death. 1 ☐ Yas 2 ☐ No 2 Accidant aftar deat Director: 6 Could not be datarmined 3 Suiclda 28f. Location (Streat and Number or Rural Routa Number, City or Town, Steta) 28a. Piaca of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicide within 24 hours a To the Funerei C Certifying Physician: To the best of my knowledge, deeth occurred at tha time, date end piece, and due to the causa(s) and menner es stated.

| Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and menner stated. 29a. Cartifier edical (Check only one) To the 29c. Licensa number D - 3972.3 29b. Signature and title of certifier 29d. Data signed (Month, Day, Year) 8/18/9 30. Nama and addrass of person wife complated causa of death (Itam 23a) (Type, Print) 6565 N. CHARLES ST #601 BALTIMORS, MD 21204 ANDREW C. GOLDSTONE 31. Data tiled (Month, Day, Yaar) 32. Registrar's Signatura State AUG 2 3 1996 I Fichia Davidson-Randelle Registrar

DHMH 16 Rev 6/95



Amended item #28a,b,c,d,e,f, g-738, 8/26/96emh per physician Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 25042 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** Joctt 0946 pm Norman 4b. City, Town, or Location of Death /Medical 4c. County of Deeth 4e. Fecility Neme (If not institution, give street end number) **Examiner** Baltimore Hospital of Sinai Baltimore Baltimore If Under 1 Yeer
Months Days If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 7. Age (In yrs. last birthdey) 5. Sociei Security Number Birthplece (State or Foreign Country) **Funeral** 12M 2DF 216-34-5972 Months Director Woudy 24, Maryland Usuel Residence of Decedent with the Maryland 10b. County 10c. City. Town or Location ehow 10d. Inside City Limits r than "naturel", or items 23a or 28a-f ehor the Medical Examiner must be notified at 1 Yes 2□No Director Maryland Timore 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? +60 1al 12. Wes Decedent Ever in U,S.
Armed Forces?
1 ☐ Yes 22 No
If Yes, Give 11 Merital Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 Never Merried 2 Married 1 ☐ Yes 2X No Specify: lac à 3 ☐ Widowed 4 ☐ Divorced Year or Dates Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Heelth and Mental Hygiene. Important: If frem 27 ie marked other than any injury or other treumatic event. In the Market of the contract of the Market of Eiementery/Secondery (0-12) College (1-4or 5+) SORTER FACTORY 12th Grade 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be SCOTT Wellons -uther ydia 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Sybil D. Washington - sister , md. 21223 1904 w. fayette 20b. Place of Disposition (Name of cometery, crematory or other place) 20c. Location - City of Town, Stete 20e. Method of Disposition Buriel 2 Cremetion 3 Removel from Stete 4 □ Donetion 5 □ Other (Specify) Arbutus 21. Signature of Funeral Service Licensell Nancy m. Wallace Finand Ser 22. Name end Address of Fecility 3405 W. Franklin St. 23e. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or never failure. List only one cause on each line. md. 21229 Approximete Interval Between Onset and Death **Physician** /Medical Immediate Cause (Finel Aspiration Priumonia disease or condition resulting in death) Day Examiner Due to (or es a consequence of) Examiner Da sician and burial-trensit Anoxic encephalopath Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or as a consequence of): physician s the burial Pulseliss Ventricular tachycardia Physician/Medical Due to (or es e consequence of): signed by the ettending t be deteched for use as Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 1 No 3 Probably 4 Unknown by 24b. Were autopsy findings eveilable prior to completion of cause of death? 24a. Was an autopsy performed? Completed certificate 1 ☐ Yes 2 65-No 1 ☐ Yes 2 ☐ No or Attending Physicien: efter death. Director: After this certific 25. Was case referred to medical examiner?
1 ☐ Yes 2☐ No 28. Place of Deeth (Check only one) Hospital: 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) funeral 27. Menner of Death 28e. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? Injury 1 Natural 5 Pending 28e Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 1 ☐ Yes -2 No-Unwitnessed cardiac Arrest 2 Accident Investigetion 3 Suicide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 - Homicide 21215 Medical Examinar: On the bast of my knowledge, deeth occurred et the time, date end piece, end due to the cause(s) and menner as steted.

2 Medical Examinar: On the basts of examination end/or investigation, in my opinion, deeth occurred et the time, date and piece, and due to the cause(s) end manner steted. HOME 4601 Patt Mall Road, Baltimore MD To the Hospital of within 24 hours of To the Funeral D completely filled I Medical 29a. Certifier (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) Elmond AS 2402321-JE-9916 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) 2401 West Belvedere Avenue, Baltimere MD 21215 Hospital 0+ Baltimore

State Registrar 31. Date filed (Month, Day, Year)

AUG 2 3 1996

32. Registrer's Signeture

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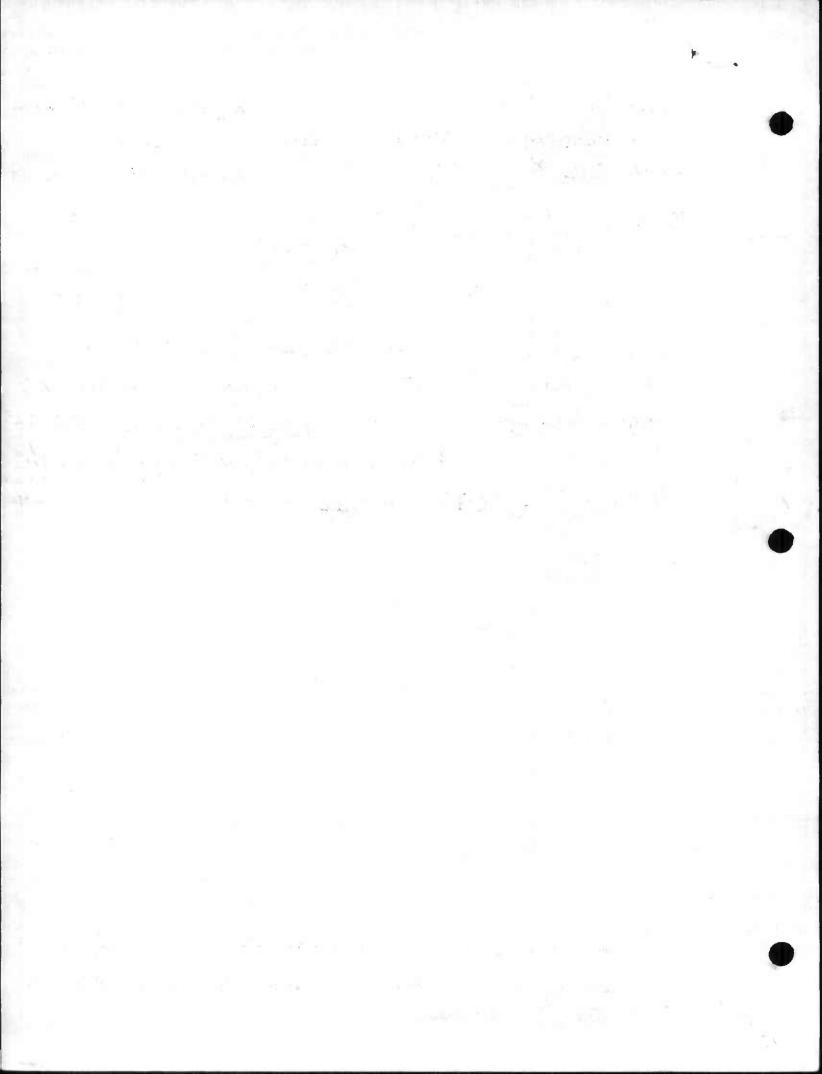
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Baltimore, Maryland 21215-0020

Box 68760,

Records, P.O.

Division of Vital



State of Maryland / Department of Health and Mental Hygiene 96

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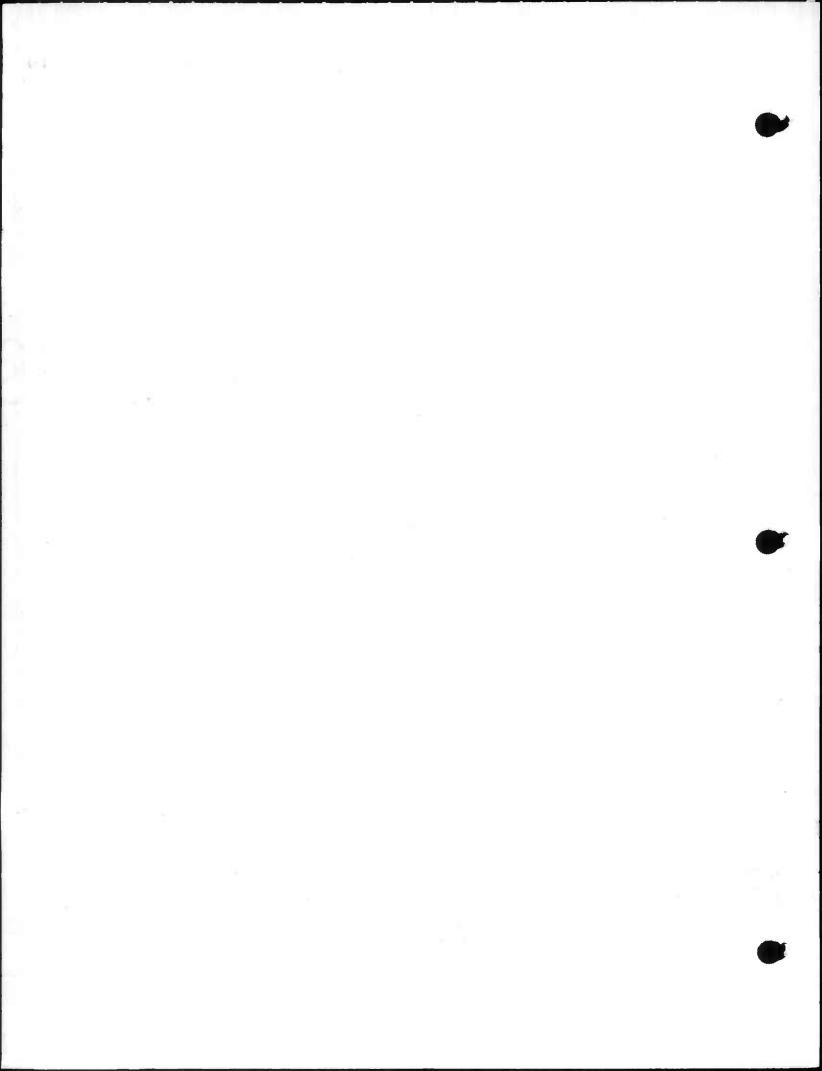
						Cert	ificate of	f Death		Reg. No.		- Gra	004
			1. Decadent's Name (First, Middle, Li	ast)					2. Data of D	eath	Veer	3. Tim	ne of Death
-	Physic /Medi		ELEANOR B.	STRAC	K				AUGUST	Dey 22,	1996	12	05pm
	Exami		4a. Facility Neme (If not institution, gi					4b. City, Town,	or Location of Dea		ounty of Death	1	
			STELLA Maris					TOW:	50 N	8	alto.		
	Funeral		5. Social Security Number 6.		In yrs. last bir	thday)	If Under 1 Yaa Months Day		Irs. 8. Data of Bi	irth	9. Birth	place (Sta	ata or Foreign
	Director		214-18-1072 Usuel Residence of Decedent	1□ M 2ØF 6	31	Yrs.	Months Day	s Hours M	Aug 21,	1915	Ma	(A JSD	6,
	ylan		10a. Stete 10b. County	1	0c. City, Tow							10d. Insid	le City Limits
	Ma Ma	Director	Mo Balt	more	Gle	An	rcm					10	Yes 2 No
	or 28	ire.	10e. Street end Number				10f. Zip Code			10g. Citize	en of Whet Cou	untry?	
	th wi	ai	5237 Glen Arm	1 Rd			210	757			USA		
	eep .	Funerai	11. Meritel Stetus	12. Wes Decedent Eve Armed Forcas?	er In U,S.	13. W	es Decedent of	Hispanic Orlgin?	(Specify Yes or N arto Rican, atc.)	0- 14	I. Race - Amer Bieck, White		n,
21215-0020	d 2 should be filed within 72 hours after death with the Maryland th and Mental Hygiena. 7 is marked other than "natural", or items 23e or 28e4 show treumatic event, the Medical Examiner must be notified at	þ	1 ☐ Never Merried 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	1 ☐ Yes 2 ☐ No If Yas, Giva Year or Detas:			□ Yes 2□ N	•			Specify: WH		
5-0	72 hc	Completed	15. Decedent's E (Specify only highast gr		16a.	Decede	nt's Usuel Occ	upation a during most of i	working	-	d of Businass/li		
21	ithin	npie	Elementery/Secondary (0-12)	College (1-4or 5+)		lifa. Do	O NOT use reti	red)	TOTALLY	0	endia		
2	filed with Hyglena. ort, the	ဝိ	le l		As	seml	bly OPER						
Maryland	d al H	Be	17. Fether's Neme (First, Middle, Las	")					Neme (First, Middle		umame)		
S	2 should be to and Mental I le marked of reumatic eve	P	AQUILLA BOSI					M. EL	AH ASI.	HH			
Jar	2 sh and and		19e. Informent's Neme/Reletionship	1		_			Rural Route Numi	-			
	an a		BARBARA Magness	niece				MILL Rd.			., Md.		
Baltimore,	20 -		20a. Method of Disposition 1 ☑ Buriel 2 ☐ Crametion 3 ☐	Ramoval from Stete	20b. Pleca of cemeter	Disposi y, creme	itlon (Neme of etory or other p	lece)	Dete Aug 26	20c. Loca	ation - City or T	Town, Stet	8
E	permit. Page Department of Important: If any Injury or once.		4 □ Donetion 5 □ Other (Speci	(y)	Prospec	TH	III Cen	netery	1996	TOW	SON. A	19	
a	Depart Import any in		21. Signeture of Funerel Service Lice	nsee		22.	Name end Add	ress of Fecility					
ш	80 = 9 8		Raturelle	A com		EVA	Lus Chep	el of Chim	imonium	Md	21097	5.	
			23e. Pert 1. Entar tha diseese, or con shock, or heert feilura. List only	pplicetions that caused th	e death. Do r							Approxi	imete I Between
	Physician		STOOK, OF HOUT ISHUTA. LIST ONLY	one cease on eear mie.								Onsate	end Death
d	/Medical		Immediete Cause (Final	Car	MOST	TIVE	= Uca	RT FA	LUGE			- (1	44.0
п	Examiner		diseesa or condition resulting in death)	e. Du	a to for es a	consequ	enca of):	100			- !	7	100
	D #	iner		Enda	TAGE	H	EART	DISEASE			1	11	4.4
	aath cerlificata be axecuted attending physician end for use as tha burial-transit	Examiner	Sequentially list conditions,		e to (or es e							7	US.
0	e axe ian e urial-		Sequentially list conditions, if eny, leading to immediata cause. Enter Underlying Ceuse (Disease or injury that initieted events								1		
68760,	ata b hysic tha b	Medical	thet initieted events resulting in death) Last	C. Du	e to (or es e o	onseque	ance of):				1		
9	ing p	Mec		4							!		
Вох	tend tend	an		O									
	tha daath y the atter ached for u	Physician/	Pert II. Other significant conditions	contributing to death but r	not resulting in	the unc	darlying cause	given in Part I.	23b. Dic	tobacco u	se contribute	to the cau	see of death?
P.0	that the de	Phy							10	Yss 2	No 3 Pr	obably	4 Unknown
	8 5 5	ρχ							_				
ord	v require	Completed							24a. We per	s an autops formed?	a	valiable pr	
ec	Na Saw	pje							-			completion of death?	of cause
R	8 F D	PO.							10	Yes 2	No 1	□Yas	2□ No
of Vital Records,		Be	25. Wes case raferred to medical examinar?					26. Place of [Deeth (Check only	ona)			
	Q 00 Z	To I	1 ☐ Yas 2 ☐ No	Hospitel: 1 Inpatient	2 ER/Ou	tpetient	3□ DOA	ther: 4 Nursing	g Home 5 ☐ Res	sidence 8	☐Other (Spec	ify)	
			27. Menner of Deeth 1 Natural 5 Pending	28e. Data of Injury (Month, Dey Y		Time of	28c. In	ury et ork?	28d. Describe	how injury	occurred		
Division	Attending r death. ector: Afta by the funs	Certification:	2 Accident invastigetion	n				JYas 2□No					
Ž	or Attendation or Attendation of Att	‡	3 ☐ Suicide 6 ☐ Could not be datermined		- At home, fe	rm, stree	et, factory, offic	ê	28f. Location City or To	(Street end	Number or Ru	rei Route i	Number,
	pital or Ati ours after d erel Direct filled in by												
	Hospital Punarel I Funarel I	edicai	29a. Certifiar (Check only one) 1 ★ Certifying Ph	nysician: To the best of miner: On the bests of ex end menner steted	eminetion and	, deeth o d/or Inva	occurred et tha istigation, in my	tima, deta and pie opinion, deeth o	ace, end dua to the courred et the time	a causa(s) e , deta end p	nd menner as laca, and dua	stated. to the cau	ise(s)
1	20 8	M	29b. Signatura and title of certifiar					nse number			signed (Month		
1	L)		OKONA DO	260,010	n 0 1 -		D	251.113		8/	23/91		
,	$\overline{}$		30. Name and eddress of person who	completed cause of deel	h (Item 23a)	Type P	rint)	~5670		-1	-0116		
	4		Kendall Faulko		23/	T Oc	Dulance	Valle. 5	Rd. To		MJ	217	061
	Sta	te	31. Dete filed (Month, Dey, Year)	32 Registrer's	Signature.	•	- o loud	ioney !	101	W307	, , ,0,		
	Registr		AUG 2 3 1996	" Zurlson-	Ashale 12								

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEOENT'S NAME (First	Middle, Last)	FRY	1-1/0	210		51	N. 1	TL		MONT	OF DEATH		YEAR	TIME OF OEATH
		4. SOCIAL SECURITY NUME		5. SEX		(In yrs. lest		IF UNDER	1.1	IF UNDER	94 MD0		OF BIRTH	25	19901) 345 MM
		214-16-610		1 M 2 F	U TAUL	74	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont	th, Day, Year)	,,	Country)	ACE (State or Foreign
3 should		9a. FACILITY NAME (If not in		treet and number)		- '		9b. CITY,	TOWN	OR LOCATIO	ON OF DE		E 7, 19		TY OF DEAT	-
	ا چ ا	Lorien N	UTSING	+ Rehal	,					niltor						
5 1, 2,	5	RESIDENCE OF DEC									-					
Page	DIRECTOR	Md.	Ball					r, TOWN O		TION						d. INSIDE CITY LIMITS?
illif.		10e. STREET AND NUMBER	500				FA	RKVI	_	M. ZIP CODE				40 01711		YES 2 NO
physician. burlal-transit permit. Pages	FUNERAL	8217 Laur	el Dr	IVE					"		234			119	SA	T COUNTRY?
physician. burial-trar	3	11. MARITAL STATUS		12. WAS DECEOE! FORCES?	IT EVER I	N U.S. ARI	AED	13. \	MAS DE			IC ORIGII	N? (Specify Yes			American Indian,
	BY F	1 Never Married 2 2 3 Widowed 4 Divo		IF YES, GIVE Y	WAR OR O	ATES	0			s 2 NO	n, Mexican Specify:		Rican, etc.)		Black, W Specify:	MHITE
r attending use as the	ᇤ	15. DEC	EDENT'S EDU	CATION COMPleted)		16a, DEC	EDENT'S	USUAL OC	CUPATI	ION	_	168	. KIND OF BUS	INESS/INDI		
i n i	LET	Elementary/Secondary (0		College (1-4 or 5	+)	Ille.	Do NOT use	e retired.)		ost of working	g					
the hospital detached fo	COMPL	12		2		DA	TA Pr	CC45	SING			_	STATE			16
by the hose be detach at once.		17. FATHER'S NAME (First, M.		. 0						1			Middle, Maiden			7 -7 8
	BE	19a. INFORMANT'S NAME (7	vpe/Print)			195	MAILING	ADDRESS	/Street				ber, City or Town		0-41	
- C =	2	GEOTGINE (Smi	th									. Md. 2			
. (6		20a. METHOD OF DISPOSITION 1 METHOD OF DISPOSITION 1 Cremation 1 Crematical Crema	n 3 🗆 Rem	oval from Stata	ceg	netery, cren	ND DATEO	her_place)				DAT	26	•	City or Town,	State
		21. SIGNATURE OF FUNERA		ENSEE		Tekny	1000	22. 1	NAME A	NO ADDRES			4	VIIIC	MA	
		Robert C	D. C	loss h.				- 8	390	O Ha	cford	LRA	mories. Balt	5M.0	. 217	134
in by reme		23. PART i. Enter the di shock, or hi	seasea, or t	emplications the	it cause	d the dat	ith. Do no	ot antar	tha mo	oda of dyli	ng, such	aa card	diac or reapi	ratory arre	e6t,	Approximate interval Between
Me on		IMMEDIATE CAUSE (Fin		1	+	2 1	1	/ -	6	0		00	. 0 .	1		Onset and Death
ted within 24 completely fille ial, cremation, event, the		immediate Cause (Final disease or condition resulting in death) a. Any tophy Lateral Scleroais Onset and Death 2 YEARS														
8 8 - 6	_			UUE PO	JOH AS A	CONSEG	UENCE OF	K.								/
	CERTIFICATION	Sequentially list conditi		DUE TO	(OR AS A	CONSEO	UENCE OF):	-							
8 50	S	cause. Enter UNDERLYi CAUSE (Disease or inju	NG	c				_								
nding phy Hygiene p	E	that initisted events resulting in death) LAS		DUE TO	(OR AS A	CONSEO	UENCE OF):								
6 6 - 0	HH	Total III Gallin, Erio		d												
5 8 8 e		PART II. Other eignifica	nt condition	a contributing to	daath b	out not ra	suiting ir	tha un	dariyin	g causa g	iven in F	Part i.	24s. WAS AN			RE AUTOPSY FINDINGS
that ed b h ar	MEDICAL	# SC V	77									_	PERFOR		co	AILABLE PRIOR TO MPLETION OF CAUSE OEATH?
requires een sign of Healt	Ä	COPE	>									_ /	/		1	YES 2 NO
law las b Dept.	PHYSICIAN:	DID TOBACCO U		RIBUTE TO CA					_		ERTAIN					
N: The ficate he State D	S	EXAMINER?	MEDICAL	HOSPITAL:				ОТНЕЯ	:							
SICIAL certific	H	27. MANNER OF DEATH		1 Inpatient 2 2		patient 3	28b. TIME		_	JURY AT	_	_	r (Specify) SCRIBE HOW IN	LILIBY OCC	LIBED	
NG PHYS fter this c eath with marked,	ВУ Р		Pending Investigation	(Month, E	lay, Year)		INJU	IRY M	WC	YES 2			, , , , , , , , , , , , , , , , , , , ,		ONED	
ATTENDING PHYSICIAN: ECTOR: After this certifical s after death with the St 1 28 is marked, or it		3 Suicide 8	Could not be	28a. PLACE C	F INJURY	— At hom	ne, farm, at	reet, facto	ry, offic	00		261. LOC	ATION (Street as or Town, State)	nd Number o	or Rural Route	Number,
OR ATTENDING DIRECTOR: After hours after death item 28 is ma			determined									Only	or lown, olato,			
로 경 본 등	COMPLET			CIAN: To the best of												
THE HISPITAL THE FINERAL SECTION 172 PORTANT: IF	8			R; on the basis of e	xaminatio	n and/or In	vestigation	i, in my of	olnion, d	leath occure	ed at the t	lme, date	and place, and	due to the	cause(a) an	d manner as stated.
100	B	296. SIGNATURE AND TITLE	OF CERTIFICA	- Suil	0,0	in	1	١.		29c. LICE	NSE NUMI	BER	0	29d. DATE	SIGNEO (MO	onth, pay, Year)
FEA	2	38. NAME AND ADDRESS OF	PERSON WH	COMPLETED CAU	SE OF DE	ATH (ITEM	27) (Type I	Print)			66	-67	2	8	120	-176
-		FREDRIC	5	SIRKI	5 1	n.T	. 7	151	Ho	LAB	IRD	AU	E.B	ALTO	t. Mi	5,21222
UI		ATTG 2 3 199	qui	ia Davidson	Por	2.02										



State of Maryland / Department of Health and Mental Hygiene Certificate of Death

SEAMAN

4c. County of Death

BALTIMORE

SHIP

20c. Location - City or Town, State

Day 19, 1996 25045

3. Time of Death

6:15 p.m.

			1. Decedent's	Nama (Firs	t, Middla, L	ast)	
	Physici /Medio			RANDY	SMIT	H	
	Examir		4a. Facility Na	ma (If not in	stitution, gi	va street and nu	mber)
			V.A. M	EDICAL	CENI	ER	
	Funeral		5. Social Secu	rity Number	6.	Sax	7. Ag
	Director		213-	62-48	312	1)X)M 2□F	
	TO		Usual Rasider	nce of Daces	dant		to
	dan 4		10a. Stata	10b.	County		
	Mary Pred	tor	MD.		N/A	7	
	or 28a-	9	10e. Street an	d Number			
	after death with the Maryland x Hems 23s or 28s-1 show miner must be now ed at	Funeral Director	827 N	ORTH	ARLI	NGTON	ΑV
	ee E	De l	11. Marital Sta	atus		12. Was Dad Armed F	
0	after or Its	교	Wevar	Married 2	☐ Married	1 XYas	2

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Completed

Be

If Undar 1 Yaar 7. Aga (In yrs. last birthday) If Undar 24 Hrs. 8. Data of Birth Month, Pay, Year) 7 / 22 / 1953 9. Birthplaca (Stata or Foraign Country) MARYLAND Days Months Hours 10c. City. Town or Location 10d. Insida City Limits BALTIMORE Yas 2 No 10f. Zip Code 10g. Citizen of What Country? 21217 AVE APT.904 U.S.A.

4b. City, Town, or Location of Death

FORT HOWARD

edant Evar in U.S. rcas? 5 / 7] 1/73 If Yas, Giva Yaar or Datas: 3 ☐ Widowed 4 ☐ Divorced

 Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Raca - American Indisn, Black, Whita, atc. Specify: BLACK 1 ☐ Yas 2 TNo Specify: 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b Kind of Business/Industry

2. Data of Death

Month

AUGUST

15. Decedent's Education (Specify only highast grada complated) Elamantary/Secondary (0-12) Collega (1-4or 5+) 17. Fathar's Nama (First, Middla, Last)

BETTY JEAN ROGERS

19a. Informant's Name/Ralationship (Type, Print) BETTY SMITH (MOTHER) 20a. Mathod of Disposition

1 Burlal 2 Cramation 3 Ramoval from State

GEORGE AL SMITH

19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 827 NORTH ARLINGTON AVE. BALTO. MD. 21217

18. Mothar's Nama (First, Middle, Maiden Sumama)

4 Donation 5 Dothar (Specify) 21. Signature of Funaral Sarvice Licensas

GARRISON FOREST CEM. 8/26/96 OWINGS MILLS, MD. E2. Nama and Address of Facility FUNERAL HOME PA.

Hech CFSP #281

23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line.

1721-27 NORTH MONROE STREET BALTO.MD. Approximata Interval Betw

Immediata Causa (Final diseasa or condition rasulting in death)

ACQUIRED IMMUNODEFICIENCY SYNDROME Dua to (or as a consequanca of)

20b. Placa of Disposition (Nama of cematary, cramatory or other place)

Onset and Death 3 YEARS

Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Disaasa or injury that initiated avants rasulting in daath) Last

Dua to (or as a consequence of):

Dua to (or as a consequence of)

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contributs to the cause of death?

1 ☐ Yes 2 ☐ No 3 ☐ Probably MOUnknown

S/P CEREBROVASCULAR ACCIDENT (RIGHT PARIETAL INFARCT

24a. Was an autopsy performed?

24b. Wara autopsy findings available prior to complation of cause of death?

WITH LEFT HEMAPARESIS) - 5/30/96

1 ☐ Yas 2 🖾 No 1 ☐ Yas 2 XNo

25. Was casa rafarred to medical axaminar? 1 Yas 2 No

Hospital: 1 X Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28a. Placa of Injury - At homa, farm, street, factory, office building, atc. (Spacify)

26. Placa of Death (Check only ona) Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify)

28d. Describe how injury occurred

27. Mannar of Death 1 X Natural 2 Accidant 3 Suicida

4 Homicida

28a. Data of Injury (Month, Day Year) 5 Panding invastigation 6 Could not be datarmined

28b. Tima of Injury 28c. Injury at Work? 1 Yas 2 No

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

29a. Cartifiar (Check only one) 1 Certifying Physician: To the bast of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signatura and titla of cartifiar

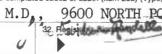
29c. Licansa number

29d. Data signed (Month, Day, Year) OUL 1996

21052

30. Nama and addrass of person who complated causa of daath (Itam 23a) (Type, Print) 9600 NORTH POINT ROAD, FORT HOWARD, BALA DUGGIRALA, MARYLAND

State Registrar



Baltimore, Maryland 21215-002

illed within 72 ho Hygiene. other than "natur

permit. Pages 1 and 2 should be filled with Department of Health and Mental Hygiera Important: If item 27 is marked other that any Injury or other traumatic event than

Physician /Medical

Examiner

attending physician and for use as the burial-transit

the

signed by t

page 2

funeral

certificate

After

after death. Director: Aft on by the fur

or Attending Physician:

The law requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760,

Examiner

Physician/Medicai

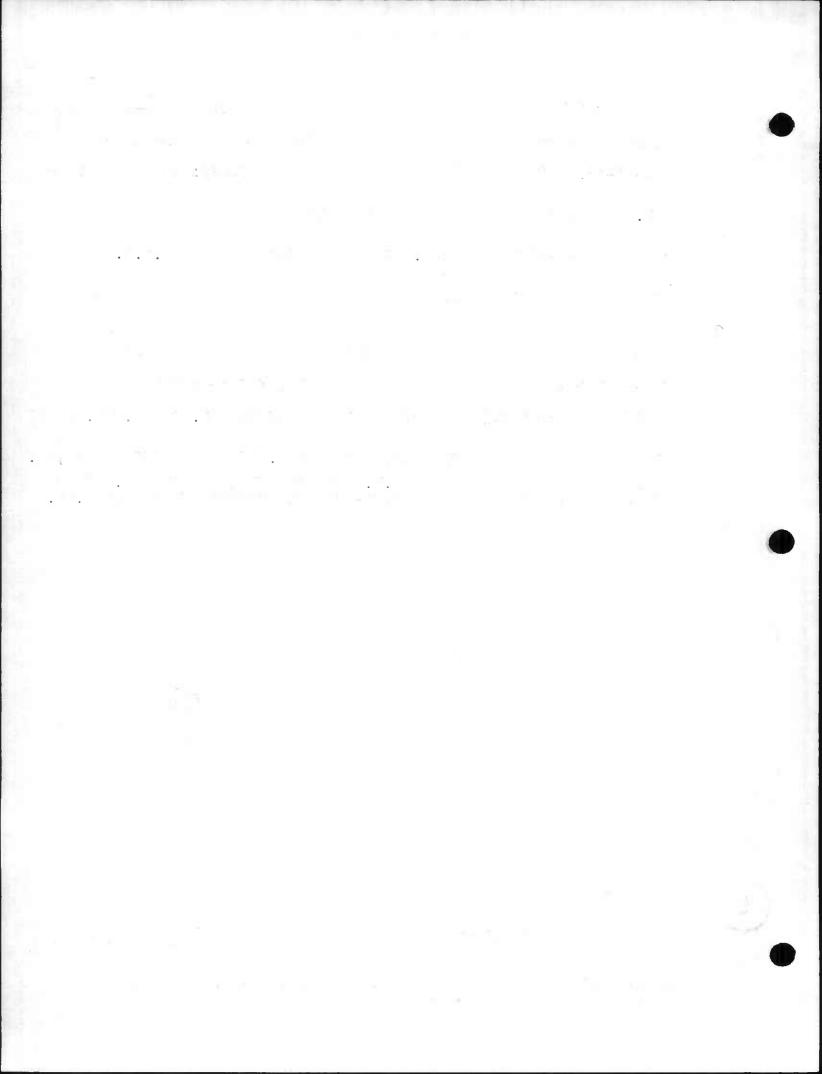
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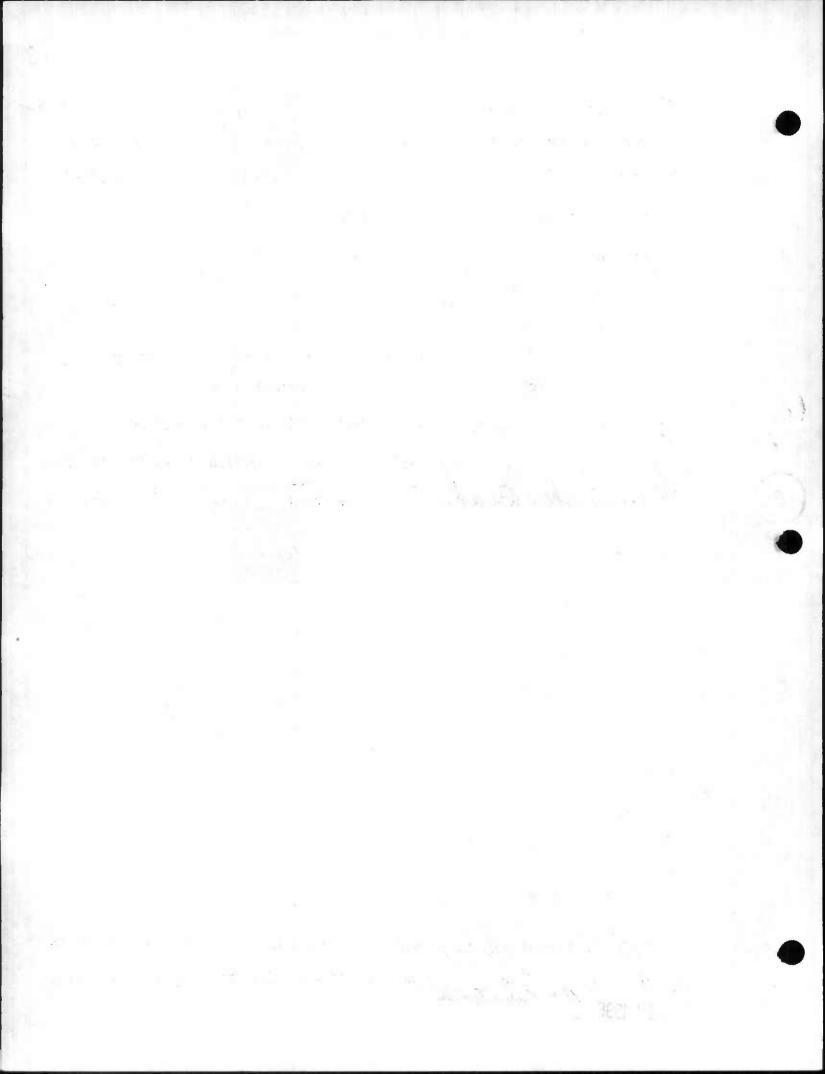
Certification: To

Medical



State of Maryland / Department of Health and Mental Hygiene 96 25046

				Ce	rtificate of	Death	R	eg. No.		200.0
Dhuci		Decedant's Nama (First, Middla, Li	ast)				2. Data of Dea	th	Many	3. Time of Death
Physic /Med		FYANCIS	Sheck				Avans	- Day	1996	11:30 AW
Exami		4a. Facility Nama (If not institution, gi				4b. City, Town, or I		4c. Count		
		Gilchrist Cente	er @ GBMC			Towson			Baltir	more
Funeral				In yrs. last birthday)		if Undar 24 Hrs.	8. Data of Birth		_	laca (Stata or Foraign try)
Director		213-01-7454	¹XX 2□ F 80	Yrs.	Months Days	Hours Min.	May 31.	1916	Mari	yland
p.		Usual Rasidanca of Dacedent								7.2 0.110
show	Ļ	10a. Stata 10b. County		Oc. City, Town or Lo					10	Od. Insida City Limits
72 hours efter death with the Maryland netural", or items 23a or 28a-f show 1 cal Examiner must be multipled at	cto	Maryland Balt	imore		Baltimor	е				1 □ Yas XXX
with the Marylar a or 28a-f show	Directo	10e. Street and Number			10f. Zip Coda		1	0g. Citizen of	What Count	try?
23a		624 Anneslie Road			21212				USA	
ems Er m	Funeral	11. Marital Status	12. Was Decedant Eve Armed Forcas?		Was Decedant of H	lispanic Origin? (Si an, Maxican, Puart	Decify Yas or No-	14. Rad	ce - Amarica	
ours efter death was all, or items 23a		1 Nevar Married Marriad	1XX as 2 No		1 □ Yas 2XXNo	Specify:	ritoan, atc.)		ick, Whita, a	HC.
- 4	d by	3 ☐ Widowed 4 ☐ Divorcad	Yaar or Datas: W	WII	Tas EACH	Specify.		Specif		ite
iena. r than "netural', the Medical Ex	Completed	15. Decedant's E (Spacify only highast gr	ducation ada complated)	16a. Dace	dant's Usual Occup	pation during most of work	kina	16b. Kind of B		
than the Ma	npi	Elamantary/Secondery (0-12)	College (1-4or 5+)	lifa.	DO NOT usa ratire	d)	ung .			
	Co	12		Orde	ring and	Disribut	ion	Gro	cery	
- O S	Be	17. Fathar's Nama (First, Middla, Last	,			18. Mothar's Nam	na (First, Middla, I	Ma <i>idan Sum</i> an	na)	
merked metic e	2	William Joseph S	heck			Gertrud	e Zinn			
the traumatic		19a. Informant's Name/Ralationship (Type, Print)	19b. Meilir	ng Addrass (Street	and Number or Ru	ral Routa Number	, City or Town	, State, Zip	Coda)
Heelth em 27 i		Doris L. Sheck	Wife	624	Anneslie	Road Bal	timore,	Maryla	nd 212	212
		20a. Mathod of Disposition		20b. Placa of Dispo	osition (Nama of matory or other pla	ca)	Data	20c. Location	- City or Tov	wn, Stata
rt: H		WXBurlal 2 ☐ Cremation 3 ☐		Druid Rid		, I	/21/06	Dikocy	; 110 h	Manul and
inju		21. Signature of Funeral Sergice Lice	Apo 11		Nama and Addra	ss of Facility	/21/96			dal y Lallu
Department of Important: If eny injury or once.		Mary Olland	10.16.0	6			l-Wiedef			
		23a, Part1, Enter the disease or com	por attended caused the	65	00 York	Road Bal	timore,	Maryla	nd 21	1212
		shock or heart failure. List only	one causa on each lina.	dadii. Donot ant	at the mode of dys	ig, such as cardiac	or raspiratory arri	ast,		Approximata Intarval Batween Onsat and Death
ysician Aedical	П	Immediata Causa (Final			0	,				Onoat and Doath
aminer		disaasa or condition rasulting in death)	a. CAM	cer o	+ the	colon			(2 Years
	Į.		Du	a to (or es a consac	quanca of):				1	
nsit	Examiner		b						i	
and el-tra	xar	Saquantially list conditions, if any, leeding to immediata	Du	a to (or as e conseq	juence of):					
physician and s the buriel-transit		Cause (Diseasa or Injury	C						i	
s the	edicai	that initiated events resulting In daath) Last	Due	to (or as a conseq	uanca of):				į	
ding pl	Z		d							
offer u	Sian									
ed by the etter detached for t	Physician	Part II. Other significant conditions of	ontributing to death but n	ot rasulting in tha u	ndarlying causa giv	an in Part i.	23b. Did to	bacco use co	ntribute to	the cause of death?
ed by							1 □ Y	8 2 No	3 Prob	ably 4 ☐ Unknown
5.5	by									
should	tec						24a. Was a perform	n autopsy ned?	avai	ra autopsy findings liable prior to
8 CI	pje								of d	npletion of causa
ate ha	Completed						1 □ Ya	s 2 No		Yas 2□ No
cartificate irector, per	Be	25. Was casa rafarred to medical				26 Place of Deat	h (Check only on			
director,	To	examinar? 1 ☐ Yas 2 ☑No	Hospital:	2 ER/Outpatian	t 3 DOA Oth	or	oma 5 Rasida		ar (Specify)	Hacrica
or this eral di		27. Mannar of Death	28a. Data of Injury	28b. Tima of			28d. Dascribe ho			Mospice
tor: After thi	Itio	1 Natural 5 ☐ Panding 2 ☐ Accidant invastigation	(Month, Day Ye	ear) Injury		k? Yas 2 □ No				
Director: A	fice	3 ☐ Suicida 6 ☐ Could not b	200. Pieca of injury	At homa, farm, stre	eat, factory, offica		28f. Location (St	raet and Numb	per or Rural	Routa Number.
Dir.	Certification:	4 Homicida	building, atc. (S	Spacify)	20, 120,0,7, 0,1102		City or Town	, Stete)		
fille		29a. Certifier 1 Certifying Ph	ysician: To the best of m	v knowledge deeth	occurred at the tin	ne date and place	and due to the co	uee(c) and me	nance on ote	at and
Fur	edicai	(Check only 2 Medical Examone)	niner: On the besis of axe	iminetion and/or inv	estigetion, in my o	pinlon, daath occur	red at tha time, de	ite and placa,	end dua to	tha cause(s)
To the Funeral Direct completely filled in by	X S	29b. Signature and title of certifier	1 1	1	29c. Licans	a number	26	d. Data signe	d (Month F	Dav. Year)
Ρō		· al Ant	2 may 11,0							
10	-	1 - 11- 11x E)	my luce	y, mo	00	130cm		Tug	, , ,	1
P		30. Nama and eddrass of person who	completed cause of death		Print)	(1	. 7	2 01		1.21204
		W. H. KILLY	6-BMC	6701	14. Ch	proces st	reel , f	Dalto.	ma	1. 21204
Sta		31. Data filed (Month, Day, Yaa)	a Lavids Braid And	θ .						
Registr	ar	100 6 0 1330 U								



State of Maryland / Department of Health and Mental Hygiene

29d. Deta signad (Month, Day, Year)

						Ce	rtificat	e of	Death		Reg. No	o	30 6	PUC.
buck	ion	1. Decedent's Nar	na (First, Middla, Li	ast)						2. Data o	of Death		Yaar 3.	Tima of Death
hysic/ Medi/		Tho	omas Evan	s Sheeler,	Jr.						st 13.	199	ma in .	7:00 AM
xami		4a. Facility Nama	(If not institution, gi	ve street and number)					4b. City, Town, o			. County		.OU ALI
		318 N	Melanchto	n Avenue					Lutherv	rille	P	alti	more C	ninty
ınerai		5. Social Sacurity			ga (In yrs. las	st birthday)	If Under Months	1 Year Deys	If Undar 24 H Hours M		f Birth		9. Birthplace	(Stata or Foreig
ector		218-05-6 Usual Residence		1 X M 2□F	83	Yrs.	WORKIS	Deys	riouis	May	9, 19	13	Maryla	
i how		10e. Stata	10b. County		10c. City,								10d. I	nsida City Limits
r than "natural", or items 23e or 28a-f show the Medical Exerciper must be notified at	Director	Maryland	Baltimo	re County	Luth	nervi	lle						1	☐ Yas 2√ No
2 0	Olre	10e. Street and Nu	ımber				10f. Zip	Coda			10g. Ci	tizan of V	Whet Country?	
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i i	Funerai	11. Maritai Status		12. Was Dacadent Armed Forcas?		13.	Was Deced	iant of H	lispanic Origin? an, Maxican, Pu	(Specify Yas o	r No-		e - Amarican Ir ck, Whita, atc.	idian,
Br.			rlad 2 Marriad	1 ☐ Yas 2 ☑ If Yes, Giva			1 □ Yes 2		Spacify:		,			
ğ	d by	3 Widowad	4 Divorcad	Yaar or Datas:				X	opacity.			Specify	Whi	te
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raum		19a. Informent's N	lame/Relationship (Typa, Print)		19b. Mailir	ng Addrass	(Street	and Number or	Rural Route N	umber, City	or Town,	Stata, Zip Coo	(e)
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important: if frem 2 any injury or other once.		20a. Mathod of Dis	position		20b. Plac	a of Disponatary, crar	sition (Nam	ne of thar plac	n Avenu	Data	20c. T	ocation -	City or Town,	Stata
ILY O		4 Donation	5 □Other (Spacil	Ramoval from Stata (y)					tory					
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5 6		1 /hai	ten att	euson		M	itche]	L1-W	iedefel	d Home				
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ician		shock, or has	art failura. List only	ona cause on each li	ne.			, , ,			.,		Inta	rval Betwaan et and Death
cai		Immediata Cause		Cuso	Chaul	man	4-		0.5					
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arira	Examiner	Sequantially list co if any, laading to ir causa. Entar Unde	onditions, mmadiata		Dua to (or a			0						
s the burial-transit		Ceusa (Disaasa or that initiated avent	eriying injury	c. Pulm	may	4	pert		1 1 M					
s the	Medical	rasulting in daath)	Last		Dua to (or as	a consaq	uanca of):						i	
for use es t				d										
Jo.	lan													
Deu	Physician	Part fi. Other signif	ficant conditions o	ontributing to death be	ut not rasultii	ng in tha u	nderlying ca	ausa giv	en in Part I.	23b.	DId tobecco	uaa con	ntribute to the	cause of death
detached	P											_		
O	by										1 ☐ Yes 2	□ No	3 Probably	4 Unknow
8	ted										1 □ Yes 2	!□ No	3 Probably	4⊠Unknow
2										24a. \	Vas an auto		24b. Wara a	utopsy findings
should be	De l									24a. \			24b. Wara a evellebl compla	utopsy findings e prior to ion of cause
2 should be	ompleted									24a. \	Vas an auto parformed?	psy	24b. Wara a evellebl compla of death	utopsy findings e prior to ion of cause ?
page 2 should be	O	25. Was casa rafa							GO Pleased P	24a. \	Vas an autor parformed? □ Yas 2		24b. Wara a evellebl compla of death	utopsy findings e prior to ion of cause
rector, page 2 should be	O	25. Was casa rafar axaminar?	red to medical	Hospital:	2000	1/0.4	4 45 00	Othi	26. Placa of D	24a. \	Vas an autoparformed?	psy No	24b. Wara a evellebl complar of death	utopsy findings e prior to ion of cause ?
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uneral director, page 2 should be	To Be C	axaminar? 1 ☐ Yes 2 ☑ 27. Manpar of Deat 1 ☑ Natural	red to medical No h 5 □ Pending	28a. Date of Injui (Month, Day		/Outpatien	28	Bc. Injun Worl	^{ar:} 4□ Nursing y at k?	24a. \ Participation of the control	Vas an autoparformed?	psy No 8 □Otha	24b. Wara a evelleble complar of death	utopsy findings e prior to ion of cause ?
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funeral director, page 2 should be	To Be C	axaminar? 1 ☐ Yes 2 ☑ 27. Manpar of Deat 1 ☒ Natural 2 ☐ Accident	No h 5 □ Pending invastigation	28a. Date of Injui (Month, Day	y Year) 28	b. Tima of Injury	M 28	Bc. Injun Work	^{ar:} 4□ Nursing y at k?	24a. V	Vas an autoral variormed? Yas 2 niy ona) hasidance ibe how injui	psy No 8 Other	24b. Wara a evelleble complar of death	utopsy findings e prior to ion of cause ?

1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and mannar stated.

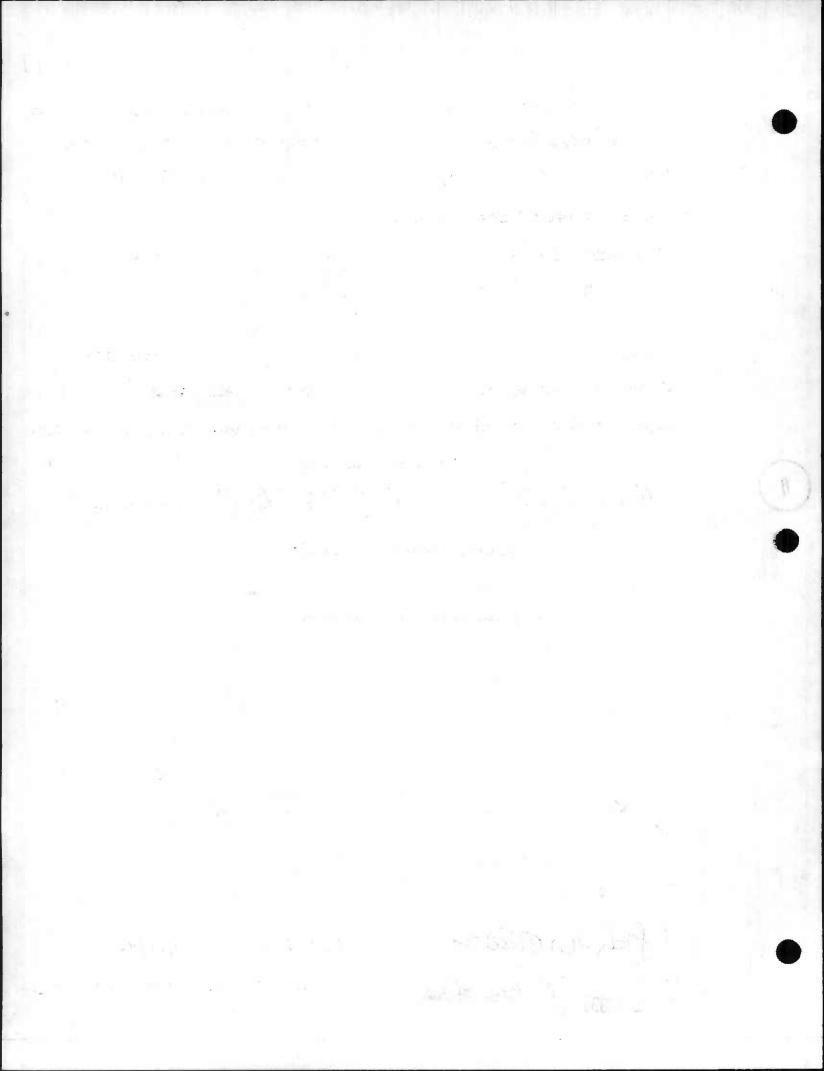
M.D., 6569 North Charles St., Suite 600, Towson, Maryland 21204

State Registrar 29a. Cartifiar

29b. Signature and titla of certifiar

Sidney O. Gottlieb,

30. Name and address of person who completed causa of death (item 23a) (Type, Print)



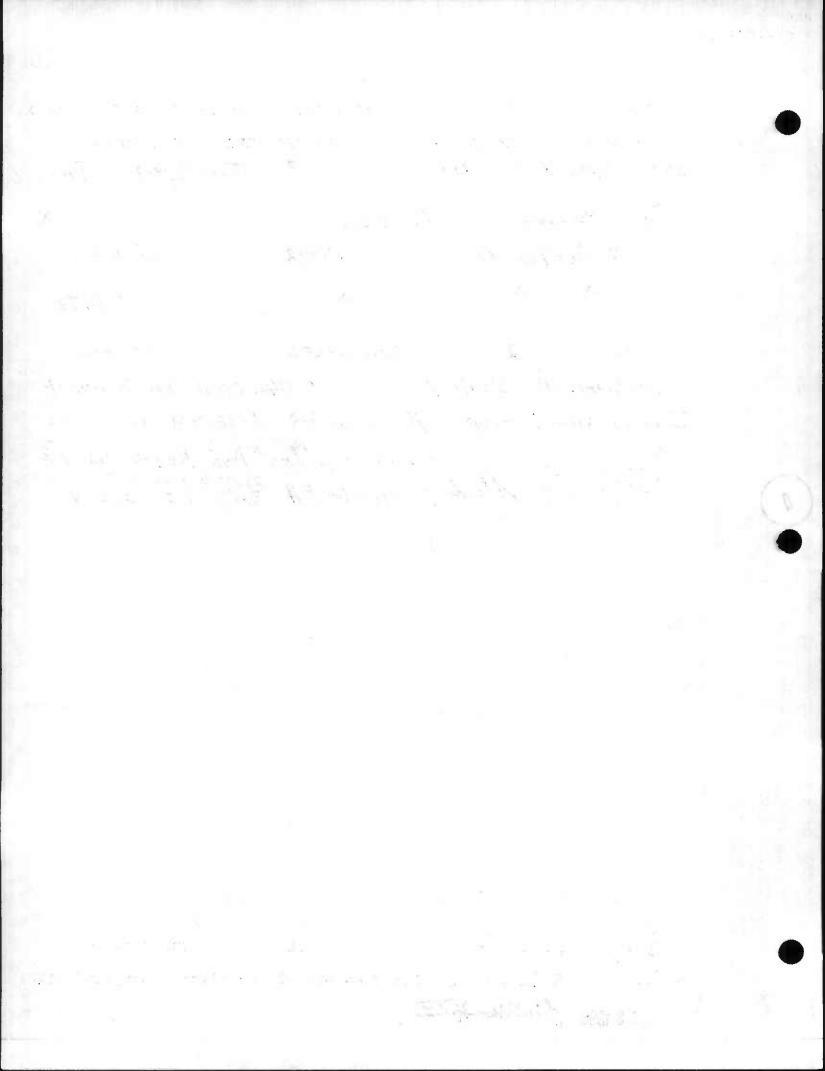
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Me

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		-	-	-	-	

			State of Mary		rtment of I <i>lificate of</i>			Jiene (96 2	5048
Physici /Medic		1. Decadent's Neme (First, Middle, Le KENNETH	E •		SCHUPP	SR.	2. Dete of Dee Month AUGUST	Dey	Yeer	ime of Deeth
Examir Funeral Director		5. Social Security Number 6.	ILE MARKER			4b. City, Town, o	FERRY 8. Dete of Birth	Year)	OMERY 9. Birthplace (Country)	State or Foreig
show	ior	Usual Residence of Decedent 10a. Stete 10b. County PA. BEAL	100	c. City, Town or Loc	ation EDom		JUNE	16,114		side City Limit
with the Mi a or 28a-f	Direc	10e. Street end Number		1 100	10f. Zip Code		1	Og. Citizen of		
or items 23	by Funeral Director	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Detes:	lf.	es Decedent of I Yes, specify Cub	dispenic Origin? (an, Mexican, Pue Specify:	Specify Yes or No- rto Rican, etc.)		ee - American Indick, White, etc.	ien,
"net	Completed	15. Decedent's E (Specify only highest gr.	ducation ade completed) Collega (1-4or 5+)	(Give k.	int's Usuel Occup ind of work done O NOT usa ratire NGI NO	during most of wi d)	orking		usiness/Industry	
marked other	To Be C	17. Fethar's Nama (First, Middla, Last William 19e. Informent's Neme/Ralationship (C. SCH.	קקט		18. Mothar's Na	ame (First, Middle, I	Maiden Suman	MINN	net
Heelth ar tem 27 is other trac		20e. Method of Disposition 1 Seunal 2 Cremetion 3 C	ScHupp Removal from Stete	bb. Plece of Disposicemetery, creme	BARTON tion (Name of	DR.	FREE DO	om, F	PA · 15 City or Town, St	042
Department of Important: If I any Injury or once.		21. Signature of Fundal Service Lice	J- Stars	left- 5,	Name end Addre	ess of Fecility	2829 HO BALTO.	NDSON MD.	51.	4
Physician /Medical Examiner	ler	23e, Pert1. Enter the diseese, or conshock, or heert failure. List only Immediate Ceuse (Finel diseese or condition resulting in daath)	e. Ather		Card		lar dise		Interv	oximete rel Between t end Deeth
physician and s the buriel-transit	i Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury	b. Due	to (or es e consequ	ence of):				1	
	in/Medical	Cedes (Disease of Injury thet initiated evants resulting in death) Lest	Due t	to (or es e conseque	ence of):					
requires thet the open centil een signed by the ettending hould be detached for use et	Phy	Pert II. Other significant conditions of	ontributing to death but not	t resulting in the unc	lerlying cause given	ven in Pert I.			ntribute to the c	110
28 2	Completed by						24e. Wes e perform		24b. Were eut eveileble complatio of daeth?	prior to on of cause
pag		25. Wes case rafarred to medical				26. Place of De	1 X Ye		1 🗷 Yes	2□ No
his ald	2	exeminer? 1 X Yes 2 No 27. Mennar of Death 1 Netural 5 Pending 2 Accidant Investigation	28e. Date of Injury (Month, Dey Yea	2 ER/Outpetlent 28b. Tima of Injury	3 DOA Ott	ner: 4□ Nursing	Home 5 ☐ Raside	ence 6 DXOth	er (Specify)	AREA
nospital or Attendi 24 hours efter death Funeral Director: A stely filled in by the f	al Certification:	3 ☐ Suicide 4 ☐ Homicide 6 ☐ Could not b detarmined	building, etc. (Sp			mo dot- ard -1	28f. Location (St City or Town	n, Stete)		e Number,
within 24 hours of To the Funerel Di completely filled I	ledical	(Check only 2 Medical Examone)	yelcian: To tha best of my niner: On the basis of exam end menner steted.	ninetion end/or inve	stigation, in my o	plnion, daath occ	e, end due to the ce urred at the time, de	ete end place,	nner es steted. and due to the ca	iusa(s)
		29b. Signature and title of certifier	ethell			• M • E •			19,199	
1XO		30. Name and address of person who MAMANUAN N	completed cause of deeth (treet,	Baltimo	ore. M	arvlan	7 2120



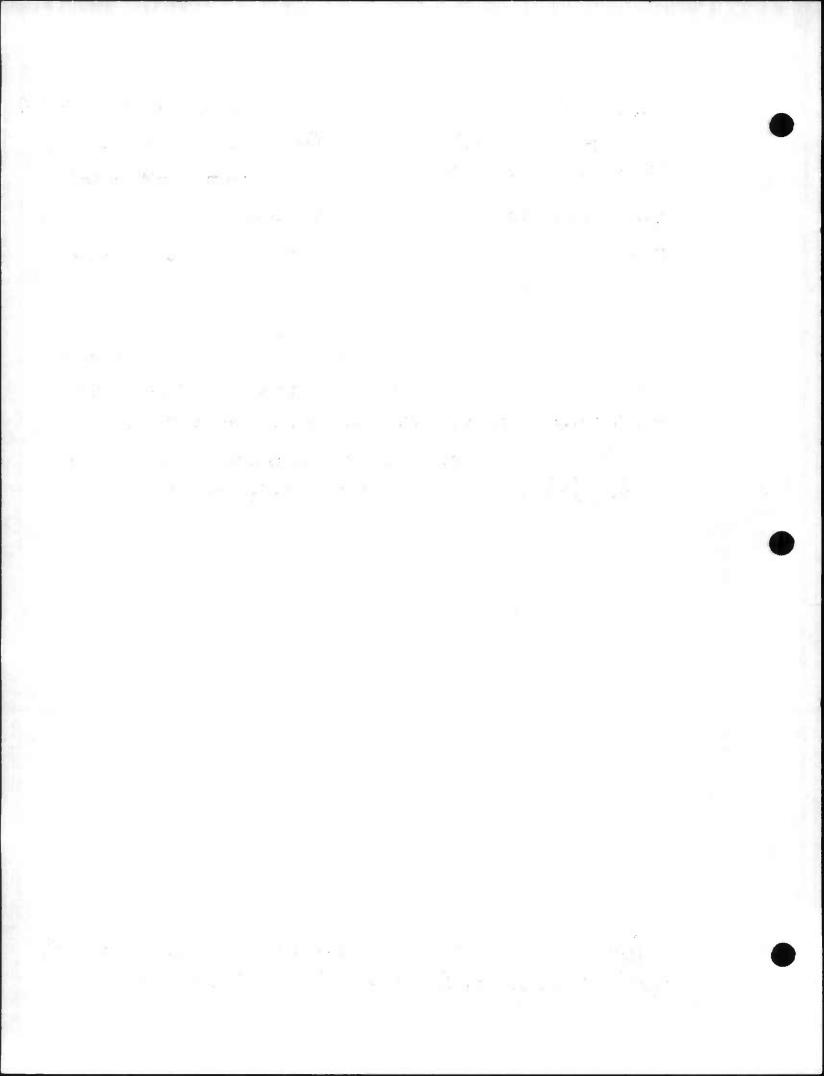
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96

25049

					Cen	illicate of	Death	R	eg. No.			
3	Physici	ian	Decedant's Name (First, Middla, Las	01			2. Data of Deet Month	Dey	Year	3. Tima of Death		
	/Medi	cal	Kathleen	K Slai	1101.			Au gusi	20	1996	J. 50 /F.11/	
	Examir	ner	4e. Fecility Nema (If not Institution, giva	street end number)	1		4b. City, Town, or Loc	cation of Deeth	4c. County	of Death		
			North Arund	el Hospita	1		Glen Bui	nie	Ann	Aro	ndel	
	Funeral		Social Security Number 6. Security Number		s. last birthdey)	If Under 1 Year Months Deys		8. Dete of Birth (Month, Day,	Vearl	9. Birthpie	ace (Stata or Foreign	
	Director		196 18 4507	□M 21₹F 72	Yrs.	Months Deys	Hours Min.	March 2			m sylvania	
	D		Usual Rasidance of Dacedant					TOTAL DEL		_ A . SA A A A	DJ LYMIII	
	how	201	10a. Stata 10b. County		city, Town or Loc					10	d. Insida City Limits	
	Ma F	to	Maryland Anne Ari	undel		G	len Burnie	5			1 ☐ Yas 2X No	
	1 the	Je J	10e. Street and Number		1	0g. Citizan of V	What Count	ry?				
	3a o	0	413 Burwood Rd.				21061		Unite	d Sta	tes	
	eath F 2	era	11, Meritei Stetus	12. Was Decedent Ever in	IIS 13 W	as Decedent of H		cify Vee or No.		in Indian,		
	72 hours after death with the Maryland natural; or Items 23s or 28s-f show deal Examinet Frust be notified at	Funeral Director	1 Navar Married 3 Married	Armed Forcas? 1 ☐ Yas 2 ☑ No	lf.	Yas, specify Cub	Hispanic Origin? (Spe an, Maxican, Puerto F	Rican, atc.)		ck, Whita, a		
21215-0020	S ag	by F	3 Widowed 4 Divorced	If Yes, Giva	1	☐ Yes 21 No	Specify:		Specify	. W	White	
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15	n 72	Completed	15. Decedent's Edu (Specify only highast grad	la completed)	(Give k	int's Usual Occup ind of work dona	during most of workin d)	g	16b. Kind of Bu	usinass/indi	Jstry	
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	filed with Hygiene. ither than	ပိ	17. Fathar's Nama (First, Middla, Last)		l l	Homemake		(F) 1 1 1 1 1 1 1 1		Domes	tic	
Ĕ	d de	Be		- ·			18. Mothar's Nama					
K	should be and Mental marked o umatic eva	1º	Preston		Rexrode		Flornie	I	Ellan	Nic	holas	
Maryland	2 sho and I is me		19a. Informant's Name/Raiationship (T				and Number or Rural			Stata, Zip	Coda)	
	igas 1 and 2 should be filed within 72 hours after death with the Marylan to of Haalth and Mental Hygiene. If item 27 is marked other than "natural", or itema 23a or 28a-f ahow or other traumatic event, the Medical Example, prout by notified at		Karen V. Gillis	/ daughter	413 E	Burwood	Rd., Glen	Burnie,	, MD 2	1061		
ore	Herr oth		20a. Mathod of Disposition		Placa of Disposi	ltion (Nama of atory or other ple	ce)	Data :	20c. Location -	City or Tov	vn, Stata	
tilmore,	Pagas nant of I		1 ☐ Burial 2 ☐ Cramation 3 ☐ I 4 ☐ Donation 5 ☐ Other (Specify,	Ramoval from Stata			tory 8/22/	/96	Balti	more.	MD	
E			21. Signalate of Funeral Service Licens			Nama end Addra			24101	more,		
Ba	permit. Departrumports any injure.		VIII (14	7//			hen D. Loh	ırmann E	P.A.			
-	1		Stipley 10	Kenam	87	717 Gree	n Pastures	Dr., E	Baltimo	re, M	D 21286	
			23a. Part1. Enter tha diseesa, or comp shock, or haart failura. List only o	lications that caused tha das na ceuse on aach lina.	ath. Do not antar	r tha moda of dyir	ng, such as cardlec or	raspiratory arra	ast,		Approximete Interval Between	
	Physician		1								Onsat and Death	
ч	/Medical		Immediata Causa (Final diseasa or condition	VENPTUN	ED AT	BOOMINA	2 ADDIC	ANE	TURYSM	1		
	Examiner		rasulting in death)		(or as a consequ		. 10.0410		11	1		
		ner		20811	EDGIQ	,				l l		
	certificata be axecuted nding physician and usa as the buriai-transit	Examiner	Sequentially list conditions	b. — Nie to	or se a consequi	anca of):						
ć	axe n an isi-tr	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or Injury									
68760,	sicia bur											
28	phy s the	p	resulting in death) Lest			i						
XO	ding sa a	3		d			·					
Bo	attan	Physician/Medical								i		
0	tha d	ysic	Part It. Other significant conditions co	ntributing to death but not ra	ven in Part f.	23b. Dld to	the cause of death?					
ď.	d by	Ph			1 🗆 Y	2 No	3 Prob	Probably 4 Unknown				
	signed d be dai	þ										
ord	requir been s should	Completed						24a. Was a perform	n autopsy		ra autopsy findings ilable prior to	
Records,	- JJ (0)							ponon		com	pletion of cause eath?	
æ	es - 5	E									Vac Alla	
la	ician: Thi certificata rector, pag		25 Was apparatored to medical		·			Yas 2 No 1 Yes 2 No		165 20110		
Vital	Physician: this certificar rai director,	Be	25. Was casa rafarred to madical axaminar?	Hospitai:		on no. Oth	26. Placa of Daath (Check only ona)					
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5	ta fa	on	27. Manner of Death 1 ☑ Natural 5 ☐ Panding	28a. Data of Injury (Month, Day Year)	28b. Tima of Injury	28c. Injur		28d. Dascribe how Injury occurred				
Division	or Attending after death. Director: After I in by the fune	2 Accident Invastigation M 1 Yas 2 No										
Ξ̈		=	3 Sulcida 6 Could not be datarmined	28a. Place of Injury - At I building, atc. (Spec	noma, farm, strae	at, factory, office	2	8f. Location (Street and Number or Rural Routa Number, City or Town, Stata)				
	s afte	Ce	/		**			•				
	To the Hospital or within 24 hours after To the Funeral Director completely filled in		29a. Certifiar fCertifying Phy	sician: To the best of my kn	owledga, daath o	occurred at tha tir	ma, data and place, a	nd dua to tha ca	ausa(s) and ma	nnar as sta	ited.	
	n 24 n Ft	edical	one) 2 Medical Exami	ner: On the basis of axamin and manner stated.	ation and/or inva	stigation, in my o	opinion, death occurre	d at tha tima, de	ata and placa,	and dua to	ina cause(s)	
	To the within ? To the comple	N	29b. Signetura and titla of cartifiar			29c. Licens	a number	2	9d. Data signe	d (Month, D	ay, Year)	
			14	m		DAG	1677		A	10	F 491_	
		-	30 Name of Section		- 00-1-77	277	7111		Tryast	10	(11)0	
	5		30. Nama and address of parson who co	ompleted cause of death (Ite			Bris	Swa	210	til		
	/		Moon Ville	WY JU H	OSP DEL	Me. Mu	en build	· MAS	スト			
	Sta	_	31. Data filed (Month, Day, Year)	32 Registrar's Sign	natura							
	Registr	ar	AUG 2 3 1996	ason-Na	The state of the s							

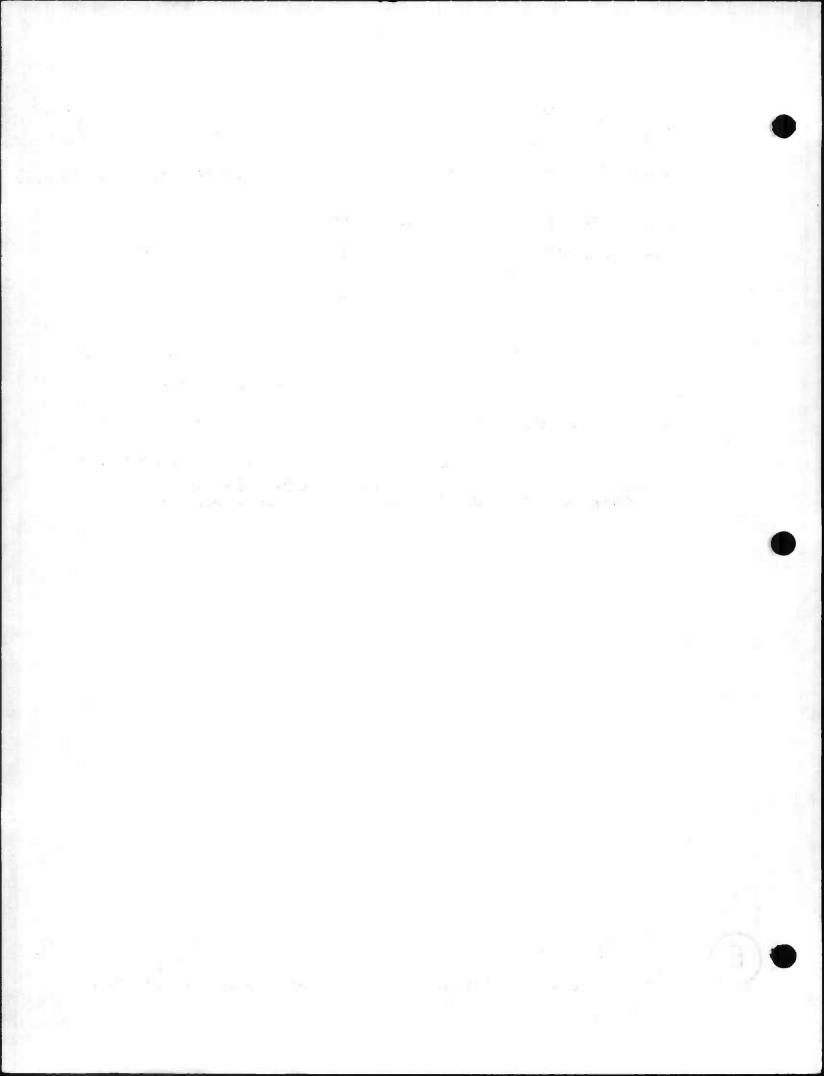


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

25050

						Cen	ilicate of	Death		Reg. No.			
	Physic	ian	Decedant's Name (First, Middla, Last)					2. Deta of D	eath Day	Year	3. Tima of Death	
	/Medi		HALLY L	N I	M00				AUS	21	96	3:15 PM	
	Exami		4a Facility Nama (if not institution, give	1		Cor	rdo/	4b. City, Tow	n, or Location of Dee	Λ	y of Death		
			Mubusson Ca	JULY YUU	rsing			**	reda 11Stov	15 W	7 1 +11	wile	
	Funeral		5. Social Security Number 6. Sex 7. Aga (In yrs. last birthday) If Under 1 Yaar If Under 2						Min (Month D	av Year)	9. Birth	plece (Stata or Foreign ntry)	
	Director		210-01-1100	- W 201	93	rs.			Jan 12	2, 1903]	Iowa	
	pug *_		Usual Rasidance of Decedant 10a. Stata 10b. County		10c. City, Town	ortoca	tion					10d. Insida City Limits	
	Aanyl F sho	ŏ										1 ☐ Yas 2 🛣 No	
	the l	ect	Maryland Howard 10e. Street and Number		L.	LIIC	10f. Zip Coda	У		10g. Citizan of	What Cou	ntn/?	
	with with	ā	3018 Ramblewood	Road			2104	3		_	S.A.		
	eath	Funeral Director	11. Maritel Status	12. Wes Decedent	Evar in U.S.	13. Wa			n? (Specify Yas or N			can Indian,	
	fler of the control o	Fu	1 ☐ Never Married 2 ☑ Married	Armed Forces?					n? (Specify Yas or N Puerto Rican, atc.)		ck, Whita,		
21215-0020	filed within 72 hours after death with the Maryland hygiene. rither than "natural", or items 23a or 28a-f show ont, the Medical Examinet must be mortled at	by	If Yas, Giva 1 ☐ Yas 2 ☑ No Specify: Yaar or Datas:								fy: W	hite	
0	2 ho	Completed	15. Decedant's Ed	Jucation	16a.	Deceda	nt's Usual Occup	pation		16b. Kind of B	Jusiness/In	dustry	
21	Bn "n	ple	(Spacify only highast gra	during most od)	or working								
	filed within Hygiene. other then ent, me H	5	Elamantary/Secondary (0-12) Collega (1-4or 5+) 5 Years Electrical Engineer							Weste	rn El	Lectric	
pu	m = 0 5	Be	17. Fathar's Nama (First, Middle, Last)					18. Mothar	a Nama (First, Middle	a (First, Middle, Maidan Surnama)			
yla		2	Herman	Toom				M	aggie Wat	ie Watkins			
Maryland	and and		19a. Informant's Name/Relationship (7	nt's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, S									
	T t		Mrs. Dorothy M. Po	ollock Sis			raton R	oad R	andallstov		21133		
ore	Pages 1 nent of Ha int: If Ren iry or oth		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cramation 3 ☐	Ramoval from Stata	20b. Place of cemeter)	Disposit y, creme	ion (Nama of tory or other pla	ce)	Deta	20c. Location	own, State		
Ë	artmen ortant: Injury		4 ☐ Donetion 5 ☐ Other (Specif)	y)	Lake V	iew	Memoria	1 Park	8/24	Sykesville, Maryland			
Baltimore,	pemit. Pages 1 s Department of Hai Important: If item any injury or othe		21. Signeture of Funaral Service Licen	IS 00	1/	22.1 L.O	Vama end Addra	ers Fu	neral Dire	ectors.	Inc.		
	00 = e d		Stephen M Quiking Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 21133										
			23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory errest, Approximate Interval Between Onset and Death Immediate Causa (Final disease or condition rasulting in death) Due to (or as a consequence of):										
	Physician												
	/Medicai Examiner												
		à											
	nsit	Examiner		b. 1161a	water	0	Ca o	Y X	wer		- 1		
~	certificata be axecuted nding physician and use as the burial-transit	Exa	Sequantially list conditions, if any, leading to immediate								1		
760	a be rsicia		Sequantially list conditions, if any, leading to immadiata causa. Entar Undarlying Causa (Olsaasa or Injury that initiated evants	la		-							
68760,	g phy as th	n/Medical	resulting in death) Last	21.221	7.4								
ŏ		2		all zu	enes	13	1017		munu	uc	<u> </u>		
B.	requires that the death	Physicia	Part II. Other significant conditions of	ontributing to death b	ut not rasulting in	tha und	arlying cause giv	ven in Part I.	23b. Did	23b. Did tobacco use contribute to the cause of de			
P.0	by th	h.	'							1 Yes 2 No 3 Probably			
	2 6 8	by											
Vital Records,	v requin	Completed								s an autopsy ormed?	ΘV	ara autopsy findings vailabla prior to	
ec	2 s	ple									of	ompletion of cause daath?	
E .	The ate page	Son							1 🗆	Yes 20 No	11	☐ Yes 2☐ No	
/ita	Physician: The this cartificate ral director, page	Be	25. Was casa rafarred to medical axaminer?	of Death (Check only	eath (Check only ona)								
Jo	5 00 0	은	1 Yas 2 No		nt 2 ER/Out		3□ DOA Oth	Alla Nurs	ling Homa 5 ☐ Ras		- ' '	fy)	
L C	ding P. Aftar funer	lon:	27. Mannar of Death 1 Natural 5 Pending	28a. Data of inju (Month, Day	Year) 28b. T	lme of jury	28c. Inju	rk?	1.00 90.00	how Injury occu	rred		
S	Attending it death. ector: Aftai by the fune	Icat	2 Accident invastigation M 1 Yas 2 No							28f. Location (Straat and Number or Rural Routa Number, City or Town, State)			
Division	Hospital or Attending Ph 24 hours after death. Funeral Director: After th staly filled in by the funeral	Certification:											
_	Hospital 24 hours Funeral staly filled		29a. Certifier 12 Certifying Phy	ysician: To tha best o	of my knowledge	death o	courred at the tir	ma date and	place, and due to the	causa/s) and m	annar ac i	hetet	
	Hos Fur etaly	edicai	(Check only 2 Medical Examone)	niner: On the basis of and mannar sta	axamination and	Vor Inves	stigation, in my o	ppinion, daath	occurred at tha tima	, data and place,	and due t	o tha ceuse(s)	
	To the	Me	29b. Signatura end title of certifier				29c. Licens	se number		29d Date signe	ed (Month,	Day, Year)	
			MIRA XX.	01 111 5			D4	785	3	THOU	1+ 0	11.199L	
			30. Name and addrass of person who o	complated causa of d	eath (Itam 23a)	Type. Pr				The state of the	W O	11/10	
			Dr. Judith Ca		Busine			rive	Reisterst	own, MD	211	36	
	Sta		31. Data filed (Month, Day, Year)	Julia Day door	r's Signature	•							
	Registr	ar	AUG 23 1996	Jana Line									



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. item #1, filmg 738, 8/23/96, cyw, per fh Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** Month JOEL HERBERT THIMAN /Medical AUGUST 15, 1996 10:50AM 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE If Undar 1 Yaar Months Days If Undar 24 Hrs. Hours Min. 5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) **Funeral** Birthplaca (Stata or Foraign Country) Months 1₩ M 2□ F 69 Yrs 216-20-0194 Director MAY 24, 1927 MARYLAND Usual Rasidence of Dacedant with the Maryland 10e. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show 7 is marked other than "natural", or items 23s or 28s-f shor traumatic event, the Medical Examiner must be notified at 1 Yas 2 No Director BALTIMORE BALTIMORE 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 11 WARREN PARK DR., APT. B-4 21208 USA pernit. Peges 1 and 2 should be filed within 72 hours efter death 1 Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a and hijury or other traumatic event, the Medical Examiner means and 10,000. Funeral 12. Was Decedant Evar in U,S. Amped Forcas? 1 ⊠ Yas 2 □ No If Yas, Giva Yaar or Datas: ₩₩II Was Decedant of Hispanic Orlgin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 Yas 2 X No Specify: WHITE þ Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) MEAT CUTTER FOOD 9 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be HARRY THIMAN HELEN **JACOBS** 2 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) MRS. RHEA BELLE SNYDER (SISTER) 16 WAINRIGHT DR. ANNAPOLIS, MD 21401 20b. Plece of Disposition (Neme of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Data 1 ♥ Burlal 2 □ Cramation 3 □ Ramoval from State 4 □ Donation 5 □ Other (Specify) MOGAN ABRAHAM 8/18/96 ROSEDALE, MD 21. Signature of Funaral Sarvice Licensee 22. Nama and Addrass of Facility SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 or tha moda of dying, such as cardiac or raspiratory arrast, Approximata 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediata Cause (Finel disaasa or condition rasulting in death) Examiner Examine The law requires that the death certificate be axecuted ettending physician end I for use as tha burial-tran Sequentielly list conditions, if any, leeding to immadiate causa. Entar Undarfying Cause (Disaasa or Injury that initieted evants rasulting in daath) Last Division of Vital Records, P.O. Box 68760, Physician/Medicai Dua to (or as a consequance of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? the signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

þ

24b. Wara autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed?

1 Yas 2000 1 ☐ Yas 2 ☐ No 26. Pleca of Death (Check only ona)

25. Was casa rafarrad to medical axaminar? Hospital: Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify) 1 Yas 2 No 1 Impatiant 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28c. injury at Work? 28b. Tima of 28d. Dascribe how injury occurred 1 BNatural 5 Panding invastigation 1 Yes 2 No 2 Accidant 6 Could not be datermined 3 Suicide 28f. Location (Street end Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, straet, factory, office building, atc. (Specify) 4 Homicide 29e. Cartifian

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and plece, end due to the cause(s) and manner as stated.
2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29c. Licansa number 29b. Signatura and titla of certifiar 29d. Data signed (Month, Day, Year)

H18792

30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)

State Registrar 31. Data filed (Month, Day, Year)

AUG 2 3 1996



Completed

Be

Certification: To

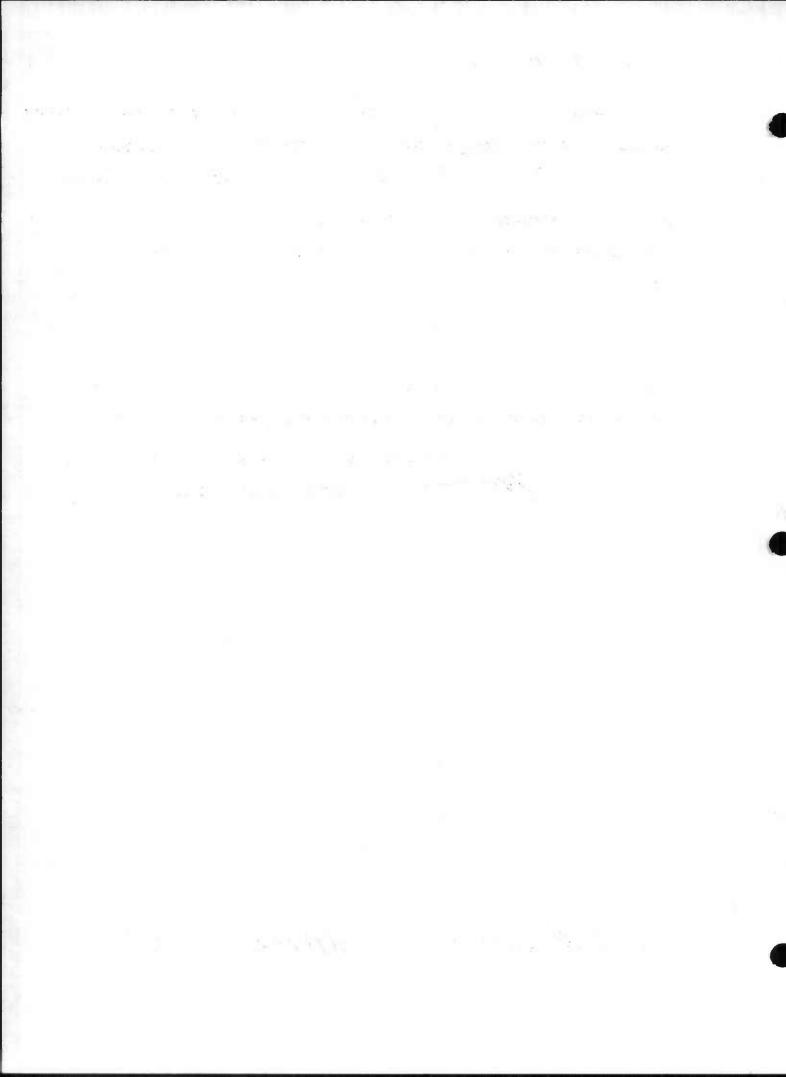
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Hospital or Attending Physician: 24 hours aftar deeth. Funeral Director: Attenthis certifica

To the Hospital or Atter within 24 hours after der To the Funeral Director completely filled in by th



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middla, Last) 2. Dete of Deeth 3. Time of Deeth Month Physician TAYLOR BOYD 11: SYPM AUGUST 15 1996 /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner GOOD SAMARITIAN HOSPITAL BALTIMORE N/A 5. Social Security Number If Under 1 Year | If Undar 24 Hrs. 8. Date of Birth (Month, Dey, Year) 1/28/1947 7. Age (In yrs. lest birthdey) 9. Birthplaca (Stete or Foreign **Funeral** 12 M 2 F Months Days Hours Min Yrs. 49 NORTH CAROLIN Director 238-70-3342 Usuei Residenca of Decedent the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits r then "natural", or itema 23a or 28a-f show the Medical Examiner must be notified at N/A MD BALTIMORE 1 Yes 2 No Director 10g. Citizen of Whet Country? 10e. Street end Number 10f. Zip Code death with 736 EXETER HALL AVENUE 21218 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yaar or Detas: 14. Rece - American Indian, Black, Whita, atc. Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Nevar Married 2 Merried 1 ☐ Yes 2 ☐ No altimore, Maryland 21215-0020 BLACK Specify: À 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highast grede completed) 16a. Decedent's Usuel Occupation 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7. Department of Haalth and Mental Hyglena. Important: if Item 27 is marked other than "na any injury or other traumatic event, the Media once. (Giva kind of work done during most of working life. DO NOT use retired) Elementery/Secondary (0-12) College (1-4or 5+) MECHANIC AUTO 17. Fether's Nema (First, Middle, Last) 18. Mother's Nema (First, Middla, Maiden Sumeme) Be ERNEST TAYLOR LILLIE GRAY 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) JEAN TAYLOR (WIFE) 736 EXETER HALL AVE. BALTO. MD 21218 20b. Place of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition Date 20c. Location - City or Town, Stete 1 Burial 2 Cremetion 3 Removel from Stete GARDEN OF GETHESEMANE8/24/96 ROCKY MT., N.C. 4 ☐ Donetlon 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licenses 22. Name end Address of Fecility E.L. PHILLIPS FUNERAL HOME PA. Dech CFSP #281 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrast,

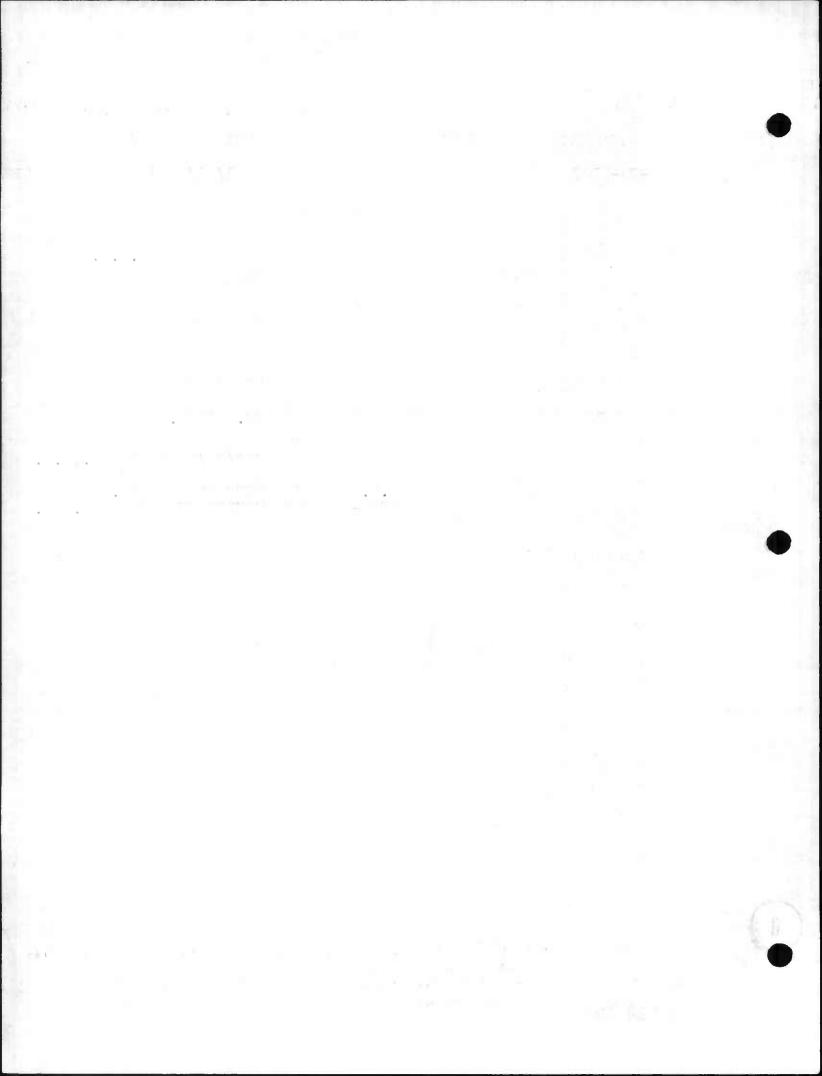
Approximate shock, or heart feiture. List only one cause on each line. Interval Between Onset and Deeth Physician /Medical Immediete Ceuse (Finel SEPSIS 4 DAYS diseesa or condition resulting in deeth) **Examiner** Due to (or es e consequence of): Examiner Permacath Intected The law requires that the death certificate be axecuted physician and s the burial-trans Sequentielly list conditions, if any, leeding to immediate cause. Enter Undarlying Cause (Diseese or injury that initieted avents resulting in deeth) Lest Division of Vital Records, P.O. Box 68760 Physician/Medical Due to (or as a consequenca of): attanding I Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. ata has been signed by tha a paga 2 should be datached 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Wunknown renal 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Wes an autopsy 1XYes 2 No 1 ☐ Yes 2 No 86 25. Was case referred to medical 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Rasidance 8 Other (Specify) 2 1 Yes 2 No 12 Inpatient 2 ER/Outpatient 3 DOA Applial or Attending Physical Bours after death.

meral Director: After this y filled in by the funeral di After this 28c. Injury at Work? 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred Certification: 1 Naturai 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicida 6 Could not be datarmined 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 28a. Piece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide Pours fo the Funeral 1 Coertifying Physician: To the best of my knowledge, deeth occurred at the time, dete and piece, end due to the ceuse(s) end menner as stated.

2 Medical Examiner: On the besis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, dete end piece, end due to the cause(s) end menner stated. 29a. Certifier Medical 29b. Signeture and titla of cartifier 29c. Licensa number 29d. Date signed (Month, Day, Year) pen 302 30. Name end eddress of person who completed cause of deeth (item 23e) (Type, Print) M.D. 5601 LOCH RAVEN BOULEVARD BALTIMOREMS ATAUE 31. Dete filed (Month, Dey, Year) AUG 23 1996

Registrar

32: Registrer's Stynator



24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

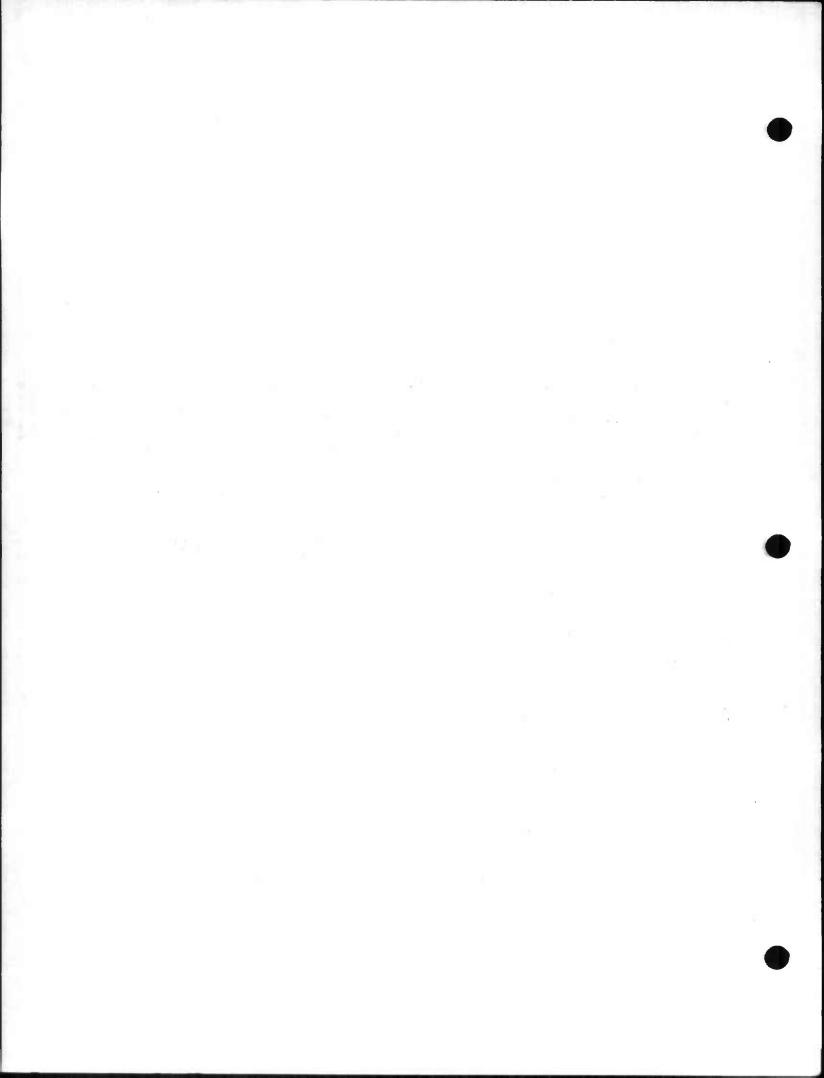
FOR STATE REGISTRAR

1 -

DIVISION OF VITAL RECORDS, P.O. BOX 6876

		1. DECEDENT'S NAME (First	t, Middle, Last)	Ann Tuder							_ MONTH . DAY .VEAR				3. TIME OF DEATH 4:50 A	
		4. SOCIAL SECURITY NUMBER		5. SEX 6. AGE (In yrs. last bit		birthday)					7. DATE OF BIRTH		8. BIRTHPLACE (State Country)		IPLACE (State or Foreign	
Ð	. DIRECTOR	218-32-2703		1 M 2 F	9	93 YAS.		MONTHS	DAYS	NYS HOURS MIN.		(Month, Day, Year) May 31 1				
3 should		90. FACILITY NAME (If not i						9b. CITY	, TOWN	OR LOCAT	ION OF D	EATH			NTY OF D	
۲۵		Meridan (II Nursı	ng Ho	ome		<u> </u>	Tow	son		_		Ва	ltim	ore
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-E		Md.		timore To			owso	n							1 YES 2 NO	
it per	ERAL	10e. STREET AND NUMBER		10f. ZIP CODE							WHAT COUNTRY?					
physician. burial-transit permit. Pages	FUNE	712 Stone	N U.S. ARE	21286 RMED 13. WAS DECENDENT OF HISPAN					NIC ORIGIN	17 (Specify Yes		JSA CE - American Indian.				
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atten use as	E	15. DEc (Specify on	(G/s	ve kind of	USUAL O		TION most of work	ing	16b	16b, KIND OF BUSINESS/INDUSTRY						
the hospital or att detached for use once.	BE COMPLET	Elementery/Secondery (College (1-4 or 5	College (1-4 or 5 +)			of use retired.) Maker					Own Home				
detac		17, FATHER'S NAME (First, I	17. FATHER'S NAME (First, Middle, Last)							16, MOT	HER'S N	AME (First, I	Middle, Maiden	Surname)		
retained by 15 should be notified at												nknown				
be retained te 5 should notified	2	190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 712 Stone Barn Rd. Towson, Md. 21286														
e 6 may be ector, page must be		20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Removal from Stata 4 Donation 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of Camelary, cremetory unphase place) Dullaney Valley Memorial 8-22-96 Timonium, Md.														
executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician I and completely filled in by the funeral director, page 5 should be detached for use as the burial-trait to burial, cremation, or removal. matic event, the medical examiner must be notified at once.		21. SIGNATURE OF FUNER			22. NAME AND ADDRESS OF FACILITY						Tura					
		Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate														
	ERTIFICATION	ahock, Dr haart failura. List Dniy Dna cause Dn aach lina. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Due TO (OR AS A CONSEQUENCE OF):														
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uires that the signed by the Health and Indoxs any Indoxs	MEDICAL	Demention 1 yes 2 KNO									COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO					
has been Dept. of 23 sho	-	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN														
N: The land State De Item 2	CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:														
SICIAN: The lan certificate has the State Dep.	PHYSICIAN:	1 YES 2 MANNER OF DEATH 26s. DATE OF INJURY 26b. TIME OF 26c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED														
DING PHYSI After this c death with s marked,	ВУ РН	1 Netural 5	IN	28b. TIME OF 18c. INJURY AT WORK? 1 YES 2 NO					28d. DEŞCRIBE HOW INJURY OCCURED							
OR ATTENDING DIRECTOR: After hours after death Item 28 is ma	ETED	3 Suicide 6 4 Homicide	Could not ba datarmined	28a, PLACE building	of INJURY I, atc. (Spe	Y — At hou	me, farm,	atreet, fac	tory, of	ffice			or Town, State)	end Numbe	r or Rural	Route Number,
HOSPITAL OR A FUNERAL DIREC WITHIN 72 hours TANT: If Item	COMPLE	one)		ER: On the basic of												e) end manner ee atated.
TO THE HOSPIT TO THE FUNERA Be filed within 7 IMPORTANT:	O BE	29b, SIGNATURE AND TITL				29c. LICENSE NUMBER					OSL					
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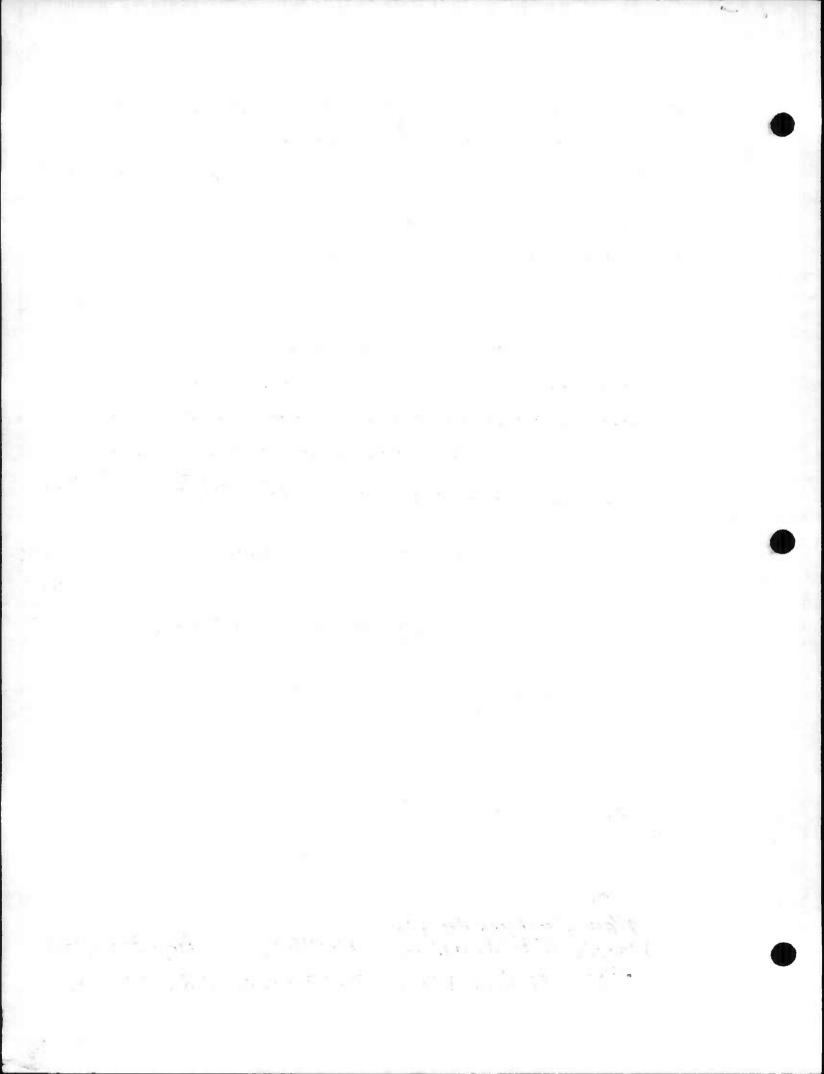
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



State of Maryland / Department of Health and Mental Hygiene 96

96 25054

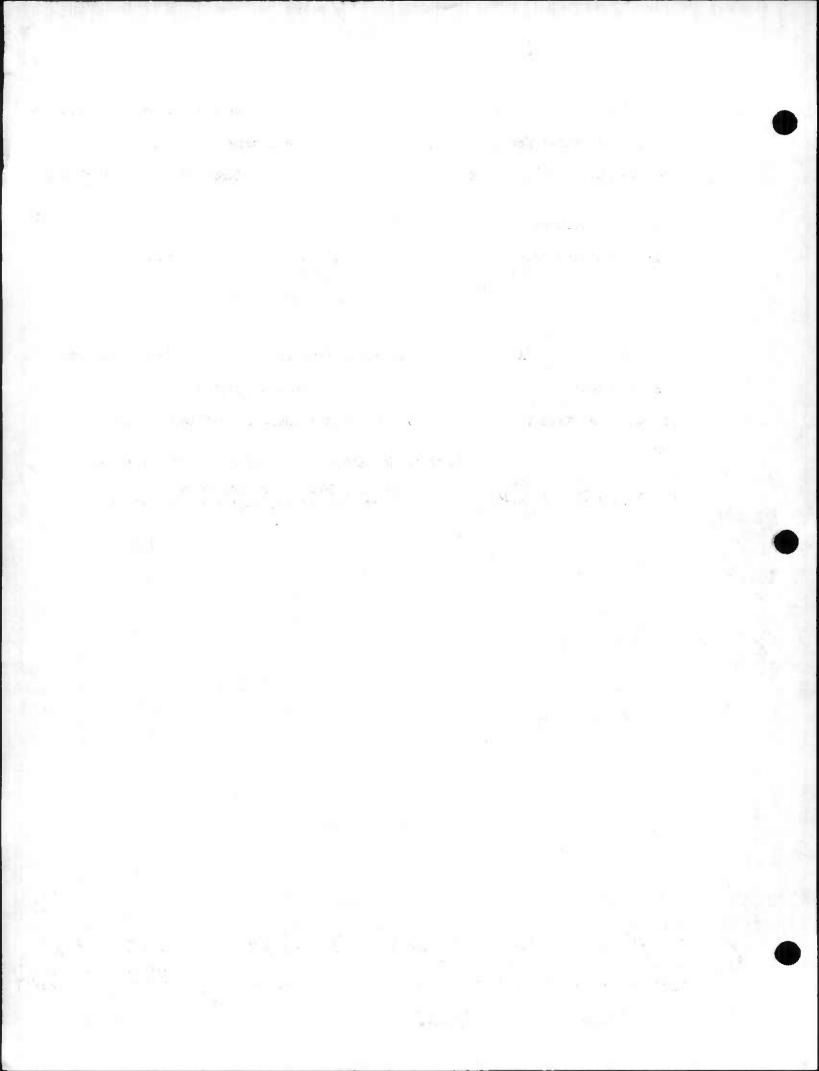
				Ce	ertificate of	Death	В	leg. No.		🗸 🗸	-	
	Dharak		1. Decedent's Neme (First, Middle, Lest)				2. Dete of Dee Month		Yeer	3. Time of		
	Physic /Medi		ANNA TAMBURO				AUGUST	- 13 /	196	205	pm	
	Exami		4e. Facility Neme (If not institution, give street end num	iber)		4b. City, Town, or L		4c. County	of Deeth			
			MERCY medical Cen			Baltima	re	N	/A			
	Funeral Director		5. Social Security Number 6. Sex 1 M 20F Usuel Residence of Decedent	7. Age (In yrs. lest birthdey 89 Yrs.	Months Deys		8. Dete of Birth (Month, Dey March	7 1907	9. Birthp Coun Mar	lece (Stete o try) ylano	i <i>r Foreig</i> n	
	fand wo		10e. Stete 10b. County	10c. City, Town or L	ocation.				1	0d. Inside Ci	ity Limits	
	the Mary 28a-f sh notified	Director	Maryland City 10e. Studet end Number	Baitmo	10f. Zip Code		1	10g. Citizen of N	What Cour	1 PYes	2□No	
	3a or	ā	1250 Hull Street		7.17	20	'			шуп		
020	death	Funeral	11. Maritei Stetus 12. Wes Dece	dent Ever in U,S. 13.	. Wes Decadent of	Hispenic Orlgin? (Sp ben, Mexicen, Puerto	ecify Yes or No-		SA e - Americ			
	be filed within 72 hours after death with the Maryland ntal Hygiene. Id other than "natural", or items 23a or 28a-f show event, the Medical Exeminat must be notified at	by	1 Never Merried 2 Merried 1 Yes, Giv. Yeer or De	2 1 No	1 ☐ Yes 2 № No		Hican, etc.)	Specify	ck, White, o	ite.		
5-0	72 ho	etec	15. Decedent's Education (Specify only highest grade completed)	16a. Dece	edent's Usuel Occu	upetion e during most of work ed)	dna	16b. Kind of Bu	Jainess/Inc	Justry		
21215-0020	filed within Hygiene. ther than	Completed	Elementery/Secondery (0-12) College (1-8	-40r 5+1	DO NOT use retires			Lunch	Roc	m		
Maryland	should be filed and Mental Hygid and Mental Hygid smarked other lumatic event, it	To Be (17. Fether's Neme (First, Middle, Last) Luis Provenza			18. Mother's Nem	e (First, Middle, i Broca		10)			
Mary	" = = 3		19e. informent's Neme/Relationship (Type, Print) Roseanna Voltoline/o	19b. Mell	ling Address (Stree	erend Number or Aur 1 Street	re/Route Number Balti	r, City or Town, MOTE,	Stete, Zip	Code 2123	0	
more,	permit. Pages 1 and 2 Department of Health a Important: If item 27 le eny Injury or other tra once.		20e. Method of Disposition 1 X Burial 2 Cremetion 3 Removel from S 4 Donetion 5 Other (Specify)	20b. Plece of Disp cemetery, cre New Cat	oosition (Neme of emetory or other pl hedral	Cemetery	Dete 8/16/9	20c. Location - 6 Balt	City or To	wn, State	d.	
Barti	permit. Departmine Importa eny Inju		21. Signeture of Funerel Service Licensee	into 1 1	22. Name end Addi 30 E. F	ress of Fecility Mc	Cullu Balti	Funera more,	1 Ho Md.	me 2123	0	
4			23e. Pert1. Enter the disease, or complications that ce shock, or heart feilure. List only one ceuse on ea	used the deeth. Do not er	nter the mode of dy	ring, such es cardiac	or respiretory err	est,	- 1	Approximet	0	
T	Physician		Shook, of fleat foliate. List only one couse of se	or mie.					1	Onset end I	Deeth	
	/Medical Examiner	J.	immediate Ceuse (Finel disease or condition	ute Re	enal	Failu	44		1	1 W	rek	
			resulting in deeliny	Due to (or es a conse					I			
_	bet tisc	Examiner		RASIS						ZW	Peks	
68760,	requires that the death certificate be executed been signed by the attending physician and thould be detached for use as the burial-transit	Medical Exar	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated eventa resulting in deeth) Lest	Die to (or as a conse	oma o	n che	mothe	rapy	1	2 ye	ers	
Box	eath certific attending p	ian/M	d									
P.O.	that the de ed by the a detached	Physician/	Pert II. Other significant conditions contributing to dea		Did tobacco use contribute to the cause of death? 1 □ Yee 2 ☑ No 3 □ Probably 4 □ Unknown							
Records,	- D 07	Completed by					24a. Wes e perform	n eutopsy med?	cor	ere autopsy f elleble prior to mpletion of c deeth?	0	
	0 - 0	шо					1 T	es 2 No		Yes 2/2	No	
Vital	certificate	Bec	25. Wes cese referred to medical			26. Piece of Deet						
of V	5 00	ToE	examiner?	patient 2 ER/Outpetie	ent 3 DOA	ther	ome 5 Reside		er (Specify	()		
n o			27. Menner of Deeth 28e. Dete of		of 28c. inju	ury et ork?	28d. Describe ho	ow injury occur	red			
Division	Attender deat ector:	Certification:	Neture S Pending P									
	lospital or I hours afte uneral Dir siy filled in											
	TNUZ	edical	29e. Certifier (Check only one) Certifying Physician: To the beginner; On the beginner and menner.	sis of exemination end/or in	th occurred et the the the the the the the the the	time, dete end piece, opinion, deeth occur	and due to the c red et the time, d	ause(s) and me lete end plece,	end due to	eted. the cause(s)	
	To the within 2 To the complete	Σ	29b. Signety And Daniel To Survey	n Hacebing	~	nse number		29d. Date signe ▲				
			Marvin J. Feld	man Red	1)(7930	/	thouse	13	189	2	
	3		30. Name and eddress of person who completed cause	11 Place	Print) Ba	7930 Timos	renhe	Q. Z	120)2_		
	Sta Registr		31. Dete filed (Month, Day, Yeer) AUG 2 3 1996	gistrer's Signeture								



State of Maryland / Department of Health and Mental Hygiene Q 6

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					, , , , , , , , , ,	Certificate of		Re	g. No.) (0000				
	Physic	an	1. Decedent's Name (First, Middle, L	ast)				2. Dete of Death Month		aer 3.	Time of Death				
J	/Medi		Albert R.	Tucker				Aug. 20			1:53 pm				
	Examir		4a. Facility Neme (If not institution, gi	ve street end number)			4b. City, Town, or Lo		4c. County of		p.m.				
1			Good Samarita	n Hospital			Baltim	ore	N/A						
Т	Funeral			Sax 7. Ag	a (In yrs. last birti		If Under 24 Hrs.	8. Date of Birth (Month, Dey,		. Birthplece	(Stete or Foreign				
L	Director		216-09-6753 Usual Residence of Decedent	165tM 2□ F 8	1 Y	rs. Months Days	Hours Min.	March 2	5,1915 N	Country)					
	Manyland f show	20	10a. Stata 10b. County	,	10c. City, Town						nsida City Limits				
	the 1	Director	Md. Baltimo	re	Parkvi	10f. Zip Code		40	g. Citizen of Wh						
	¥ è			n1			201			at Country?					
	eath s 23	era	7716 Middlesex	Place 12. Was Decedent	Euros in III C		234		J.S.A.	American to	dia				
21215-0020	72 hours after death with the Maryland naturel', or flems 23a or 28a-f show pical Examinet must be notified at	by Funeral	1 Nevar Marriad 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 Yes 2 If Yes, Give Year or Detes:		13. Wes Decedent of I If Yes, specify Cub 1 ☐ Yes 2√ No		Ricen, etc.)	Black, Specify:	American in White, atc. Thite	olan,				
0-10	72 hours "naturel",	ted	15. Decedent's E	ducation	16a. I	Decedent's Usual Occu	pation	. 10	6b. Kind of Busi		,				
216	C F 0	Completed	(Specify only highest gr Elementary/Secondery (0-12)	ede completed) College (1-4or 5		Give kind of work done life. DO NOT use retire	during most of work	ing							
21		E	12th	N/A		erations M	anager		Dairy	Produc	cte				
P	be filed ital Hygie d other event, tr	BeC	17. Fether's Neme (First, Middle, Las			7024620110 11		e (First, Middle, M.							
<u>a</u>	ould be Mental arked o	ToB	Earl Tucker				Jean Rol	bertson							
any	SEE		19e. Informant's Name/Relationship	Type, Print)	19b.	Mailing Address (Street	and Number or Run	el Route Number,	City or Town, St	ete, Zip Code	a)				
Σ	and 2 selith a 27 is		Mrs. Hazel H. Tuc	ker	77	16 Middles	ex Place	Parkville	Md. 21	234					
re,	- P E E		20e. Method of Disposition			Disposition (Neme of , cremetory or other pla			0c. Location - Ci		State				
9	Pages hent of int: If its iry or o		XXBurial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Speci					100	1.1	261					
Baltimore, Maryland	mit. Pa partmer portant: y injury se.				western			/ 23 I	3alt1mor	e,Md.					
Ba	Dep Dep		21. Signature of Funerel Servica Licensee 22. Nama and Address of Facility Hartley MIller Funeral Home												
-	_	-	23a. Party Enter the disease, or con ahook, or heert failure. List only	make		7527 Harf	ord Rd. Ba	altimore.	Md. 212	234	roximata				
	Physician /Medical Examiner	ner	Immediate Cause (Finel disaase or condition resulting in death)	· Myo	cardi Due to (or es a co	AL I	nfaret	ion		Onse	et and Death				
	axecuted in and hal-transit	Examiner	Sequentially list conditions	b											
o,	be axecuted than and burial-transit		Sequentielly list conditions, if any, leeding to immediate cause. Entar Underlying Cause (Disease or Injury					1							
68760,	4 6 6	edical	triet initiated avents	c				-							
89	(a d	Med	resulting in death) Lest		Due to (or es a co										
Box	2 49	2	programme and the second	d											
	g o g	Sicia	Part II. Other significant conditions of	contributing to death bu	t not resulting in	the underlying cause on	ven in Part I	23h Did toh	ecco use contr	hute to the	cause of death?				
, P.O.	7 00	by Physician/R	Preumoni		That to southing in		you are all it.	1 TY01	. /		4 □ Unknown				
of Vital Records,	e law requires that has been signed I ge 2 should be det	Completed I						24a. Wes en performe		avallable	ion of ceuse				
<u> </u>	The ata h	P P						1 ☐ Yes	2006	1 ☐ Yes	2 No				
<u>i</u>	iclen: The certificata rector, pag	Be (25. Wes cese referred to medical		/		26. Plece of Deeth	n (Check only one,)						
~	Physicien: rthis certific rral director,	To	examiner? 1 ☐ Yes 2 ☑ No	Hospital:	nt 2 ER/Outp	eatient 3 DOA Oth	ner: 4 Nursing Ho	me 5 Residan	ce 8 Other	(Specify)					
0	g Ph lar th		27. Manner of Death	28a. Date of Injur (Month, Dey	y 28b. Tir	ne of 28c. Injur		28d. Describe how		,					
0	Attending or death. ector: Aftar by the fune	atio	1 ☑Netural 5 ☐ Pending 2 ☐ Accident investigatio		roar/ Inj		Yes 2 □ No								
Division	Afte ecto by th	Certification:	3 Suicide 6 Could not b	28e. Piece of inju	ry - At home, fam	n, street, factory, office		28f. Location (Stre		or Rurel Roul	ta Number,				
Ö	a after	E E	4 Homolde	building, efc	. (Зреспу)			City or Town,	State)						
	To the Mospital or Attending Physicien: The I within 24 hours after death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edical (29a. Certifier 1 Cartifying Ph (Check only one) 2 Medical Exar	ysician: To the best onliner: On the basis of and menner sta	exemination and/	deeth occurred at the tir or investigation, in my o	me, dete and piece, e	end due to the ceu ed at the time, date	se(s) end menn e end plece, end	er es stated. I due to the c	euse(s)				
	of the	₩ W	29b. Signature and title of certifier	11		29g: Licens	a number	/ 290	d. Date signed (I	Month. Dev.	(ear)				
	FSFO		· Kal	1/10	la - me	2 1	37174	/	_ /	27/	21				
	6		moun	Du	M M) De	71101		8/2	141	16				
	/		Neme and address of person who	completed cause of de	eth (Item 23e) (T	ype, Print)	0 ~1/	() ()	Rhi-	T M	1 2011				
			31. Date filed (Month, Day, Yeer)	32 Basista	de Signatura	1 1001	en raik	way	DHL	[1]	U 1147				
	Stat	е	d t t a	32. Registra	9 orgriature			//							

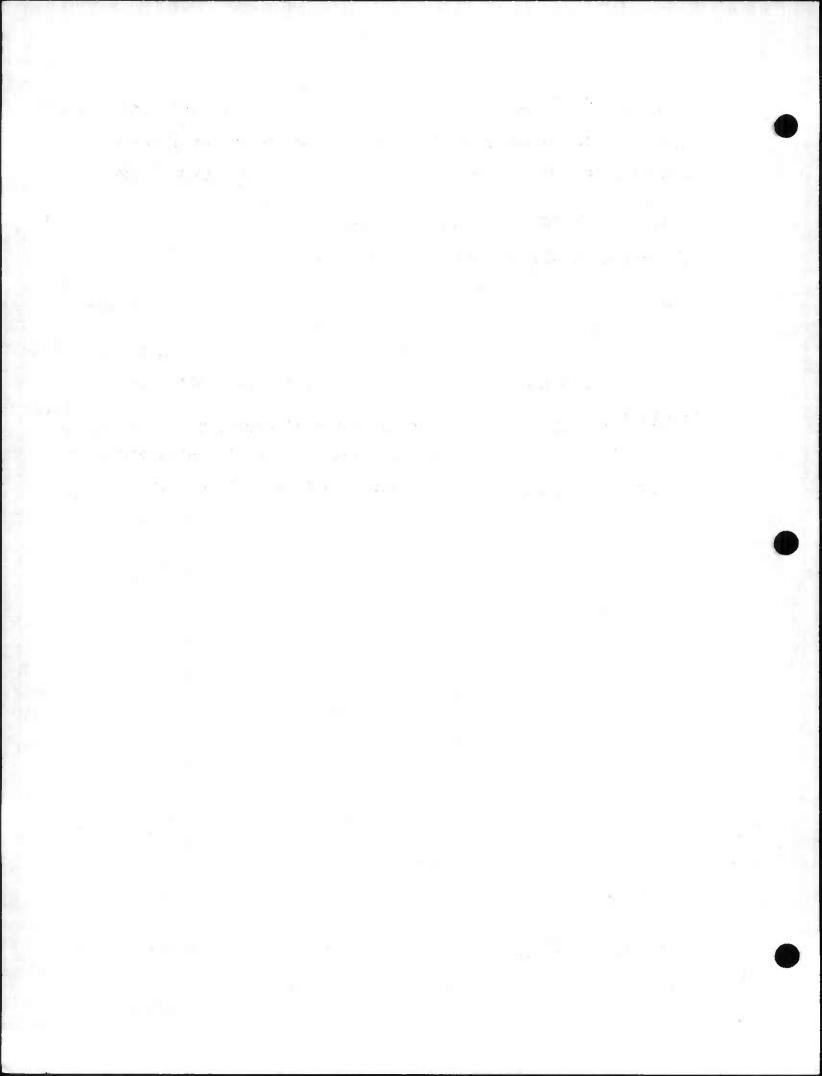


State of Maryland / Department of Health and Mental Hygiene 96

25056

						Certificate of	Death	R	eg. No.	20	20000
	Observate l		1. Decedent's Neme (First, Middle, La	st)			2.	Dete of Deet	th	Voss	3. Time of Death
	Physici /Medi		Dino V. 1	orboli				08	20	Year 96	0645
	Examir		4e. Facility Neme (If not Institution, giv				4b. City, Town, or Local		4c. County	of Deeth	
			Calvert Cour	ty Nursing	(6	nter,	Prince Fro	derick	E Cal	vert	t
	Funeral		5. Social Security Number 6. S	7. Age (In yrs.		thday) If Under 1 Year	If Undar 24 Hrs. 8.	Date of Birth (Month, Dey,		9. Birthp	ieca (Steta or Foreign
	Director		577480238 Usuai Residence of Decedent	M 20 F 87		Yrs. Months Deys	Hours Min.	1/07/		PA	try)
	a ≱		10a. Stete 10b, County	10c. Ci	tv. Tow	n or Location				1	0d. Inside City Limits
	Aaryl sh	5	Md Calver			ingtown				,	1 ☐ Yas 2 ☑ No
	the N	Director	10e. Street and Number	770	LNT	10f. Zip Code			0- 011	18-10	
	W 1			11.11 11 11			2 0	1	0g. Citizen of V	what Coun	try'r
	a 23	ara l		till Court		206:			USA		
	ar de	Funeral	11. Meritei Status	12. Was Decedent Ever in U Armed Forcas?	1,5.	If Yes, specify Cub	Hispanic Origin? (Specif an, Mexican, Puert <i>o</i> Ric	y Yas or No- an, etc.)		ck, White,	
020	n 72 hours after death with the Maryland "natural", or forms 23a or 28a-f show safetil Examiner must be notified at	þ	1 ☐ Nevar Married 2 ☐ Merried 3 ☐ Widowed 4 ☐ Divorced	1 Tes 2 No If Yes, Giva Yeer or Detes:		1 ☐ Yes 2 🛣 No	Specify:		Specify	who	te
21215-0020	natur	Completed	15. Decedent's Ed (Specify only highest gre	Jucation oda complated)	16a.	Decedent's Usuei Occup (Give kind of work done life. DO NOT use retire	petion during most of working		16b. Kind of Bu	usiness/Inc	Justry
121	within iene. than "	du	Elementery/Secondery (0-12)	College (1-4or 5+)		life. DO NOT use retire rinder	d)		Vnii	Fo Ci	harpening
7			17. Fether's Neme (First, Middle, Last,		G	ringer			CONTRACTOR OF THE		larpening
Maryland	A E D	Be	Alcide Torb				18. Mother's Name (F		ue <i>loen sum</i> en lligri		
3	should be nd Mental marked o	2									
Mal	0 0 0 0		19e. Informent's Neme/Relationship (Type, Print)	19b	. Meiling Address (Street	end Number or Rural F	Route Number	, City or Town,	Stete, Zip	Code) 20639
	other tr		Dennis Torboli	Leat. 1	26	40 Hidden Disposition (Name of		rt, H	unting	stown	n, MD
0	2 2 2		20a. Method of Disposition 1 Burial 2 Crametion 3	Domeyol from Ctote	cem atar	y, crematory or other ple	ce)	0.000	20c. Location -	*	·
5	Pa men ant:		4 ☐ Donation 5 ☐ Other (Specif		cro	Cremator	у о/	21	Baltin	lore	, MD
Baltimore,	permit. Page Department important: if any injury or once.	17	21. Signature of Funerei Service Licer	1500		22. Nama and Addre	ess of Facility	Uomo	D 7		
9	865.58		Thomas	Hap Nonte	1		y Funeral ely Ave.				1401
	71 - 12		23e. Perf1. Enter the disaese, or com shock, or heart feilure. List only	pilcations thet caused the deel	N Dor	not enter tha mode of dyl				10 2	Approximata
S	Physician		Shock, of healt leiture. List only	ona cause on eech line.	•					i	intervel Between Onset and Deeth
и	/Medical		immediete Ceuse (Finel	Λ						i	la den.
	Examiner		disease or condition resulting in deeth)	e. Presmar		consequence of):				1	10 deys
_	100	Je.								1	
	death certificata be executed e attanding phystcian and ed for use as the burial-transit	Examiner	Sequentially list conditions			consequence of):				-	
ć	exec tn an fal-tr	EX	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury	500 10 (0		oniooquonioo orj.				1	
68760,	ra be ysicie	edical	thet initieted events	C. Due to /c	resac	consequence of):					
	artificat ing phy e as th	P	resulting in death) Last	550 10 (0	,, 00 0	onsequence ory.				1	
Box	andin use	M/u		d							
	es that the death ce igned by the attendii be dateched for use	Physician/	Port II. Other elgoiffeent conditions o	antibution to double but not one	Milmon In	s the constant day as in a st	and Date !	OOL Dida			Ab
P.O.	y the	nys	Pert II. Other significant conditions of	ontributing to death but not res	uiting ir	i tha underlying cause gr	ven in Pert I.				the cause of death?
	that the led by th datecha		Hypertension					10,14	es 2 No	3 Proc	bebly 48 Unknown
Sp.	requires ween sign hould be	d by	Hypertens.on Stroke					24e. Wes e	n autoney	24b. We	ere eutopsy findings
Ö	v require been si should	Completed	Stroke					perform		ava	aliable prior to mpletion of cause
36	has	du								of c	deeth?
Division of Vital Records,	E ag		Unosiocis					1 □ Y€	s 2 No	1 🗆	Yes 2□ No
Ë	clan	Be	25. Wes case referred to medical examiner?	Manufal.		l ou	26. Placa of Deeth (C				
5	Physician: r this cartific ral director,	2	1 ☐ Yes 2 No			tpetient 3LI DOA	nar: 4 Nursing Home				1)
5	ng P	Certification:	27. Menner of Deeth 1 Neturei 5 ☐ Pending	28e. Date of tnjury (Month, Dey Year)		rima of 28c. injur		d. Dascribe ho	ow injury occur	red	
Sic	Attending ar death. ector: After by the fune	cat	2 Accident investigation 3 Suicide 6 Could not be	9			lYes 2 □ No				
₹	or Attending later death. Director: After In by the fune.	틭	4 Homicide determined	28e. Piece of injury - At he building, etc. (Specif		rm, street, fectory, office	281	. Location (St City or Town		er or Rura	I Route Number,
	To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this cartific, complataly filled in by the funeral director.	- 1									
	Hosp 4 ho Fune taly fi	edical	(Check only 2 Medical Exam	yaician: To the best of my kno niner: On the basis of examine	wledge tion end	, deeth occurred et the ti d/or invastigetion, in my o	me, dete end pieca, end opinion, deeth occurred	I due to the ca et tha time, de	ause(s) end me ete and piece,	enner es st	eted. the ceuse(s)
	To the Hospital within 24 hours a To the Funeral complately filled	Med	one)	end menner steted.							
	7 × 0 0	=	29b. Signatura and title of cartifiar			29c. Licans			9d. Data signed		
	.0		mund	n		D:	38991		August	90'	1994
	10		30. Neme end eddress of person who	completed ceuse of deeth (iten	n 23e) (Type, Print)			,	-,	0.
				RIAS PRINCE		FREDERILL	mp 20	678 -	MICHA	173	Dipre
	Sta	te	31. Date filed (Month, Dey, Year)	Pegistrer Solgna	7						
	Registr	ar	AUG 2 3 1996	The state of the s		;					

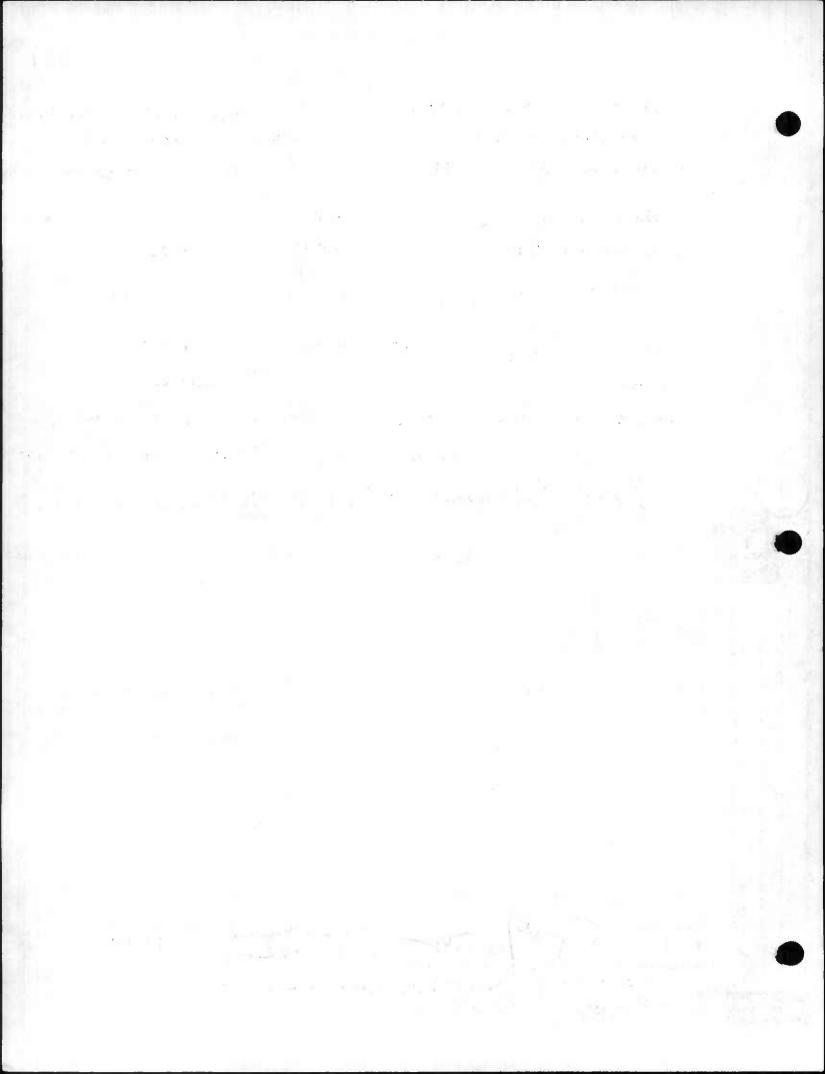
DHMH 16 Ray 6/95



State of Maryland / Department of Health and Mental Hygiene 96

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					Certific	ate of	Death		F	eg. No.		20001
Physi	nian.	1. Decedant's Nama (First, Middla, L	ast)		11			1	2. Data of Dea Month	-	Yaar	3. Tima of Death
/Med			ennett	Taylo	r							1:00P.M.
Exam	iner	4a. Facility Nama (If not Institution, gr 8343 Gatewo	ood Drive				Je	essur	ation of Death	4c. County	of Death	ındel
Funera Directo		400-34-7734	Sax 7. Aga 1 ☑ M 2 ☐ F	(In yrs. last birl	Yrs. If Un Mont	dar 1 Yaar hs Days		24 Hrs. Min.	8. Data of Birth (Month, Day	Year) 29	9. Birthp Cour Ten	piaca (Stata or Foreign ntry) Nesee
Ba-f show	Director		Arundel	10c. City, Towr	or Location	Jess	sup				1	10d. Insida City Limits 1 ☐ Yas 2√∑ No
th with the	ai Dire	10e. Street and Numbar 8343 Gatewood	Drive		10f.	Zip Coda 2 (0794		-1	0g. Citizen of V		ntry?
be filed within 72 hours after daath with tha Maryland nta! hygiens. It hours 23a or 28a-f show of other than "natural", or Items 23a or 28a-f show event, the Medical Exerciser must be notified at	by Funeral	11. Marital Status 1 □ Navar Married 2 ☑ Marriad 3 □ Widowad 4 □ Divorced	12. Was Dacedant E Armed Forcas? 1 ☆Yas 2 □ No If Yes, Giva Yaar or Datas: ₩	0		cedant of pecify Cub		gin? (Spec i, Puarto R	ify Yas or No- ican, atc.)	Blac	ce - Amaric ck, Whita, Whita	
hin 72 ho an *natur Medical	Completed	15. Decedant's E (Specify only highast gi Elamantary/Secondary (0-12)	ducation rada complated) Collega (1-4or 54	,	Decedant's U (Giva kind of life. DO NO	work dona Tusa ratire	during mos	t of working	g	16b. Kind of B		dustry
should be filed within of Mental Hygiena. marked other than imatic event, the Me	Ве Соп	1 2 17. Fathar's Nama (First, Middle, Las	N.A.	, C	ffice	e Moi		ır's Nama ((First, Middla, i	B.F.I		18.0
d 2 should be th end Menta 7 is marked traumatic ev	ToB	unknown								known		
od 2 stranger trans		19a. Informant's Name/Reletionship Herta L. Taylo								p, Md		
Commit. Pages 1 et Department of Hea Important: If Item any Injury or other once.		20a. Method of Disposition 1 ☐ Buriai 2 ☑ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Space		20b. Place of cematary	y, cremetory o	or othar pla		8-		20c.Location - Baltim		Maryland
Physician /Medical physician and physician are as the burief-transit	Medical Examiner	23a. Part. Enter the disease, or construction or heart failure. List only Immediate Cause (Finel disease or condition resulting In death) Saquentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated avents resulting in death) Last	b	ua to (or as a co	onsequance o	Stage				est,		Approximate Interval Batween Onsat and Death Whole Years
requires that the death cart ween signed by the attending hould be datached for use	Physician	Part II. Other significant conditions	contributing to death but	not rasulting In	tha underlyin	g causa gi	van in Part i.		23b. Did to	bacco use co	ntributa to	the cause of death?
es that the signed by be dated	by Ph								1 U Y	2 2 No	3 Prol	bably 4 Unknown
aw 1st	Completed			=				_	24a. Was a perform		ava	ara autopsy findings ailabla prior to mplation of cause daath?
ate pag									1□ Y	s 2 No	10	Yas 2□ No
	To Be	25. Was casa rafarred to medical examinar? 1 ☐ Yes 2 ☑ No	Hospital:	• • • • • • • • • • • • • • • • • • •		DOA Oth	or.		Check only on			
After After funa		27. Mannar of Death 1 XNaturel 5 Pending 2 Accidant invastigatio	1 ☐ Inpetiant 28a. Data of Injury (Month, Day)	28b. Ti		28c. Inju Wo		28		nce 6 □Oth w Injury occur		V)
To the Hospital or Attend within 24 hours after death To the Funeral Director: / complately filled in by tha	Certification:	3 ☐ Suicida 6 ☐ Could not be datarminad	28a. Place of Injury building, atc.	y - At homa, fan (Specify)	m, straat, fact	ory, office		28	f. Location (St City or Town		er or Rura	l Route Number,
To the Hospital or / within 24 hours after To the Funeral Direct complately filled in b	edical (29a. Certiflar (Check only one)	ysician: To the bast of niner: On the basis of a and menner state	my knowledge, xamination and	deeth occurre or invastigati	ed at tha ti	ne, date end ppinlon, daat	d place, an h occurred	d dua to the ce at tha tima, de	use(s) end ma ate and place, a	innar as st and dua to	ated. tha causa(s)
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6		30. Nama and addrass of person who Franco Musio		Reed		, .	- 11)					
St	ate	31. Data filed (Month, Day, Year)	M.D. Walt	er M.(, Was	shin	gton	D.C	. 2031	7		
Regist	rar	AUG 2 3 1996	Julia Dandson	-Mandelle								



DHMH-16 Rev 1/89

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle 2. DATE OF OEATH 3. TIME OF DEATH 2:05 1996 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 6. AGE (In vrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign Country) 185-30-4168 DAYS HOURS 1 X M 2 | F 57 YRS Pennsylvania une 8, 1939 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH GOOD SAMARITAN DIRECTOR HOSPITAL BALTIMORE 10a STATE 10b. COUNTY IDC. CITY, TOWN OR LOCATION 10d. INSIDE CITY Mo. BALTIMORE HUNT VALLEY permit. 1 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? HILLRD 1107 lvy burial-transit 21030 USA Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 X NO 1 Never Merried 2 W Married 1 YES 2 W NO Specify: Specify: B and completely filled in by the funeral director, page 5 should be detached for use as the burial, cremation, or remoral. 3 Widowed 4 Divorced WHITE ETED. 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5 +) Vice President Smelkinson Syste Corp COMPL 12 4 be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) BANKS W. VAUGHN Zelda Weaver BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 1107 IVY HILL Rd. Mclanie A. VAUGHN HUNT VALLEY, MY 21030 20a. METHOD OF DISPOSITION
1 Buriel 2 Cremetton 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must AVG Green Mount Cemetery Balto. Md 1996 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY EVANS CHAPEL of CHIMES hours after death. D360 2325 YORK Rd TIMONIUM, Md. 21093 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximata shock, or haert fallure. List only one cause on sech line. Interval Between **IMMEDIATE CAUSE (Final** Onset and Death the disease or condition resulting in death) other traumatic event, ve Nephroscleros/s CERTIFICATION Sequantially list conditions, TO OR AS A CONSEQUENCE OF prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury signed by the attending physician Health and Mental Hygiene prior to DUE TO (OR that initiated events resulting in death) LAST 6 shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 TYES 2 NO certificate has been in the State Dept. of DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH PHYSICIAN: YES INO UNCERTAIN 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item the State **EXAMINER?** HOSPITAL OTHER: 1 TES 2 NO 1 npatient 2 ER/Outpatient 3 DOA ome 5 - Residence 8 - Other (Specify) 6 27. MANNER OF DEATH 28s. DATE OF INJURY with t 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural Pending Investigation м 1 YES 2 NO DIRECTOR: After the hours after death v BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 3 Suicide 8 Could not be COMPLETED 28 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated. = FUNERAL. nvestigation, in my opinion, death occured at the time, date end place, and due to the ceuse(s) and manner as stated. Willer PORTANT LICENSE NUMBER 29d. DATE SIGNED (Month, Day BE 2 CETED CAUSE OF DEATH (ITEM 27) (Type, Print) Balto. Md Gordon Walker Good Samaritan Hospital 31. DATE FILED (Mohith, Day, Year) 32. REGISTRAR'S SIGNATURE Savids 1996

41. 32.

item #6, 13, filmg 738, State of Maryland (Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** VONNOR DOCK 54162KO 96 /Medical 4b. City, Town, or Location of Death 4a. Fecility Nema (If not institution, giva street and number) 4c, County of Deeth Examiner VIPW 5. Social Security Number 6. Sex Date of Birth Month, Day, Birthpleca (State or Foreign Qountry) 7. Age (In yrs. **Funeral** 6F, Deys Months Min. 434-62-48 Hours **Director** Usuei Residence of Decedent the Manyland 10e. Stete 10b. County City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or itema 23a or 28a-f show traumatic event, its Medical Examinar must be notified at 1 Yas 2 No Directo Maryland 10e. Street and Number 10f. Zip Coda 10g, Citizen of What Country? with Funeral filed within 72 hours after death Hygiene. 12. Was Decedent Ever in U.S. Armed Forcas? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Rece · Amarican Indian. Black, White, atc. 1 Yes 2 No 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 No 25 No Specify: JAPANESE Specify: þ 3 ☐ Widowed 4 ☐ Divorced Yaar or Detes: Completed 16e. Decedent's Usuei Occupetion
(Give kind of work done during most of working life. DO NOT use retired)

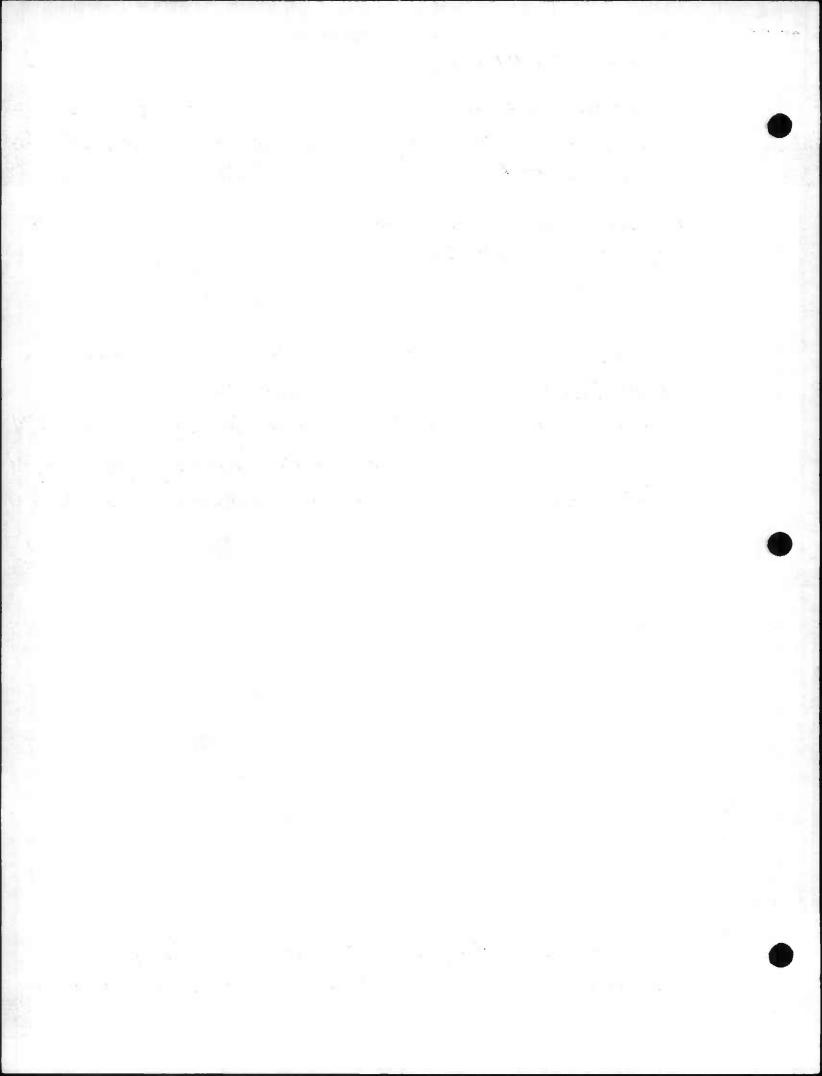
| Compared the compared in the com 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) COYRS LOWERS 17. Fether's Neme (First, Middle, Last) permit. Pages 1 and 2 should be fit.
Department of Health and Mental th,
Important: if Nem 27 Is marked oth
any Injury or other traumatic even
soice. 18. Mother's Neme (First, Middle, Meiden Surnema) Be et 70 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) FREDERICK Aug. 20a. Method of Disposition 20c. Location 1 ☐ Buriai 2 ☐ Cremation 3 ☐ Removel from Stete 4 Donetion 5 Other (Specify) 21. Signetura of Funarai Service Licensee 22. Nama and Addrass of Fecility 'hapel of 23a. Pert1. Entar tha diseese, or complications that caused tha death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart feilure. List only one ceuse on each line. **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) adordancero 16 NONTH Likron Examiner Due to (or es a consequence of): Sequentielly list conditions, if eny, laading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es a consequence of): physician the burial Division of Vital Records, P.O. Box 68760, that the death certificate be Physician/Medical Due to (or es a consequance of): attending Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. ŝ 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown à 24b. Wara autopsy findings aveilable prior to completion of cause of death? 24a. Was an autopsy Completed 900 Ì 碧 **Dage 2** certificate 1 ☐ Yes 2 ☐ No 1 Yes 2 No Physician: 25. Was case referred to medical exeminer? Be 26. Place of Deeth (Check only one) Hospital: 1 Yes 2 No Other: 4 Nursing Home 2 1. Inpatient 2 ER/Outpatient 3 DOA 5 ☐ Residence 6 ☐ Other (Specify) 書 27. Menner of Death 28e. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred Certification: 28c. Injury et Work? Affer Hospital or Attending 24 hours after death. 1 Neturel 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Piece of Injury - At homa, ferm, street, factory, office building, etc. (Specify) 4 Homicide Funeral 29a. Cartifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end manner es stated. Medical within 24 h 2 Medicat Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end piece, and due to the cause(s) end mannar stated. To the 29b. Signeture end title of certifie 29c. License number 29d. Date signed (Month, Day, Year) necia 30. Name and address of gerson who completed cause of death (Item 23a) (Type, Print) 418VM VRIO 1 4940 EATTERN AVE

32. Registrar's Signeture

Taiyilson-Randall

State Registrar

31. Dete filed (Month)

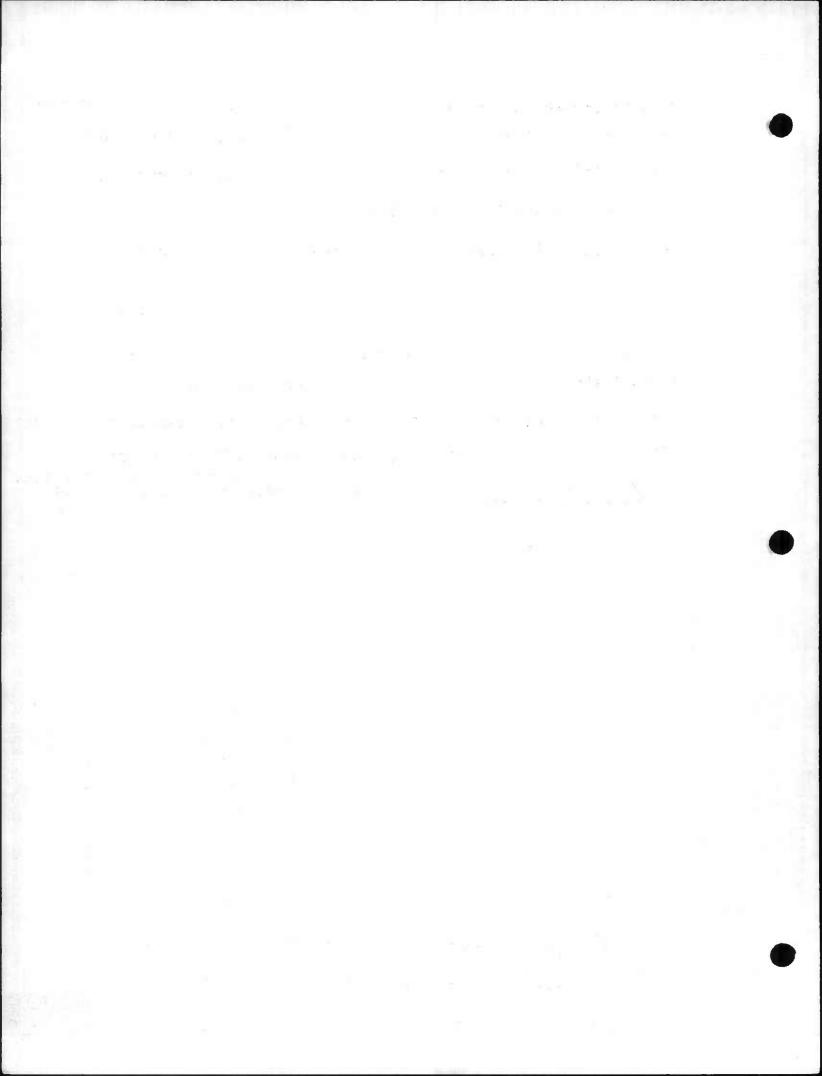


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20e. Method of Disposition 20e. Method of Disposition 20b. Place of Disposition (Name of camelery, crematory or other place) 20c. Location - City or Town, Gate of Heaven Cemetery 22 Silver Spring and Address of Facility Hardesty Funeral Home 12 Ridgely Ave., Annapolis, Md 21	
Physician /Medical Examiner Pure unable of dying, such escardiec or respiretory arrest, in the physician of the property of	d 2140 Stata
Physician /Medical Examiner Medical Examiner	e, P.A
Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initialed events resulting in death) Lest Due to (or as a consequence of): Due to (or as e consequence of):	roximata rval Between et and Death
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the Coardious galy - atrial fiftillation - 1 Yes 20 No 3 Probably	s'years
a stic uguzpita toh - wina, list 24a. Wes an autopsy 24b. Were e availab	
omple of death	utopsy findings a prior to tion of cause ?
To the state of Death (Check only one) To the state of Death (Check only one) Hospitel; To the state of Death (Check only one) Ho	2 □ No
1 LPInpatient 2 ER/Outpatient 3 DOA Nursing Homa 5 Rasidance 6 Other (Specify)	
27. Manner of Death 1	
29a. Certifier (Check only one) 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. Licensa number 29d. Data signed (Month, Day,	te Number,
1 Al melin, Jelies 310101 8/18/96	Cause(s)
30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Joseph Mr. Solinas 9801 GA NVE. Silver Spains MD 20912 State 31. Date filed Month, Day, Year) 32. Registrar's Signature	Cause(s)

State Registrar



DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 25061 Certificate of Death 1. Decedant's Neme (First, Middla, Last) 2. Deta of Death 3. Time of Deeth **Physician** JEAN NETTE WALTER AUGUST 20 1996 4a. Facility Name (If not institution, giva straat end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner HospitA BALTIMORE City AGNES If Under 1 Year If Under 24 Hrs. 8. Data of Birth
Months Deys Hours Min. (Month, Dey, Year) 6. Sax 5. Social Security Number 7. Aga (in yrs. lest birthday) 9. Birthplece (Stata or Foraign Country)
MARULAND **Funeral** 10 M 20 F 218.18.836 72 Director DEC 23 Usual Residenca of Dacedent permit. Peges 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mentel Hydiena. Important: If item 27 is merked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, ins Medical Examiner must be notified at once. 10a. Stete 10b. County 10c. City, Town or Location 10d. Insida City Limits MD 1 Yas 2 No BALLIMORE Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 30 CARling 5123 USA Funeral 14. Race - American Indien, Black, White, etc. 11. Merital Stetus Was Decedent Evar In U.S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 1 ☐ Navar Merried 2 ☐ Married 1 ☐ Yes 2 No If Yes, Give 1 ☐ Yes 2 ☑ No Specify: altimore, Maryland 21215-0020 þ Specify: WHITE 3. Widowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) OMEMAKER OWN HOME 17. Fether's Neme (First, Middle, Last) 18. Mother's Nema (First, Middle, Meiden Sumema) Be Smit CLARENCE MARIE 0 NISFR 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Steta, Zip Code) 30 CARLING CR BALLO MD 2122 JEAN WAITER Daughter 20b. Plece of Disposition (Neme of 20a. Method of Disposition Dete 20c. Location - City or Town, Stete cemetery, cremetory or other place) Burial 2 Cramation 3 Ramoval from Stata 8.23.96 MEIDENRIDGE CEM Baltimere MD 4 ☐ Donetion 5 ☐ Other (Specify) 22. Neme and Address of Fecility 21. Signature of Euperal Service Licensee Raymond C. Fink Fureral Home 23a. Part 1. Enter the disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. 426 Cepin Huy MD 21061 Sw Gien Burnie Approximata Interval Between Onset end Deeth **Physician** Immediete Cause (Finel disease or condition resulting in deeth) /Medical Examiner Examiner tha burial-transi Sequentielly list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Diseese or Injury that Initieted events rasulting in daath) Last Division of Vital Records, P.O. Box 68760, The law requires that the death certificate be Physician/Medical Dua to (or es a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 No 3 | Probably 4 | Unknown à 24b. Were eutopsy findings aveilable prior to completion of cause of death? Completed 24e. Wes en eutopsy performed? 1 Yes 2 No 1 Yes 2 No Attending Physician: 25. Wes case referred to medical exeminer? Be 26. Piece of Deeth (Check only one) 1 Yes 2 No Hospitel: 1 Inpatient Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 2 2 ER/Outpetient 3 DOA this 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Describe how Injury occurred Certification: 5 Pending investigation daath. 1 Yes 2 No 2 Accident or Attend after death Director: 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At homa, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 4 Homicide the Hospital or thin 24 hours at the Funeral D 1 Certifying Phyelcian: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceusa(s) end menner es steted.
2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred et the time, data and pieca, end due to the cause(s) end manner steted. edical (Check only 29b. Signature end title of cartifier 29c. License number 29d. Dete signed (Month, Day, Year) PO 8215 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

Valou a L. Duix 900 Catou Ave, Daltincore MO 21229

32. Registrer's Signeture

Registrar DHMH 16 Rev 6/95

31. Dete filed (Month, Day, Year)

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

25062

Decedent's Name 4a. Facility Name (if		™ichael	r.a.:					2. Date of D Month	eeth Day		3. Time of Death
	Bruce	Michael							Day	Year	
				lson				August	20	1996	3:27 a.m.
0011115	not institution, gi lopkins	ve street end nu Bayvie).			own, or Lo	ocation of Dee	th 4c. Count	y of Death	
5. Sociel Security Nu		Sex	,	yrs. lest birthday	ff Under 1 Ye		24 Hrs.		irth		olace (Stete or Foreign
219-66-60 Usual Residence of	-	1 □ M 2 □ F		37 Yrs.	Months Dey	/s Hours	Min.	SEPT.	22,1958	Ba	Itimore, MI
10a. State			10c	City, Town or L	ocation					1	10d. Inside City Limits
MD		n/a		Balt	timore						1 □ Yes 2 □ No
		and an									
	Journow	· ·								STAT	ES
1 Never Merrie		Armed Fo	orces? 2/VNo ive	n U,S. 13.	1414			ecify Yes or N Rican, etc.)			
	15. Decedent's E	ducation		16a. Dec	edent's Usual Occ	cupation			16b. Kind of B	usiness/in	dustry
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				4907	GOODNO	DW RD					
		Removel from	State 20	 b. Place of Disp cemetery, cre 	osition (Neme of emetory or other p	lace)		Date	20c. Location	- City or To	own, State
4 ☐ Donation 5	Other (Speci	fy)	Sidio	VOSHEL	L MEMOR	RIAL (SAR !	8-23	DUNDAL	_K, M	ARYLAND
21. Signature of Fun	ral Service Lice	nsee)	2			*				
100	nette	150	10re	0						AVE	•
23e. Pert1. Enter the shock, or heart	disease, or confeilure. List only	plications that o	caused the deach line.	leeth. Do not er	nter the mode of d	ying, such es	cardiac	or respiretory	errest,		Approximete Interval Between
Immediate Cause /5	inat										Onset and Death
disease or condition	ınat	a. Pai	ncreat	itis							1 month
			Due t	o (or es a conse	equence of):						
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if any, leeding to lmn cause. Enter Under	nediete ving	Car			iquence or).					1	1 month
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rosaking in Goatily Es	" L	d									
Part II. Other signific	ant conditions	ontributing to de	eath but not	resulting in the	underlying cause	given in Part	l.	23b. Did	tobacco use co	ntributa to	the cause of death?
Alcohol	use							10	Yes 2 No	3 Proi	bably 4 Unknow
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										av	ere eutopsy findings alleble prior to mpletion of ceuse
										of	death?
25. Was case referre	d to medicat									1[Yes 21XNo
examiner?		Hospitel:	Innettent 2	□ EB/Outpatle	nt 3 🗆 DOA	Whor				or (Canal)	· ·
27. Manner of Death		28a. Date	of Injury	28b. Time o							V)
1 □N etural 2 □ Accident	investigatio	n	m, Dey Year	injury			No				
3 ☐ Suicide 4 ☐ Homicide		286. Place	of Injury - Aing, etc. (Spe	t home, farm, st	reet, factory, offic	в				per or Rure	l Route Number,
COLLECT OLINA	☐ Certifying Ph	wner: On the ba	asis of exam	nowledge, deal	th occurred at the	time, date an	id place, e	end due to the	ceuse(s) end madate and place,	anner as st	eted.
Unity		end mani	ner stated.								
1/.	· S		4.1				2		Annot	20	1991
30 Name and address	of person who	completed are	o of death "	, , ,			_		8051	2	160
KEVIN	SHA	N NON	M.D.	4940	Easterr	Avenu	ins E	Bayview Baltimo	Medical	2122	ter 4
	Day Yeer) (1. A32 B	agistrer a si	no italian	Dabtell		AC/ L	AT CINO	LC/ D	2122	•
	10a. State MD 10e. Street and Num 4907 GC 11. Marital Status 1 Never Merrie 3 Widowed 4 (Specification of Part III. Status of Factors of Part III. Other signification of Part III. Other signific	MD 10e. Street and Number 4907 GOODOW 11. Marital Status 1 Never Merried 2 Married 3 Widowed 4 Divorced 15. Decedent's E (Specify only highest or Elementary/Secondary (0-12) 12 th 17. Father's Name (First, Middle, Last BENNIE WILL 19a. Informant's Name/Relationship (DENISE WILL 20a. Method of Disposition 1 Naurial 2 Cremation 3 Denished (Specification of Specification of	10a. State MD N/a 10e. Street and Number 4907 GOOdnow road ap 11. Marital Status 1	10a. State 10b. County MD	Usual Residence of Decedent 10a. State 10b. County MD N Ball of	Usual Residence of Decedent 10a. State 10b. County 10c. Street and Number 4907 GOOdnow road apt. F 11. Marital Status 1 Never Merried 2 Married 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) 12 th 17. Father's Name (First, Middle, Last) 18ENNIE WILSON 19a. Informant's Name/Relationship (Type, Print) DENISE WILSON 19a. Method of Disposition 1(R) Surial 2 Cause (Disposition Specify) 21. Signature of First, Middle, Last) 22. Name of Forties approach of Disposition (Name of correctly, or remetory or other processes or completed) 22. Signature of First and Seases, or complications that caused the death. Do not enter the mode of diseases or conditions are cause. Enter Underlying Cause (Disease or Injury resulting in death) Last Pancreatitis Pancreatitis Due to (or as a consequence of): Cardiac arrest Due to (or as a consequence of): Cardia	Usual Residence of Decedent 10a. County	Usual Residence of Decedent 10c. County 10c. City, Town or Location MD 10c. Street and Number 4907 Goodnow road apt. F 10f. Zip Code 21206	Usual Residence of Decedent 10s. City, Town or Location Baltimore 10s. State and Number 10s. Steet and Number 10s. City, Town or Location Baltimore 10s. City Code 21206 11. Marinal Status 11. Marinal Status 12. Was Decedent Ever in U.S. Amed Forces? 13. Wes Decedent of Hisperic Origin? (Specify Yes or N. 11 Ves. Specify Cuben, Necescar, Puerio Rican, etc.) 12. Was Decedent Ever in U.S. Amed Forces? 12. Was Decedent of Hisperic Origin? (Specify Yes or N. 11 Ves. Specify Cuben, Necescar, Puerio Rican, etc.) 12. Was Decedent of Hisperic Origin? (Specify Yes or N. 11 Ves. Specify) 12. Was Decedent of Hisperic Origin? (Specify Yes or N. 11 Ves. Specify) 12. Was Decedent of Hisperic Origin? (Specify Yes or N. 11 Ves. Specify) 12. Was Decedent of Hisperic Origin? (Specify Yes or N. 11 Ves. Specify) 12. Was Decedent of Hisperic Origin? (Specify) 13. Was Decedent of Hisperic Origin? (Specify) 14. Was Decedent of Hisperic Origin? (Specify) 15. Was Decedent of Hisperi	Usual Relations of Decident Usual Case Usual Case	Guardian Serial Country Guardian Guard

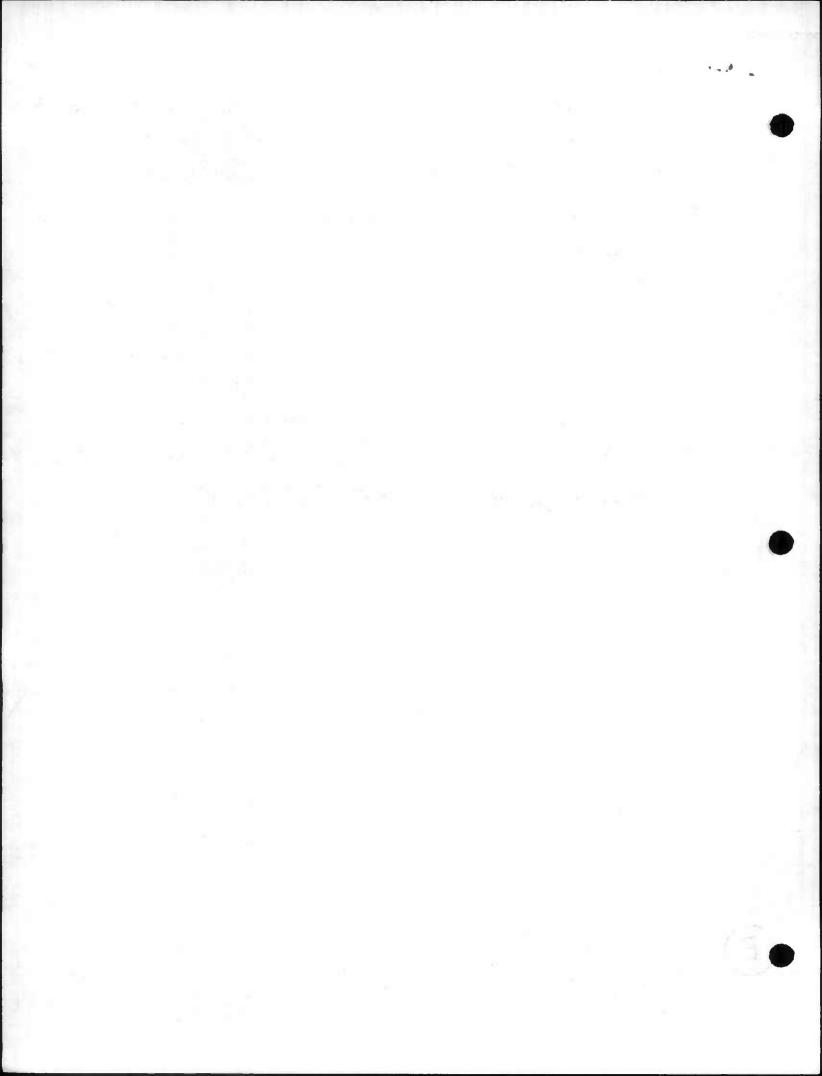
Street in the second se

State of Maryland / Department of Health and Mental Hygiene

96 25063

						Certifica	ate of	Death		Reg. No.	0	23003
	Physic	an	1. Decedant's Nama (First, Middle, La						2. Deta of De Month	eth	Year	3. Time of Death
	/Medi Examir	cai	Nancy Engel 4a. Facility Name (If not Institution, glasses) 9553 Twilight Co				4	b. City, Town, or Columbi	Aug. Location of Deat	h 4c. County	1996 y of Death	6:55 PM
	Funeral Director		5. Social Security Number 288–36–2301		n yrs. lest birt	thday) If Und Month	der 1 Yaar ns Deys	if Under 24 Hrs Hours Min.	8. Data of Bi	46		olece (Stete or Foreign CA
	aryland show det	_	Usuel Residence of Decedant 10a. Stete 10b. County MD Howard	10	c. City, Towr	or Location					1	0d. Inside City Limits 1 ☐ Yes 2X No
	the Mi	Director	MD Howard 10e. Street end Number		<u> </u>		ZIp Code			10g. Citizen of	What Cour	
	h with	ai Di	9533 Twilight Co	urt		1	21046			USA	rviiai Odaii	M.y.
020	d within 72 hours efter death with the Maryland isone. Then "natural", or items 23a or 28a-f show the Medical Examinat must be notified at	by Funeral	11. Maritai Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedant Evaluation Armed Forces? 1 Yas 2 No If Yas, Giva	r in U,S.		cedent of H pecify Cubs	ispanic Origin? (S in, Maxican, Puer Specify:	Specify Yas or No to Rican, atc.)	Specify	ce - Amaric ck, Whita, y: Wh	
15-0	netui dicel	eted	15. Decedant's E (Specify only highast gr	ducation ada complated)	16a.	Decedant's U (Giva kind of	sual Occup work dona	ation during most of wo	rking	16b. Kind of B	usinass/ind	dustry
212	within iene. than	Completed	Elemantery/Secondary (0-12)	College (1-4or 5+)	Cla	aims Ma				Insura	urance Company	
and	tal Hyy d othe	To Be C	17. Fathar's Nama (First, Middla, Last Jay Engel					18. Mother's Na	ma <i>(First, Middle</i> e Weinst	, Maiden Sumar		
Mary	nd 2 should batth and Mente 27 is marked r traumatic st	F	19a. informant's Neme/Ralationship	(Type, Print)		_		and Number or R		-	, State, Zip 91304	
Baltimore, Maryland 21215-0020	permit. Peges 1 end: Department of Health important: If Item 27 i any injury or other tr. pncs.		20a. Mathod of Disposition 1 Buriai 2 XCramation 3 5 4 Donation 5 Other (Special Control of the	Inamoval from Stata		Disposition (/ y, cremetory c eake C		777	1996	20c. Location Beltsvi		
Balt	Departicion importa any inju		21. Signatura of Funeral Service Lice	nsaa 1		Witzk 5555	end Addras Ke Fur Twin	ss of Facility Neral Hor Knolls I	nes, Inc	mbia, M	D 21	045
	Physician /Medical Examiner	ner	23a. Part1. Enter the disaasa, or conshock, or haart failura. List only immediate Causa (Final disease or condition rasulting in death)	a hutas	tet		Co	lon	Can			Approximate Inferval Between Onset and Deeth
x 68760,	certificate be executed uning physician and use es the burial-transit	Medical Examiner	Sequantially list conditions, if any, teading to immediate causa. Enter Underlying Cause (Disaasa or Injury that Initiated events resulting In deeth) Last	c		consequence o				80.71		
Box	ath for 1	clan							1			
P.O.	the ach	y Physician/I	Part II. Other significant conditions of	contributing to death but no	ot rasulting in	tha undariyin	g causa giv	en in Part I.		Yes 2 No		bably 4 Unknown
of Vital Records,	lew requires that es been signed to 2 should be det	Completed by							24a. Was perf	an autopsy ormed?	COL	ere autopsy findings allable prior to mpiation of causa daath?
Œ.	The ate h	Com							10	Yas 2 No	10	Yas 20 No
Vita	Physicien: The this certificate rai director, pag	Be c	25. Was case raferred to medical axaminar?	Hospitel:			Oth Oth	0.00	ath (Check only			
n of	ding Phys h. After this funeral di	on: To	1 Yes 2 No 27. Manner of Death 1 Notherural 5 Panding	1 ☐ Inpatiant 28a. Date of Injury (Month, Day Ye	2 ER/Ou		28c. injun	4 Unursing r	1	how injury occur		0
Division	Hospital or Attanding F 24 hours after death. Funeral Director: After stely filled in by the funer	Certification:	2 Accidant invastigatio 3 Suicide 6 Could not be datermined	n 29e Place of Injury	At home, fai	М	10	Yas 2□No		(Street end Numi wn, Stata)	ber or Rura	al Route Number,
	Hospital 24 hours Funeral Ptely filled	edical Co		nysician: To the best of miner: On the basis of exa	minetion and							
/	o de la	Me	29b. Signatura and titla of certifier	and marmar steteo.		:	29c. Licans	a number		29d. Data signe	ed (Month,	Day, Year)
6	E)		· UR	14 C			D 4	1139		8/23	190	6
`			30. Nama and eddrass of person who	completed causa of death	(Item 23a) (Cet	2 mb; -	h	\sim .	240	144
	Sta Registr		31. Data filed (Month, Day, Year)	32. Registrar's	Signatura	7						

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

If Under 1 Year

10f. Zip Code

Deys

Months

	, ,	10
Certificate of Death	Reg No.	

Physician /Medical

1. Decedant's Neme (First, Middle, Last) THEODORE

WESTRY

2. Dete of Deeth AUGUST 18,1996 3. Time of Deeth 13:24 P

Examiner

4e. Facility Neme (If not institution, give street end number) 1400 E. MADISON ST. **APT 1003** 4b. City, Town, or Location of Deeth

BALTIMORE

4c. County of Deeth

Funeral Director

items 23a

ö

"natural".

Hygiane.

other t

parnit. Pages 1 and 2 should be file Cepartment of Health and Mental Hy Important: if Item 27 is marked other any Injury or other traumetic event once.

Examiner

Maryland

the

death

filed within 72 hours after

Baltimore, Maryland 21215-0020

237 38 1906 Usuei Residence of Dacadent 10e State 10b. County

5. Social Security Number

10c. City, Town or Location

64

If Under 24 Hrs. Hours Min. 8. Dete of Birth (Month, Dey, Year) 10/3/31 Hours

9. Birthpiece (State or Foreign Country) N.C.

10d. Insida City Limits

re 23a or 28a-f show Director

Funeral

þ

Completed

Be

MD.

BALTO. CITY

6. Sex

BALTIMORE

Yrs

1#□ Yes 2□ No 10g. Citizen of What Country?

10e. Street and Number

1400 E. MADISON ST. APT. 1003

21205 Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.)

USA 14. Race - American Indien.

1 Never Married 2 Married

3 Widowed 4 Divorcad

12. Was Decedent Ever in U,S. Armed Forces? 1 Yes 2 No If Yes, Give Year or Detes:

7. Age (In yrs. lest birthday)

1 Yes 2∰ No Specify:

Bleck. White, etc. Specify: BLACK

15. Decedent's Education (Specify only highest grede completed) Elementery/Secondary (0-12)

Coilege (1-4or 5+) 0

16e. Decedant's Usuel Occupation (Give kind of work done during most of working life. DO NOT usa ratired)

STRESSTRESS

16b. Kind of Business/Industry SCHOOL FOR BLIND BALTO, CITY

17. Fethar's Nama (First, Middla, Last)

WILLIAM WESTRY 18. Mother's Neme (First, Middle, Maiden Sumeme) MATTIE WESTRY

Dete

19a. Informent's Neme/Reletionship (Type, Print)

19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code)

MARY HARRIS

12

SISTER

3781 RAVENWOOD AVE. BALTO, MD. 20b. Piece of Disposition (Neme of cemetery, crematory or other piece)

21213

20a. Method of Disposition

1 # Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify)

WESTRY BAKER CEM. 8/23/96 20c. Location - City or Town, Steta Rocky Mount N.C.

21. Signature of Funeral Service Licensee

22. Name and Address of Fecility

ESTEP BROTHERS FUNERAL HOME P.A. 23e. Pert Nentacthe disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feliure. List only one ceuse on each line.

Physician /Medical Examiner

slcian and burial-transit

physician s the burial

ò

signed by

paga 2 should Completed

this

Affar

the

filled In by

death.

after death

To the Hospital c within 24 hours al To the Funeral C completely filled

The law requires that the death certificate be executed

P.O. Box 68760.

Records.

Division of Vital or Attending Physician: Physician/Medical Examiner

þ

Be

Certification: To

Medical

immediete Ceusa (Final diseese or condition rasulting in deeth)

· Atheroscleratic Cardiovascular Disease

Due to (or as a consequenca of)

Sequantially list conditions, if eny, leeding to Immediate ceuse. Enter Underlying Cause (Diseesa or injury that initiotad events resulting In deeth) Lest

Dua to (or es e consequenca of):

Due to (or es e consequence of):

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24e. Wes en eutopsy performed?

24b. Were eutopsy findings evelleble prior to completion of cause of daath?

Approximete Intervel Between Onsat and Death

Inspected 1 Yes

1 ☐ Yes 2 ☐ No

25. Was case refarred to medical XX es 2 □ No

Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Date of Injury (Month, Dey Year) 28b. Tima of

28. Placa of Daath (Check only one) 28c. Injury at Work?

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Dascribe how Injury occurred

1 Yes 2 No 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify)

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

29a. Certifier (Check only one)

27. Mennar of Death

1 Neturel

2 Accident

4 I Homicida

3 Suicide

1 Certifying Physician: To the best of my knowledga, daath occurred et the time, dete end pleca, end due to the ceusa(s) and menner as steted.

Chief Communication: On the best of examination end/or investigetion, in my opinion, deeth occurred at the time, dete end place, and due to the cause(s) end menner steted.

29c. License number

29b. Signature end title of certifie

5 Panding investigation

6 ☐ Could not be determined

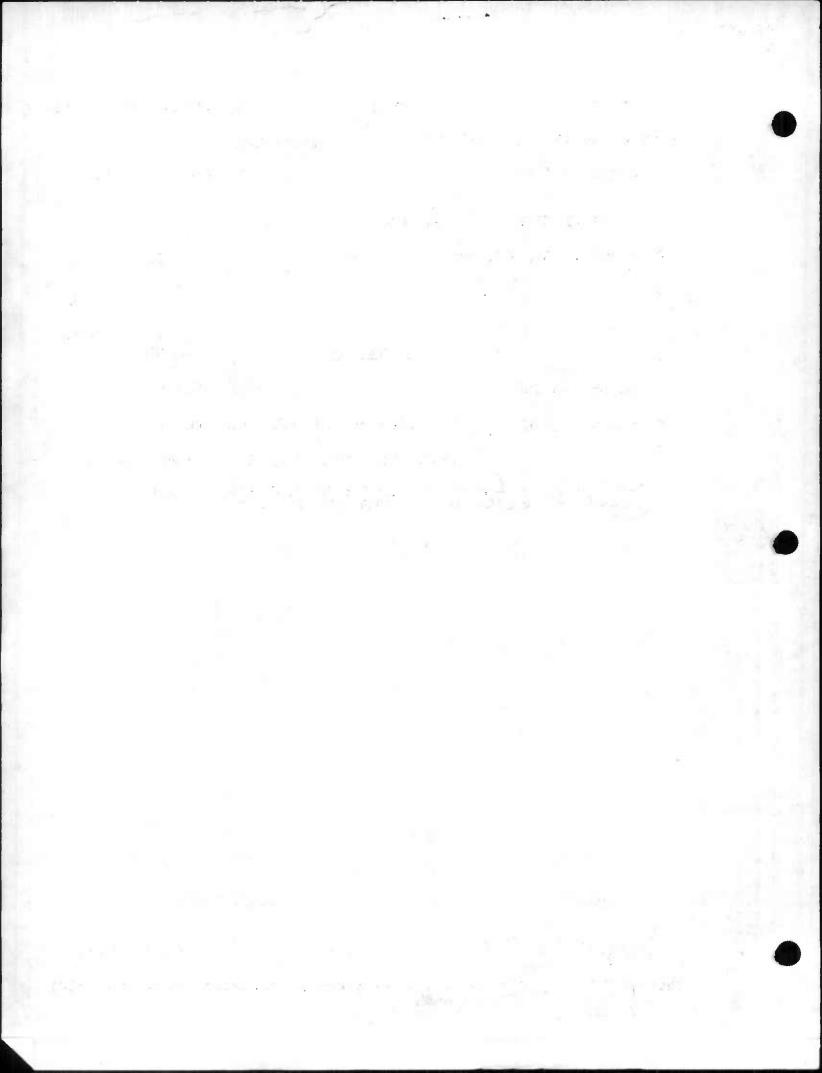
OCME

29d. Date signed (Month, Day, Year) AUGUST 19,1996

completed causa of deeth (Item 23e) (Type, Print)

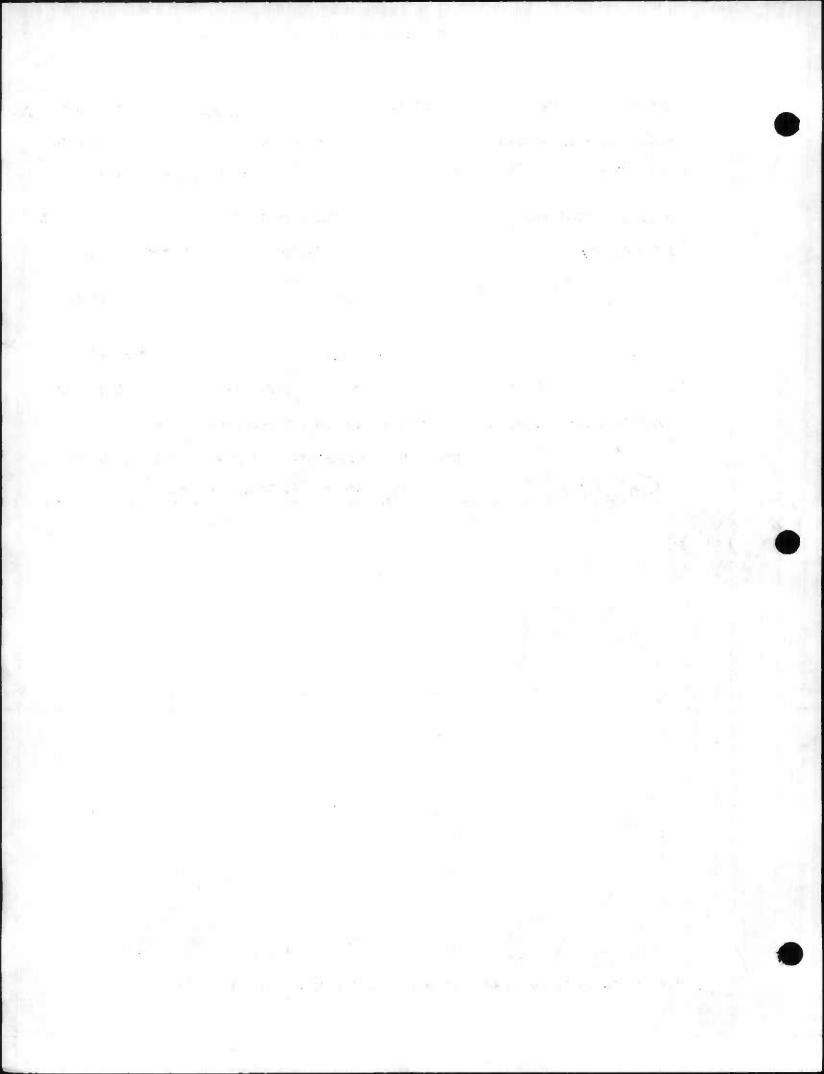
State Registrar 111 Penn Street, Baltimore, Maryland 21201

DHMH 16 Rev 6/95



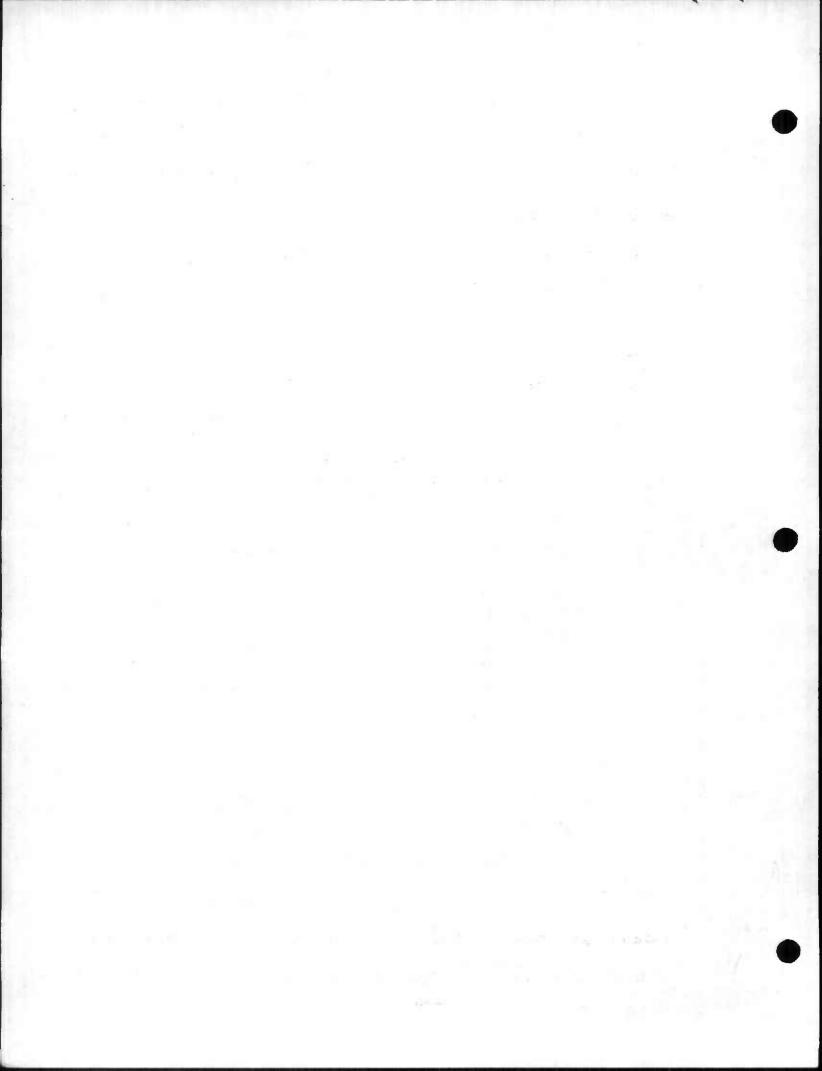
State of Maryland / Department of Health and Mental Hygiene 96 25065

						Cer	tificate o	f Death		Reg. No.			
	Physic		Decedent's Nama (First, Middle, I Rebecca	.ast) P •	Wo	oods			2. Data of De Month	ath Day	Yaer L996	3. Time of Death 8:15 P.N	
	/Med Exami		4a. Fecility Nama (If not institution, g	ive street and number)			4b. City, Town, or	August Location of Deeth			0:15 P.I	
1			Medbridge Nurs	ing Center				White Marsh Bal				timore	
	Funeral Director		5. Social Sacurity Number 6. 405 48 0536	Sex 1 □ M 2CX F 7. A	ga (In yrs. last bii 62	rthday) Yrs.	If Under 1 Yaa Months Day		8. Data of Birt (Month, Da April	th Y. Year) 14,1934	9. Birthp Court Ken	elace (State or Foreign stry) tucky	
	p .	1	Usuai Rasidanca of Decedant 10a. State 10b. County		10- 0h T-								
	ith the Marylan or 28a-f show	ctor	Maryland Balt	imore	10c. City, Tow	m or Loc		erry Hali	L		1	0d. Insida City Limits 1 ☐ Yas 2 [X]No	
	ath with the 23a or 2	Funeral Director	70 Insley Way				10f. Zip Coda	21236		10g. Citizan of United		•	
020	d within 72 hours efter death with the Maryland jiene. Than "natural", or items 23e or 28e-f show the Modical Examinat must be notified at	by	11. Maritai Stafus 1 □ Navar Married 2 □ Marriad 3 □ Widowad 4 🏋 Divorced	12. Was Decedant Armed Forces' 1 Tyes 2 If If Yas, Giva Yaar or Dates:	?		/as Decedant of Yes, specify Cu ☐ Yas ②QXNo	Hispanic Origin? (S ban, Mexican, Puar o <i>Specify:</i>	Specify Yas or No- to Rican, etc.)	14. Rad Bia Specif	ce - Amaric ck, Whlfa, y:		
5-0	notural',	eted	15. Decadant's I (Specify only highest g	Education	16a	. Daceda	ant's Usuai Occ	upation	dina	16b. Klnd of B	usinass/Ind	Justry	
21215-0020	within jene. r than	Completed	Eiamantary/Secondary (0-12)	College (1-4or	5+)		ONOT use retir	e during most of wo red)	rking	1	Domes	tic	
	office of file	Be	17. Fethar's Nama (First, Middle, Las	it)				T	ma (First, Middle,				
Maryland	d 2 should be filed thend Mental Hyg 7 Is marked other traumatic event,	To	James	Walter		Pa	trick	Gert	rude	Mae	Gr	iffith	
lar	S G S		19a. Informant's Name/Relationship	(Type, Print)	196	. Mailing	Address (Street	et and Number or Ri	ural Route Numbe	er, City or Town,	State, Zip	Code)	
	C = 8 -		Debra O'Brennan	/ daughter	10	071	Loving	Rd., Seve	ern, MD	21144			
Baltimore,	8 7 2 0		20a. Mathod of Disposition 1 □ Burial 2 ☒ Cramation 3 4 □ Donation 5 □ Othar (Spec	Data /23/96	20c. Location -	City or To							
Balt	permit. Pege Department of Important: If any injury or once.		21. Signature of Funeral Service Lio	orteo)		CA		rass of Facility bhen D. Lo en Pasture					
	Physician /Medical Examiner	Examiner	shock, or Heart failura. List only Immediata Causa (Final disease or condition resulting in death)			Approximate Intervel Between Onset and Death							
68760,	certificate be executed rding physician and ise as the buriel-transit	/Medical Exar	Sequantially list conditions, if eny, leading to Immadiata causa. Enter Undarlying Cause (Disease or injury that initiated events rasulting in daath) Lasf	c		o (or as a consequenca of): o (or es a consequenca of):							
Box	E 3												
	death he etter	sici	Part II. Other significant conditions	contributing to death b	out not rasulting in	n the und	dariying cause g	iven in Part I.	23b. Dld to	obacco use co	ntribute to	the cause of death?	
s, P.O.	es that tha death igned by the ette be deteched for	by Physician	Vertebra	2 Compre		Acre	Que		19/			ably 4 Unknown	
Vital Records,	been s	Completed		0					24e. Wes a		con	re autopsy findings ilable prior to applation of cause leeth?	
č	0 - 5	E O							1 🗆 Y	as MNo		Yes 2□ No	
ā	certificate	BeC	25. Was casa rafarred to medical					26 Piece of Des	ith (Check only or			165 2010	
	Physician: this certific ral director,	To E	axeminar? 1 ☐ Yas 2 ☑ No	Hospitai:	ent 2 ER/Ou	toefient	3□ DOA O	there is a	oma 5□ Resid		ar (Snacity	4	
ion of	Attending Physic death. ector: After this by the funeral d		27. Mannar of Death 1 Netural 5 Panding 2 Accident invastigation	28a. Data of Inju (Month, Da	ry 28b. T	Tima of njury	28c. Inju		28d. Dascribe h				
~	al or Attending P s after death. I Director: After t d in by the funer	Certification:	3 Sulcide 6 Could not to detarmined		ury - At home, fai c. (Specify)	rm, straa	it, factory, office)	28f. Location (S City or Town		er or Aural	Route Number,	
	To the Hospital or Attending Physician: within 24 hours after death To the Funeral Director: After this certific completely filled in by the funeral director.	edical C	29a. Cartifiar (Check only one) Cartifying Pl	nysician: To the best of miner: On the basis of and mannar sto	examination and	, deeth o	occurred et the t stigetion, in my	ime, date and pleca opinion, death occu	, end dua to the c rred at tha time, d	euse(s) end ma leta and piace,	nner as ste and dua to	Hed. tha cause(s)	
J	To th To th	Me	29b. Signefure and fitla of cartiflar	× 0	0		29c. Lican	sa number	2	29d. Data signad	d (Month, L	Pay, Year)	
	/	-	30 Name and others and	Quelle	× mis		100	11128		8124	176		
	4		 Nama and eddress of person who Howard Freeland, 					De1+4		224			
	Sta	te	31. Date filed (Month, Day, Year)		LOCI Ka	ven	BTAG.	Baltimore	e, MD 21	234			
	Ju		2001 0 0 4000	7. A	707 0 00								



State of Maryland / Department of Health and Mental Hygiene 96 25066

						Certific	ate of	Death		Reg. No.	0 0	.0000
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	amine	_	4e. Fecility Neme (If not institution, give 604 East Maple		20			4b. City, Town, or Linthicu	Location of Deeth	4c. County		lo]
Fune Direc	100000		5. Sociel Security Number 6. Security Number 1		(In yrs. last b	irthday) If Ur Yrs. Mont	nder 1 Year ths Deys		8. Dete of Birt	h y, Year)	9. Birthplec	e (Stete or Foreign
Maryland -f show	18 00	lor	Usuel Residence of Decedent 10a. State 10b. County Maryland Anne Ar	undel	- 7,	wn or Location nthicum	n					Inside City Limits 1 ☐ Yes 2 🔀 No
h with the	nou ex	al Director	10e. Street end Number 604 East Map	le Road			Zip Code	21090		10g. Citizen of V	Vhet Country	?
and 21215-0020 be filed within 72 hours effer death with the Maryland Ital Hygiene. Ital Hygiene. The first of Hams 23s or 28s-7 show went the Miles and th	EXBUSINE IN	by Funeral	11. Meritel Stetus 1 ☐ Never Merried 2 ☒ Married 3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedent E Armed Forces? 1 Yes 2 XN If Yes, Give Year or Detes:			ecadent of I specity Cub s XX No	dispenic Origin? (Sen, Mexican, Puer Specify:	pecify Yes or No- to Rican, etc.)	14. Rec Bled Specify	e - American ck, White, etc	
Maryland 21215-0020 d 2 should be filed within 72 hours ef th end Mental thygiene. T is marked other than "natural", or traumatic event than "natural", or	National and	Completed	15. Decedent's Ed (Specify only highest green	ucation de com <i>pleted)</i> College (1-4or 5-			work done Tuse retire	petion during most of word d)	rking		Business/Industry	
Maryland 212- 2 should be filed within end Mental Hygiene. Is marked other than	Į.	8	12 17. Fether's Neme (First, Middle, Lest)			Homen	laker	18. Mother's Ner	ne (First, Middle,			lother
lan lid be lental ked o		o Re	George Gos	man				Edith	Henso			
aryla should and Men s marke		-	19e. Informent's Neme/Reletionship (7		19	b. Mailing Addr	ress (Street	end Number or Ru			Stete, Zip Co	ode)
re, Marylc s 1 and 2 should f Health end Mer ftem 27 Is marke other traumatic			Mr. Gustav F. We	deman-HUSE	BAND	604 Eas	st Map	ole Rd.,	Linthicu	m, Mary	land	21090
Baltimore, permit. Peges 1 an Department of Heal Important: If Item 2 any Injury or other	20 00 00		20e. Method of Disposition 1 ☑ Burlel 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify,		cem ete	of Disposition (ery, cremetory) Hill (or other ple	ery Aug.	17, 1996	20c. Location -		
Depart Depart Import	once.		21. Signature of Funeral Service Liceo	Kevin E	. Ecke	r 22. Name MC(end Addre	ess of Fecility Funeral Patapsco	Home of	Brookly	n d 212	25-1856
Physicia /Medic Examin	cai ner		23e. Pert1. Inter the disease, or comp shock, or heert feilure. List only of Immediate Cause (Finel disease or condition resulting in deeth)	e. he	Lasta	not enter the r	Len	ng, such es cardier	or respiretory er	rest,	Ar	proximate lervel Between nset end Deeth
BOX 06 (0U, eath certificete be executed attending physician end for use as the burlel-transit			Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury thet initieted events resulting in deeth) Lest	C		consequenca						
ath cert		an/m		d								
the dea y the at		rnysician	Pert II. Other eignificant conditions co	ntributing to deeth but	not resulting	n the underlyin	ig cause giv	ven in Pert I.	23b. Dld t	obacco uee cor	ntribute to th	e cause of death?
uires thet the death signed by the atterd be deteched for u		2							10)	/es 2□ No	3 Trobab	ły 4 □ Unknown
aw request by the second second 2 should be second		Completed							24e. Wes e	en eutopsy med?	aveila	eutopsy findings ble prior to etion of cause th?
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Of VICEL Physician: The this certificate and director, page			25. Wes case referred to medical exeminer?	Hospital:			Oth	an an	oth (Check only or			
7 5 5 5	. [5	- -	1 ☐ Yes 2 ☑ No 27. Menner of Deeth	1 ⊔ Inpatien 28e. Dete of Injury	28b.	utpatient 3	28c. Injur	4 LI Nursing H	lome 5 Resid			
To the Hospital or Attending P within 24 hours sited death. To the Funeral Director: After completely filled in by the funeral	1900	cei micano	1 Meturel 5 Pending Investigation 3 Sulcide 6 Could not be determined	(Month, Dey 28e. Plece of Injur building, etc.		injury M erm, street, fac	10	Yes 2 □ No	28f. Location (S City or Tow		er or Rurel Ro	oute Number,
he Hospit in 24 hour he Funere pletely fills	100	Calca	29a. Certifier 1 ☐ Certifying Phy (Check only one)	alctan: To the best of ner: On the basis of e end menner stet	exeminetion er	e, deeth occurr id/or Investigat	ed et the tir lon, in my o	ne, dete end piece pinion, deeth occu	, end due to the c rred et the time, c	euse(s) end me lete and pleca, e	nner es stete and due to the	d. e cause(s)
To the Total Company of the Company	7	-	29b. Signeture end title of cartifier Acres War7	toburg,	A. O.		29c. Licens	65-6-6	3	29d. Dete signed	Month, Dey	r, Year)
1,0	J		30. Name and address of person who co	LBURY del	ath (Item 23e)	(Type, Print)	AKIN'S	BAYULE	ew dec.	BA	Li.	21224
	State		31. Dete filed (Month, Dey, Year)	32. Registrer	Achde 12							



State of Maryland / Department of Health and Mental Hygiene

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						Cei	uncate o	Dealli		Reg. No.			
	Physici		1. Decedent's Neme (First, Middle Louise Boyd						2. Deta d Month Augus	Day	Yeer 1996	3. Time of Death 10:35A.M	
	/Medi		4e. Fecility Neme (If not Institution		umbarl.			4h City To	wn, or Location of C			10.33A.F.	
1	Examir	ner	Augsburg Lutl					Loche		4c. County of Death Baltimore			
-			5. Social Security Number	6. Sex	7. Age (In yrs. I	last hirthrau)	If Under 1 Yea						
	Funeral Director		215-22-1737 Usuel Residence of Decedent	1□ M 2₫F	92	* .	Months Dey		Min. (Month	f Birth , Day, Year) 14, 1904	Ma:	olaca (State or Foreign ntry) ryland	
	and w		10a, Stata 10b. County		10c. City	, Town or Lo	cation				1.	10d. insida City Limits	
	e Maryi	Director	Maryland Balt	imore		Lochear						1 ☐ Yas 21 No	
	F 9 F	- S	10e. Street end Number				10f. Zip Code			10g. Citizen o	f Whet Cour	ntry?	
	th w	a	6811 Campfield	Road			2120	7		United	Stat	es	
	ep L	Funeral	11. Marital Status	12. Was Dac Armed Fo	cedant Evar in U,	S. 13. V	Was Decedant of	Hispanic Orlg	gin? (Specify Yes o , Puerto Rican, atc	r No- 14. R	ece - Americ iack, Whita,		
020	filed within 72 hours after deeth with the Maryland Hyglene. uther than "naturel", or items 23a or 28a-f show ent, the Medical Examinet must be not red		1 ☐ Never Merried 2 ☐ Marr 3 → Widowed 4 ☐ Divorced	ried 1 Yes	2 ⊈No ive		I□Yes 2万N		, , , , , , , , , , , , , , , , , , , ,	Spec		hite	
0	2 ho	ted	15. Deceden	t's Education		16e. Deced	lent's Usuel Occ	upetion	and an adult of	16b. Kind of	Business/In	dustry	
Maryland 21215-0020	2 should be filed within 7 n and Mental Hyglene. Is marked other than "n raumatic event, the Med	Completed by	(Specify only nights Elementery/Secondary (0-12)	st grada completed) College (2 yea	(1-4or 5+)	Teach	kind of work don OO NOT use reti	na dunng most red)	or working		d Mil School	1 Ú.M. Chur	
D	be filed ital Hyg d other event,		17. Fether's Neme (First, Middla,		1.5	Icaci	161	18. Motha	r's Name (First, Mi	ddla, Maiden Sumi	ame)		
lan	id be ental ked o	To Be	Harry Boyd					Ad	elaide S	Schuler			
ary.	d 2 should th and Mer 7 is marke traumatic	-	19a. Informent's Neme/Relations	ship (Type, Print)		19b. Meilin	g Address (Stre		or or Rural Route N			Code)	
	25 5 2		Mr. John R. Ya	tes (Son)			•		nnandale				
ē,	_ ~ ~ ~		20a. Method of Disposition		20b. P	lece of Dispo	sition (Nama of		Dete	20c. Location	n - City or To	own, State	
Baltimore,	permit. Peges 'Department of H Importent: If the any injury or of		1 ☑ Buriel 2 ☐ Cramation 4 ☐ Donation 5 ☐ Other (S		Stete		Cemeter	•	8/23/9	6 Wood1	awn.	Maryland	
E	nit. I		21. Signature of Funarel Service				. Name end Add	•			, can ir j		
ä	Depa Impor		1 Jamas	BOO	very	Lo 8	oring By 728 Libe	ers Fu	neral Din ad Randa	rectors,	Inc.	21133	
	Physician	1/1	23a Pont Enter the disease, or heert failure. List	complications that only one causa on	causad the death eech line.	n. Do not ente	er the mode of d	ying, such as	cardiac or raspireto	ery errest,		Approximete Interval Between Onsat end Deeth	
	/Medical Examiner		Immediate Cause (Finel disease or condition resulting in death)	8	SEISIS						17	4 weeks	
Н	Laminion		resulting in datath)		Dua to (o	r as e conseq	uenca of):						
	ed sit	ine		a b. 03	STEOM	YEZITI	SOFL	EFT F	TOOT				
	icata be executed physician and s the burial-transit	Examiner	Sequentially list conditions, if eny, laading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated avants Due to (or es e consequance of): Due to (or es a consequanca of):										
.09	be ed ician buria	a E	cause. Enter Underlying Ceuse (Diseese or injury	С.									
68760,	certificata be executed Iding physician and Ise as the bunal-transit	n/Medical	resulting in deeth) Lest	1	Due to (or	es a conseq	uanca of):						
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P.0	that the dended by the a	hys	Tak ii. Other orginicant condition	one contributing to d	eath but not rest	alung in the or	idenying ceuse :	given in Felt i.				bably 4 🖟 Unknow	
	that ned to det	ру Р								7 168 2 NC	3 3 7 10	Daby 4 E Officion	
Vital Records,	The law requires that the death ate best been signed by the atterpage 2 should be detached for I								24a.	Was en eutopsy	24b. W	ere autopsy findings	
00	w require s been si should b	let								performed?	CO	valiable prior to empiation of causa deeth?	
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ta		0	25. Wes case rafarred to madical					26 Place					
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of	를 를 급	T :U	27. Menner of Daeth	28e. Deta	of Injury	28b. Tima of	28c. In	jury et		ribe how injury occ		777	
On	leath. lor: After the funer	tio	1 ☐Naturel 5 ☐ Pandin 2 ☐ Accidant investi	139	nth, Day Year)	Injury		/ork? □Yes 2□I	No				
Division	or Attendi after death Director: A in by the f	Certification:	3 ☐ Suicida 6 ☐ Could	ined 288. Pleci	a of Injury - At ho	ma, ferm, str	eat, factory, offic	a		on (Street and Nur	mber or Run	al Route Number,	
Ö	Paffe in Dir	ert	4 Homicida determ	build	ling, etc. (Specify	/)			City o	r Town, State)			
	Hospital 24 hours Funeral stely filled	edical (29a. Certifier 11 Certifyin (Check only one)	ng Physician: To the Examinar: On the b	a best of my know besis of examinat	wledge, deeth tion end/or inv	occurred et the restigation, in my	tima, data and opinion, deel	d piace, and dua to th occurred et tha t	tha ceusa(s) and i	mannar as s a, and dua t	stated. o tha cause(s)	
	a de la	ĕ E	29b. Signeture end title of certifie		iller steted.		29c. Lice	nse number		29d. Data sign	ned (Month.	Day Year)	
1	ET		11.1.	1.11	m				: /				
l	L /		reverab 6	frence	- 10		D	4313	1	rigus	1-00	1114	
•	16		30. Name and eddress of person	ARK H	se of death (Itam	23a) (Type,	AVE	BART	[MORE	MD.	2/2	208	
	Sta Registr		31 Pare flied (Yorth, Day, Year) AUG 2 3 1996	9 1. 32 F	Registrer's Signal	ture della			1				

Registrar

for use as the burial-transit permit. Pages 1, 2, 3 should

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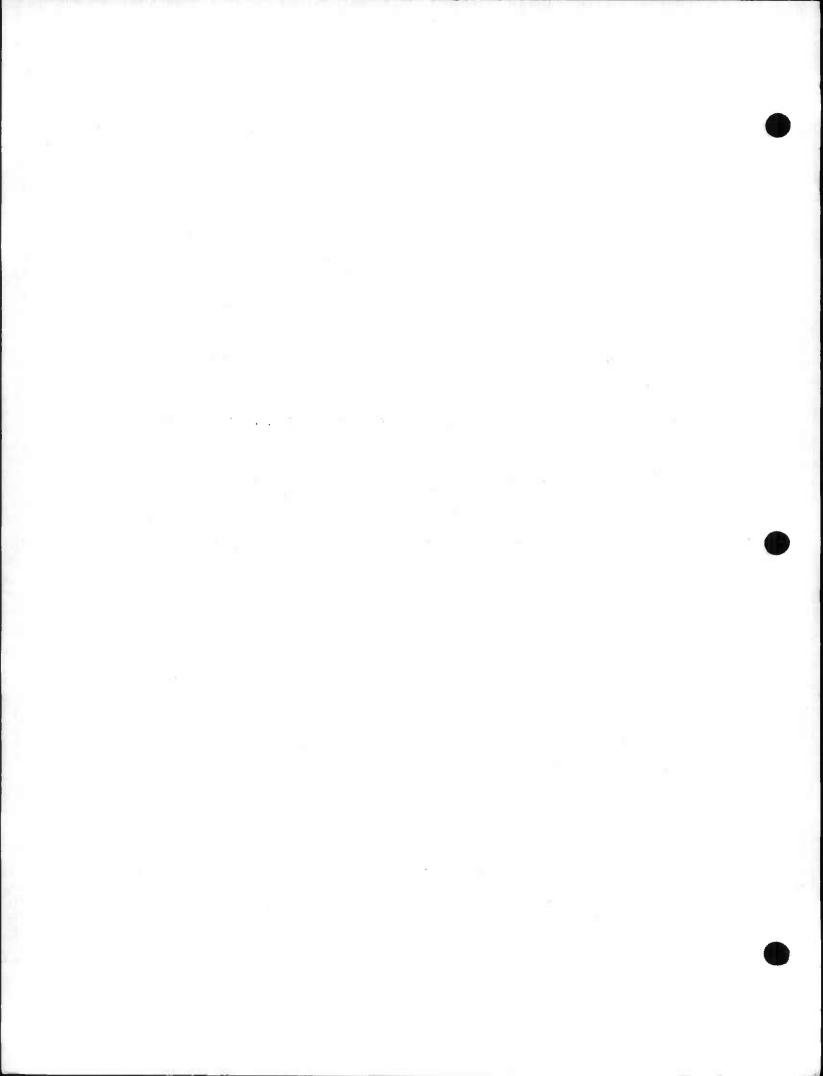
31. DATE FILED (Month, Day, Year) 1996

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 DECEDENT'S NAME (First Middle Last) 2. DATE OF DEATH DAY YEAR John Francis Adams August 8, 1996 3:40 P M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS MIN. 1 1 M 2 | F May 31, 1919 258-09-3867 Georgia 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 22281 Point Lookout Road Leonardtown St. Mary's RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY tod. INSIDE CITY Maryland St. Mary's Leonardtown 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20650 U.S.A. 22281 Point Lookout Road 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Pt 1 ☐ YES 2 ☐ NO Specify: FORCES? 1 X YES 2 NO 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Communications Specialist 12th Grade U.S. Government t7. FATHER'S NAME (First, Middle, Last) ta. MOTHER'S NAME (First, Middle, Maiden Sumame) LeHardy Doyle BE Charles Adams Ann Parnel 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 0 3420 Three Notch Rd., Mechanicsville, MD 20659 Dennis R. Adams 20s. METHOD OF DISPOSITION
1 💢 Burlet 2 🗆 Cremation 3 🗆 Removal from State
4 🗆 Donation 5 🗀 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Holy Face Cemetery 8/10/96 Great Mills, MD 21. SIGNATERO OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY Mattingley-Gardiner Funeral Home, P.A. tardener P.O. Box 270, Leonardtown, Maryland 20650 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata intervai Batween ahock, or heart fellure. List Dnly one ceuse pn each line. Onaet and Death IMMEDIATE CAUSE (Final Metastatic disease or condition resulting in deeth) Prostade CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in deeth) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE t TYES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN X PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home | 5 | Realdence | 8 | Other (Specify) 1 YES 2 NO 1 | Inputient 2 | ER/Outputient 3 | DOA 28b. TIME DF 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending t YES 2 NO BY Investigation 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER
(Check only one)

29 MEDICAL EXAMINES: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner se stated. 2 MEDICAL EXAMINER: On the bests of semination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated, 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, BE 80 D407 0 CETED CAUSE OF DEATH (ITEM 27) (Type, Print) 38. NAME AND ADDRESS OF PERSON WHO COM G-HAZAL HASSAN

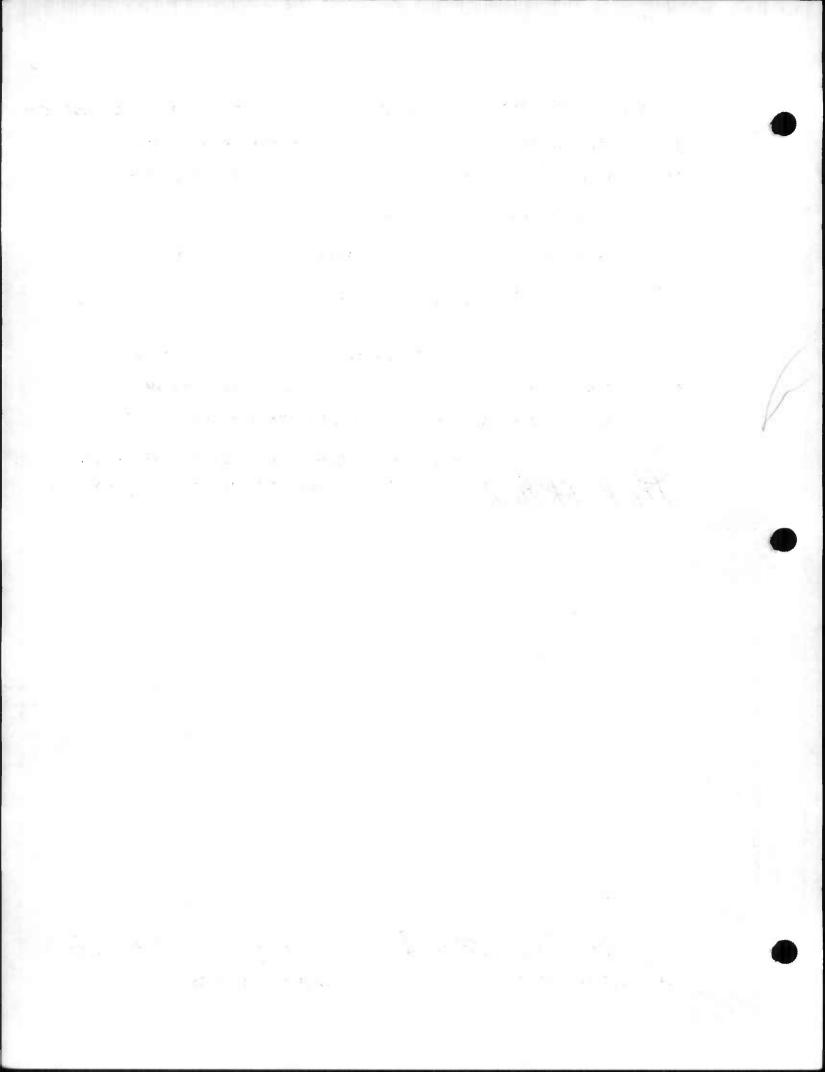
20650

Leonardtown, Maryland



State of Maryland / Department of Health and Mental Hygiene 96 25069

				Cen	tificate of	Death		Reg. No.	0 200			
Physician /Medical			Decedant's Nama (First, Middla, Last)				2. Data of De			a of Death		
			FRANCIS Jennings	ADAMS	S		Month August	Day 1	Yaar 996 6.00			
	Exami		4a. Facility Nama (If not institution, give street and number			4b. City, Town, or				Lakke_		
	—		St. Mary's Hospital			Leona	rdtown	St	Marys			
	Funeral		5. Social Security Number 6. Sex 7.	Aga (In yrs. last birthday)	If Undar 1 Yaar	If Undar 24 Hrs		rth .	9. Birthplace (State Country)	te or Foreign		
	Director		215-30-6650 1XM 2DF	6.6 Yrs.	Months Days	Hours Min.	(Month, Di	l 8 , 193	Country)			
	ס		Usual Rasidance of Dacedant				Dune.	.0, 174	110			
	ylan y		10a. Stata 10b. County	10c. City, Town or Loc	ation				10d. Inside	City Limits		
	Mar Mar	ţō	MD St. Marys	Drayden					1□ Y	as 2 No		
	a within 72 hours after deeth with the Maryland ijene. Then "natural", or items 23a or 28s-f show tree Madical Examiner must be notified at the Medical Examiner must be notified at	Director	10e. Street and Number		10f. Zip Coda			10g. Citizan of N	What Country?			
	3a o		Flat Iron Road		206	3.0		USA				
	Jeet Tre 2	Jera	11. Maritai Status 12. Was Deceda	nt Evar in U,S. 13. W				14. Race - Amarican Indian,				
	the feet	Funeral	Armed Force 1 □ Never Marriad 2 □ Married 1 □ Yas 2 □	s? If	Hispanic Origin? (S an, Maxican, Puarl	o Rican, atc.)	Blac	ck, Whita, atc.	ta, atc.			
5-0020	Jr. 9		1 □ Nevar Marriad 2 □ Married 1 □ Yas 2 □ If Yas, Giva 3 □ Widowed 4 □ Divorced Yaar or Data	s: 1951-53 11	□ Yas 2 ☑ No	Specify:		Specify	Specify: White			
Ö	2 hou	Completed by	15. Decedant's Education		nt's Usual Occur	pation		16b. Kind of B	usinass/Industry	103		
15	S 3	piet	(Spacify only highest grade completed)	(Give k	ind of work done O NOT use retire	pation during most of world)	rking		,			
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D	be filed htal Hyg of other		17. Fathar's Nama (First, Middla, Last)		Sman_	18. Mothar's Nar	na (First, Middle	, Maidan Suman				
Maryland	2 should be filed v n and Mental Hygie Is marked other tr raumatic event, III	To Be	Ernest Thomas Adams			Mora	Innrio	tta Boo	tho			
2	d Meri	F	19a. Informant's Name/Ralationship (Type, Print)	10h Maliino	Addrage /Stree	t and Number or Ru						
Ma	s 1 and 2 should f Heelth and Mer tam 27 is marks other traumatic		James Gregory Adams/B						20692			
o o	1 end 2 Heelth am 27 I		20a. Mathod of Disposition	20b. Place of Dispos		2JJ Vai	Data		- City or Town, Stata			
O	Peges nent of P nt: If he		1 ☑ Bunal 2 ☐ Cramation 3 ☐ Ramoval from Sta	com elent enem	atory or other pla	ice)						
Ë	tant:		4 Donation 5 Other (Specify)	St. Geor	ges Cer	metery	8/5/9	5 Vall	ley Lee 1	MD		
Baltimore,	pemit. Peges 1 e Department of He Important: if item any injury or othe once.		21. Signifium of Funeral Service Licensee,	22. M	Nama and Addre	ass of Facility	dinor	Funeral	l Home,	Р. А.		
ш	80 = 80		Wichself Zardis						Marylan			
			23a. Part1 Enter the disease, or complications that caus shoot or heart failure. List only one cause on each	ed tha daath. Do not anta	r tha moda of dyi	ing, such as cardia	or raspiratory a	rrast,	Approxin Interval I			
	Physician /Medical Examiner		of heart landra. List only one cause on each	100	1	00			Orpet ar	nd Death		
			Immadiata Causa (Finai	Vagus	24		41	V				
			disaasa or condition rasulting in daath) Due to (or as a consequence of):									
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	certificate be executed thing physician end ise es the burlai-trensit	Examiner	C	Due to lor as a consequ	www	The same	1		100	ory		
ď,		Exa										
92		cal	Cause (Disaase or Injury that initiated avants Due to (or as a consequence of):									
68760,	ficat phy s th	/Medical	rasulting In death) Last									
×	centi ding		d							/		
ă	eath etten	Physician										
0	res that the de signed by the ell be detached i	ysi	Part II. Other significant conditions contributing to death	but not rasulting in the und	darlying causa gi	van in Part I.	23b. Dld	tobacco use co	entribute to the caus	re of death?		
0	that t		Jarkins	Long (20		10	Yes 2000	3 Probably 4	Unknown		
ds,	sign Bag	l by	100						I an way	41.41.		
0	law requires that the death es been signed by the ette 2 should be detached for	stec					24a. Was	an autopsy ormed?	24b. Wara autops available pri completion of	or to		
ec	hes b	ple							of daath?	NA		
<u> </u>		Completed					10	Yas 2000	1 ☐ Yas 2	2□ No		
ita	ician: Th	Be	25. Was casa rafarrad to medical			26. Placa of De	ath (Check only	one)				
of Vital Records,		ToE	axaminar? 1 ☐ Yas 2 ☐ No Hospital: 1 ☐ Inpe	itiant 2 ER/Outpatient	3□ DOA Ot	har: 4 Nursing H	loma 5□ Ras	idance 6 Oth	nar (Specity)			
			27. Mannar of Death 28a. Data of It		28c. Inju Wo		T	how injury occur				
Division	uttanding Ph death. ctor: After th y the funeral	atio	Natural 5 ☐ Panding (Month, I 2 ☐ Accidant invastigation	Day Year) Injury		Yas 2 No						
<u>Si</u>		Certification:	3 Suicida 6 Could not be datarmined 28a. Placa of		imber or Rural Route Number,							
ā	5 # 5 E	ert	4 Homicida datarmined building,	atc. (Specify)			City or 10	wn, State)				
	To the Hospital or Att within 24 hours effer of To the Funeral Direct completely filled in by		29a. Cartifier Certifying Physician: To the ber	st of my knowledge, death	occurred at the ti	ima, data and niece	, and dua to the	cause(s) and me	annar as stated			
	Ho 24 } Fui	edicai	(Check only one) Medical Examinar: On the basis	of axamination and/or inva	stigation, in my	opinion, daath occu	rred at tha tima	data and place,	and dua to tha caus	(s)		
	ithin of the ompl	M	29b. Signatura and little of cartifier	, ,	29c. Licens	se number		29d. Data signe	ed (Month, Day, Yee	r)		
	⊢ ≯ ⊢ ŏ		b But but	F 111	10	26419		0-1	2-9/			
			The same	J' H	, , ,	1000		0 0	10			
			30. Nama and address of person who completed cause of DR.J.PA/TRICK JARBOE	death (Item 23a) (Type, P		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		5.0	•			
	المساويات			etrario Cianatura		ONARDTOWN	,MD.206	50				
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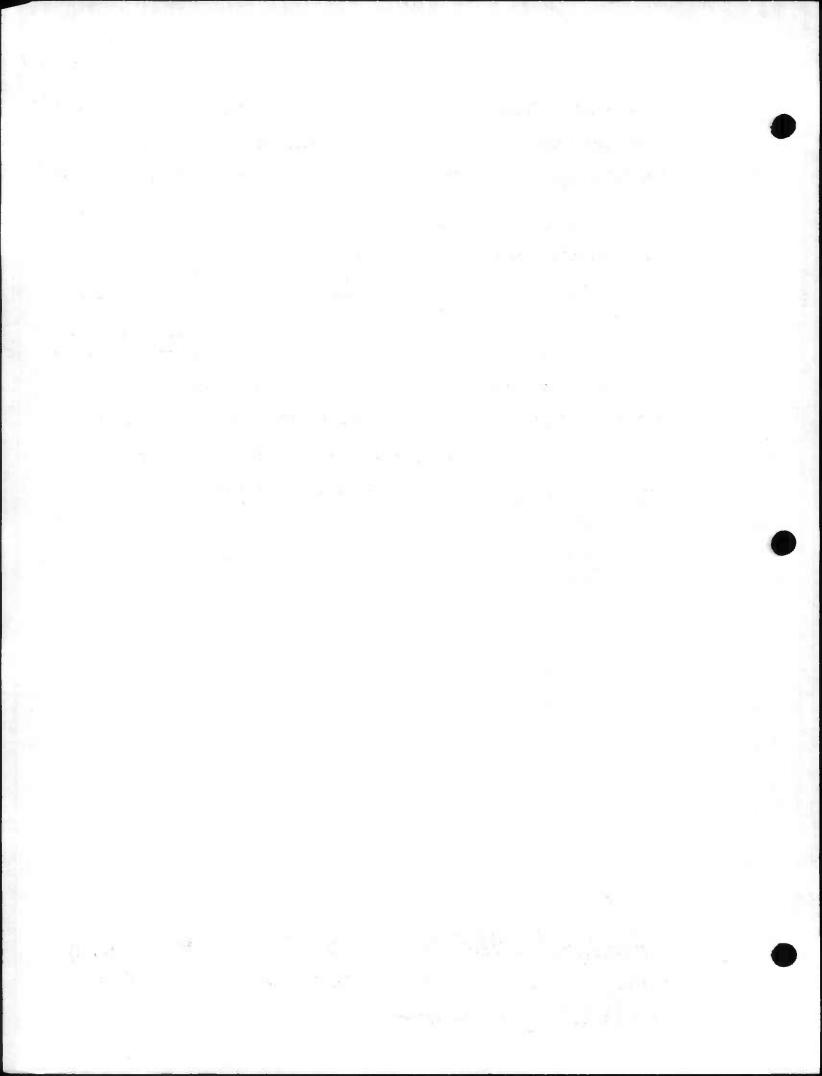


State of Maryland / Department of Health and Mental Hygiene

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						Cer	titicate o	t Death			Reg. No.				
	Physici /Medi		1. Decedent's Name (First, Middla, La				2. Data of Death Month Day Y			3. Time of Death					
	Examir		4a. Facility Nama (If not institution, given	e street and numb	er)			4b. City, Town, or Location of				y of Death			
			CHURCH HOME HOS	PITAL				BALTIMO			CI				
	Funeral Director		5. Social Security Number 6. \$ 220-26-8648	Sex 7. DC M 2 ☐ F	Aga (In yrs. I	last birthdey) Yrs.	If Undar 1 Ya Months Day		Min.	Data of Bir (Month, De	y, Year)		hplace (Stata or Foreign buntry)		
	_		Usual Residence of Decedent		68				I A	UG. Z	1 1928	JERSEY			
Maryland 21215-0020	within 72 hours efter death with the Meryland ere. than "natural", or itema 23a or 28a-f show he Medical Examiner must be inclifted at	_	10a. State 10b. County 10c. City, Town or Location										10d. Insida City Limits		
	Ba-f a	Director		GEORGE	В	OWIE						12 Yes 2 □ No			
	vith th	F	10e. Street and Number			10f. Zip Code					10g. Citizen of		intry?		
	ath v	Fal	15568 PEACH WALK	T			20716			US					
	item item	Funeral	11. Marital Status 1 □ Never Married 2 X Married	12. Was Daceda Armed Force 1XXYes 2 If Yas, Give	es?	S. 13. W	Yes, specify C						ican Indian, , atc.		
	rurs efter death with the Meryla al', or itema 23a or 28a-f shov Examiner must be inclified at	þ	3 ☐ Widowed 4 ☐ Divorcad	lo Specify:			Speci	ecity: BLACK							
5-0	"natural",	ted										usiness/industry			
121	i within 72 ho iene. ' than "natur the Medical	Completed	Elementary/Secondary (0-12)	ired)	n working			INCE GEORGE CO.							
2	filed with Hygiene. ont, the	S	12th 5+ TEACHER 17. Father's Name (First, Middle, Last)						BOARD OF EDUCATION						
an	od pa	Be c	LINWOOD H. AD		18. Mother's Name (First, Middla, Maiden Surneme) DOROTHY ADAMS										
ary		2	19a. Informant'a Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number)												
	2 0 0 0		LOTTIE ADAMS (WIF	VE BOWIE, MD. 20716											
Baltimore,	20-		20a. Method of Disposition	20b. Place of Dispo			ition (Neme of atory or other p	1	Date	20c. Location	own, Stata				
	Peges ment of it ant: If ite ury or of		1 ABurial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Spacit		MT.	PLEASA	ANT CEM	ETÉRY	8/1	4/86	PRESTO	N, MI	I, MD.		
	permit. Pege Department (important: If any injury or once.		21. Signature of Funaral Service Licer	ress of Facility											
	205 a d		WM. REESE & SONS MORTUARY, P.A. 821 WEST ST. ANNAPOLIS, MD. 21401												
			23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line.												
	Physician / /Medical		Immediate Cause (Final									1	Onset and Death		
	Examiner		disaasa or condition resulting in death)	a. INTE	NTERSTITION PHYNONIMY FIBRUSIS								3 YEVANS		
		Jer	Due to (or as a consequence of):												
	cuted nd rensit	Examiner	Sequentially list conditions.	b. — Due to (or as a consequence of):											
0,	e exe lan ar unal-t		Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or injury												
68760,	ohysic the b	dlca	that Initiated events resulting in death) Last	C	Due to (or as a consaquance of):										
9 XC	certificate be executed iding physician and ise as the burial-trensit	√Medical		d								<u> </u>			
m			Part II. Other elevitions and tilens		h hud not soon	Marie to Marie		-1		oot Did					
P.0.	that the death led by the atter detached for	ted by Physicia	Part II. Other significant conditions of	iiting in the un	denying cause	given in Part I.		Yes 20 No	e contribute to the cause of death? No 3 Probably 4 Unknown						
	gned be de						7								
ord	lew requires that the death as been signed by the atte 2 should be detached for										an autopsy	81	Vere autopsy findings vallable prior to		
ec	has be	Completed					,	complete of death?		omplation of cause f death?					
E F	F ag	Co								10	Yes No	1	☐ Yas 2☐ No		
Vit.	Physician: The rthis certificate rall director, page	Be	25. Was casa referred to medical examiner?	Hospital: V.		Check only o	ly ona)								
ot	D 00 Z	- To	1 ☐ Yes 2 No 27. Manner of Death	1 A inp	1 Sinpatient 2 ER/Outpatient 3 DOA 4 Nursing Hom						na 5 Rasidence 6 Other (Specify)				
on	ding th.	tlon	1 Naturel 5 Pending 2 Accident Investigation	28a. Data of Injury (Month, Dey Year) 28b. Tima of Injury Work? 1 ☐ Yes 2 ☐					28d. Describe how injury occurred						
Division of Vital Records,	or Attending effer death. Director: After in by the fune	ifica	3 ☐ Suicide 6 ☐ Could not b	me, farm, stre	et, factory, offic				cation (Street and Number or Rural Route Number,						
ā	al or A s effer al Director ed in b	Certification:	4 Homicide	City or Town, Stete)											
	To the Hospital or Attending Ph within 24 hours efter death. To the Funeral Director: After th completely filled in by the funeral	edical	29a. Certifler (Check only one) Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical Examiner: On the bests of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.										stated. to the cause(s)		
	To the To the Comp	Ž	29b. Signature and title of certifier		nse number		29d. Date signed (Month, Dey, Year)								
			1 /mmmm/		5135		DU6455 10, 1996								
	1		30. Name and address of person who			23a) (Type, P	Print)	um B	MO	10 100 10	40 0	1172	1		
		•	PENCULE Pr 31. Data flied (Month, Day, Year)	5 CV () /			ועאונטער	017 6	BUIV	SULLIN	و ماءرا	1~)			
	Sta Registr	-	AUG 1 3 1996	Julia Mi	istrar's Signat	Pandell									
1011	WI 46 C 65		U00 T 0 1000	0	14301										



29c. Licensa number

Columbia and 21045 Dr. Allune

021461

29d. Data signed (Month, Day, Year)

Avort 14 1996

Records, P.O. Box 68760, Division of Vital Attending

that the death certificate be

Funeral

Director

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Moulcal Examinar must be notified at

permit. Pages 1 and 2 should be filed within 72 hours effer c Department of Health and Mental Hygiene. Important: if Item 27 Is marked other than "natural", or item any Injury or other traumatic event, the Medical Examples

Physician

/Medical

Examiner

ettending physician and for use es the burial-transit

signed by

this

After

death.

altimore, Maryland 21215-0020

with the Maryland

death

To the Hospital or Attendit within 24 hours efter death. To the Funeral Director: A completely filled in by the fu

Registrar

29b. Signature and title of certific

2 knoll north

32. Recorrars Signature 31. Deta filed (Month, Day, Year) AUG 1 9 1996

30. Nama and addrass of person who completed causa of death (Item 23a) (Type, Print)

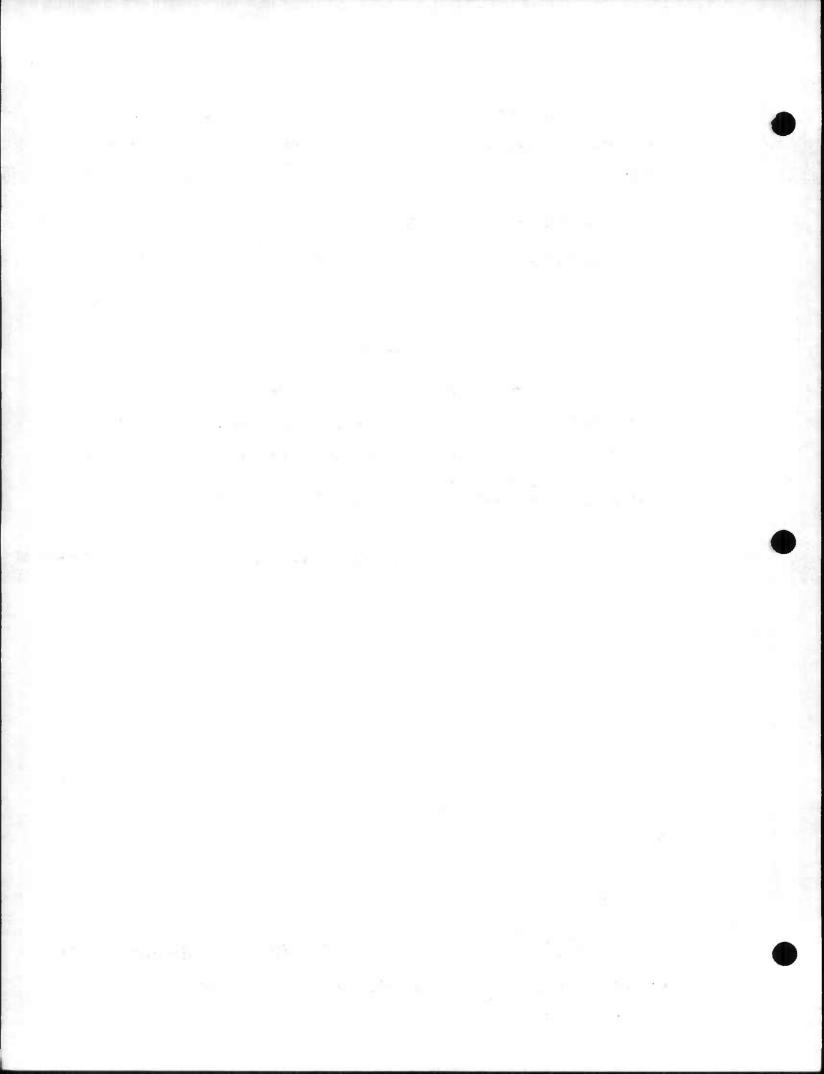
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State of Maryland / Department of Health and Mental Hygiene 95

25072

							Ce	rtificate	e of	Death	7		Reg. No.	50	(m (7076	
			Decedant'a Name (First, Middle, Last)									2. Data of D	Death		3.	Time of Death	
Physici			-							Month					er		
	/Medi		Vernon I ee Axt							August				1996		:20 a	
	Exami	ner	Dec. Hills - Warning 1	4a. Fecility Neme (If not institution, give street and number)							4b. City, Town, or Location of Death 4c. Cour						
			Howard County General Hospital Columbia Howard County 5 Social Security Number 6 Sex 7 Ana (In vrs. last highday) If Under 1 Year If Under 24 Hrs. 8 Date of Right 9 Report 1 Ana (In vrs. last highday)														
н	Funeral		5. Social Security !		Sex 7. Aga (In yrs. last birthday) If Undar 1 D M 2 F 67 Yrs. Months I				Days	Hours	Min.	8. Data of B (Month, D	irth lay, Year)	9.	Country)	Birthplace (Steta or Foreign Country)	
	Director		214-24-511	0	WE	67 Yrs.						April 7,	1929	Ma	ryland		
	p s		Usuei Residance o	10b. County		10c City	. Town or L	ocation							104	alda Ola I I la la	
	anyle	-	Tou. Otato	Tob. County		TOC. Only	, TOWITOR E	ocation								nside City Limits	
	d within 72 hours after death with the Maryland jiene. r then "neturel", or freme 23a or 28a-f show the Medical Examiner must be notified at	cto	Maryland	Howard Co	ounty		Glen	elg					□ Yas X& □ No				
		Director	10e. Street and Nu	mber				10f. Zip	Code				10g. Citize	en of Wha	t Country?		
		a	14530 Tr	iadelphia I	Road .	ad 21 ⁻			2173	37			USA				
	dea E	Funeral	11. Marital Status		12. Wes Decedan	12. Wes Decedant Evar in U,S. 13. Wes Deceden			ent of I	nt of Hispenic Origin? (Specify Yes or No y Cuben, Mexican, Puarto Rican, etc.)				o- 14. Race - American Indien,			
0	72 hours aftar netural", or ite	5	1 Nevar Man	ried 2 Merried	XX Yas 2 □ No							nicari, etc.)			Vhita, atc.		
02	Sur.	b	3 D Widowed		If Yes, Give Yaar or Dates	If Yes, Give 1 ☐ Yes XX Yaar or Dates:			KI No	Specify			Specify: white				
21215-0020	2 ho	Completed	10	15. Decedent's E	ducation		16a. Dece	dent's Usue	Occup	pation			16b. Kind	of Busin	ass/Industry		
218	within 7 iene. then "n	pie	Eiementery/Sec	cify only highest gr		\	(Give	kind of work DO NOT use	k done e <i>retire</i>	during mo: d)	st of work	king					
2	y with	E O	Elementery/Sec.	oridery (0-12)	College (1-4or	1 3+)	Commun	ication	s te	chnici	an		comm	nicat	ions		
	should be filed within ad Mental Hygiene. merked other than imatic event, the M	O	17. Fathar's Neme	(First, Middle, Last	")			-		18. Moth	er's Nem	e (First, Middle	e, Melden S.	umeme)			
an	d be ental	o Be			Charter E	Chester F. Axt				λ.	(Poleov						
2	should and Men merke	10	10e informent's N	eme/Reietlonship		• AXC	10h Maili	na Addenna	/Ctrans			I. Baker	has City as	Tour Cto	to Tip Code		
Maryland	2 2 2 2			Mullinix Ax										1		")	
Baltimore, I	1 and Health em 27				a/spuise	00h DI		117130E osition (Nam		la Hoad	i, Gle	melg, Ma	_				
	00		20e. Method of Dis		Removal from State	Ce	metary, cra	matory or oti	her ple		1	Dete	100		or Town, S		
	Pant:			5 ☐ Other (Speci		Balt	ımore	Washing	tan	Cremat	ory	3-10-96	Laure	er, Me	iryland		
	permit. Pag Department Important: It any injury o		21. Signatura of Fu	unerei Sarvica Lice	nsee//	11	2	2. Nama and	Addra	ass of Facil	ity						
	88558		1/01		Slack Funeral Home, F Complications that caused the deeth. Do not enter the mode of dying, such as cardiac or resonly one cause on each line.								P.A.				
	Physician /Medicəl	X	23a. Part1, Entar I	the disease, or com	picetions thet cause	ed the deeth.	Do not en	ter the mode	icot	t City	Cardiac	yland 21	043		Appl	roximata	
			shock, or hee	ert fatture. List only	one ceuse on each	line.									Inter	vsl Between et and Deeth	
		1	Immediate Cause (Fina)														
	Examiner		Immediate Cause (Finei disasse or condition resulting in death) e. myounna work of the condition resulting in death)										10	muits			
в	p is	<u></u>	2007/2007/2007			Due to (or	as e conse	quence of):									
		i			b												
	tha death certificata be executed by the attending physician and sched for use as the burial-transit	Examiner	Sequentially list co	onditions,	Due to (or es e consequence of):												
68760,	cian		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last Due to (or es e consequence of): Due to (or es e consequence of):														
87	hysic the t	lice															
	ng p	Me															
Box													1				
	that the death c ed by the attend datached for us	Physician	Pert II. Other significant conditions contributing to death but not resulting in the underlying caus						use air	ven in Pert	i.	23b. Did	I tobacco un	bacco use contribute to the cause of death?			
0.	t tha	t,	•										Yes 2 No 3 Probably 4 Unknown				
Д,	signed I	by P													Tribbably 4 Olikilowi		
Records,	requiras that sen signed b hould be date	D D										24s. We	s an autops	v 2		utopsy tindings	
Ö	_ 43 69	lete										per	formed?		complet	on of cause	
3e	has b	Completed													of death	, ,	
JE F	t ag											1□	Yas 200	No	1 🗆 Yes	20 No	
Vital	Physician: The rhis cartificata ral director, pag	Be	25. Wes case reter examiner?	rred to medical		28. Plece of Deel					th (Check only	опе)					
of	5 00	ဥ	1 ☐ Yes 2	No	Hospitei: 1 Inpat	tient 2	R/Outpatie	nt 3□ DO/	A Ott	ner: 4 N	4 Nursing Home 5 Residence 8 Other (Specify)						
Division o	ling Ph J. Aftar th funaral		27. Mennar ot Deet	th 5 ☐ Pending	28e. Dete of In (Month, D	jury	28b. Time o	of 28	8c. Injury at Work? 28d. Describe how injury occurred								
	Attending in death.	atic	2 Accident	investigetio		M 1 Yas 2				No							
Vis	For Attendiated after death Director: A din by the formal distribution of t	Hic	3 Suicide 6 Could not be determined 28e. Piaca of Injury - At homa, farm, street, factory, office 28f. Location building, atc. (Specify)								28f. Location	(Street end Number or Rural Route Number, own, State)					
	o affa	Certification:	4 A Homedo		building, e	etc."(Specify)					,	City of 10	JW11, 3(8(8)				
	To the Hospital or Attending Is within 24 hours after death. To the Funeral Director: After completely filled in by the funer		29a. Certifier	1 Certifying Ph	nysicisn: To the bes	t of my know	riedge, deat	h occurred e	t the ti	me, dete er	nd piece,	end due to the	ceuse(s) e	nd manne	er as steted.		
	Pu Fu	edicai	(Check only one)	2 Medical Exar	ninsr: On the besis end menner s	of examinetic	on end/or in	vestigetion,	in my o	opinion, de	eth occur	red at the time	, dete end p	iece, snd	due to the d	ause(s)	
	of thing of the office of the	Me	29b. Signeture end	I title of cartifier	-			29c.	Licans	se number			29d. Deta signed (Month, Day, Year)				
	P ≥ F 0			- 11	//	-57							AWST 13, 1996 EMD 21029				
	6		,	20/1/4	un				V	7374	/	}	AVG	155 /	3,19	96	
	13		30. Neme end eddr	ess of perhap who	completed cause of	deeth (Item	23e) (Type,	Print)			ni	10					
			Evely	n Jack	(SON, ME	55	140	Ten C	AK	5 Kd	Cla	rkgu ille	m	5	4029	,	
	Sta		31. Dete filed (Mon	AUG 13 19	32. Pegis	trers Signet	ure o	- 4	-								
	Registr	ar		ו פיביטטר	JJO /	to wood	or word	illy									



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96

								Cer	titicat	e or	Death	7		Reg. No.		
	Dhuala	ion	1. Decedant's Nama (First, Mic		•								2. Data of D	eath Day	Yaar ,	3. Tima of Daath
	Physic /Medi		Harry Edgar A	LGER,	Sr.								Augu	st 10	1996	2253
	Exami		4a. Facility Nama (If not institut										ocation of/Dea		ty of Death	
			Washington Co						Without	4.14		gerst			shing	
١	Funeral Director	Г	5. Social Security Number 226–18–1409	6. Se	x §M 2□ F	7. Aga (In yrs. last bir	thday) Yrs.	If Undar Months	Days		Min.	8. Data of B (Month, L Aug. 2	irth Pay, Year) 26,1917	9. Birth Cou Vi.r	placa (Stata or Foraign intry) ginia
	pue *		Usual Rasidance of Dacedant 10a. Stata 10b. Cour	itv		1	Oc. City, Town	n or Loc	etion							10d healds City I imits
	the Merylen r 28a-f show	2	20,000	sh in g			oo. Oxy, row									10d. Inside City Limits 1 X Yas 2 □ No
	the A	ect	10e. Street and Number	энтия	зсоп			пад	erst					10- 04	(110	
	23a or	ă	125 Buena Vis	ta As	zenue.				Tor. Zip	Coda	21740)		10g. Citizan o	SA	ntry?
	death with the Meryland ms 23a or 28a-f show f.mst be nothed at	Funeral Director	11. Marital Status		12. Was Dec	edent Ev	ar in Li S	13 V	/as Decer	lant of F			acifu Vae or N			ican Indian.
		5	1 Nevar Married 2 M		Armed F			lf.	Yas, spec	cify Cub	an, Maxica	n, Puarto	ecify Yas or N Rican, atc.)	BI	ack, Whita,	
320	al', or	by	3 X Widowed 4 □ Divorc		If Yas, G	iva	.S.Army	1	☐ Yas	No.	Specify	1		Spec	ify: W	hite
21215-0020	"natural", or he		15. Deced	ant's Edu	cation			Deced	ant's Usua	al Occup	pation		with the second	16b. Kind of	Businass/ir	ndustry
21	c - 6	Completed	(Specify only high	1) (1-4or 5+)		lifa. D	ond of wo	rk dona sa ratire	during mos d)	st of work	ding .			
2	77 70 1 10	COL	3		0			car	pent	er				ha	rdwar	e
pu	al Hygie I other vent, II	Be (17. Fathar's Nama (First, Middle								18. Moth	ar's Nam	a (First, Middl	a, Maldan Sumi	ma)	
yla	Ment Ment	To	Solon Jackson	Alge	er						Le	ena l	Lee Bur	ns		
Maryland	2 should be fi end Mental H ie marked ot raumatic sver		19e. Informant's Name/Relatio						-					ber, City or Tow		
	end ealth n 27		Judy Peck/Dau	ghtei	<u> </u>						ista <i>l</i>	Ave.	, Hager	stown,	Md. 2	1740
Baltimore,	permit. Peges 1 end 2 should be filed Department of Health end Mental Hyg Important: If Item 27 is marked othe any Injury or other traumatic svent, ends.		20a. Method of Disposition 1 X Burial 2 ☐ Cramatio	3 □ B	lamoval from	Stata	20b. Placa of camatar	Dispos y, cram	atony or o	na of thar pia	ce)	}	Dete	20c. Location	- City or T	own, Stata
Ē	Peg men ant: ury		4 ☐ Donation 5 ☐ Othar			Olulu	Rose	Hi1	1 Ce	mete	ery	8-	-14-96	Hagers	town,	Maryland
Sall	Depart Depart Import any Inj once.		21. Signature of Funeral Service	e License	90						ss of Facil		VITE*			
ш	70 E 9 9		SCAN	7	m	nu	4	P						stown,	Md. 2	1740
	_		23a. Part1. Entar tha disaasa, shock, or haart feilura. L.	or compli	cations that	caused th	a daath. Do r	not anta	r tha mod	a of dyli	ng, such as	cardiac	or raspiratory	arrest,		Approximata Intervel Batween
N.	Physician		orioni, or ribare romana.	or orny or	IN ON 134 OFF	acon mia.									1	Onset end Death
긥	/Medical		Immediata Causa (Final disaasa or condition	.03	m	10 C0	irdia	1	Ta	form	clini	n C	ardia	0 000	ct:	Immediat
и	Examiner		rasulting In death)	1.8		Du	a to (or as a	onsequ	enca of):	1001	CFIUI	7	W. G.I.C.	C UIII		I'mmedia!
	P #	Examiner		_		75	HCV	0								SPU Vrs
	certificate be executed nding physician end use es the bunel-transit	хаш	Sequentially list conditions,			Du	e to (or as a	onsaqu	ianca of):							
68760,	cian cian burie	<u>=</u>	Sequantially list conditions, if any, leading to immediata cause. Entar Undarlying Cause (Disaase or Injury that initiated evants	,	Dia	bet	es /	nel	litu	5 1	Type	A			- 1	Sev. yrs.
87	physi the	dic	that initiated evants rasulting in death) Lest			Du	a to (or as a c	onsequ	ance of):)	7 7		_		1	
9 XO	ding se es	n/Medical		L .	1										1	
Bo	eth o															
P.O.	law requires that the deeth es been signed by the atter 2 should be deteched for r	Physicia	Part II. Other eignificant condi	tiona con	tributing to d	leath but r	not rasulting In	tha un	darlying c	ausa gh	ven in Part	l.	23b. Did	tobacco use c	ontribute t	to the cause of death?
	hat the delection detection												1 🖸	Yes 2□ No	3 ☐ Pro	bably 4 Unknow
ds,	uires than signed if	b												MUNICIPAL TO A TO	7 041 14	ALCO IN ALICO MANAGEMENT
0	v requ	Completed											24a. Wa per	s an autopsy formed?	/8	/are autopsy findings vallabla prior to emplation of cause
360	hes the second	du														daath?
F	ysician: The lav is certificate hes director, page 2	S											1 🗆	Yas 2000	11	☐ Yas 2☐ No
Vit	cian	Be	25. Was casa rafarred to madic axaminar?	_	la anita l					100		a of Deat	h (Check only	ona)		
to	2 00 0	5	1 Yas 2 No		T	Inpatient		•			4 L N	ursing Ho		idance 8 🗆 O		fy)
Division of Vital Records,	ing P	Certification:	27. Menner of Death 1 ☑ Natural 5 ☐ Pend		28a. Data (Mor	of Injury oth, Day Y		ima of njury		8c. Injur			28d. Dascribe	how injury occi	urred	
Sign	tend deeth tor: /	cat	2 Accidant Inva: 3 Suicide 6 Coul	tigation d not be					М		Yas 2	No	001 1 11	10		
N	or A nather of n	F	4 ☐ Homicida data	mined	28a. Placi build	ing, atc. (- At homa, fai <i>Specify)</i>	m, stre	et, factory	, office			City or To	(Streat and Nun own, Stata)	nber or Hun	al Routa Number,
	pital Surs eral filled		29a, Certiflar 117 Certify	dan Dhua	tolon. To the			-t		- 4 44 - 41						
	To the Hospital or Attending Phymin 24 hours after deeth. To the Funeral Director: After thi completely filled in by the funeral	edical	(Check only 2 Medica	ing Pnya	nar: On tha b	e best of n easis of ex inar stated	amination and	oeath Vor Inve	astigation,	in my o	me, dete er pinion, das	nd placa, ath occur	and dua to the red et the time	cause(s) end n	nannar as s i, end dua t	o the cause(s)
	of the ithin of the omple	M	29b. Signatura and title of certif	iar	anoman	mar stated			290	. Licans	sa number		- T	29d. Data sign	ed (Month	Day Year)
	F > F ö		mush	1	0	11					800			8-11		
					51											
			30. Nema and addrass of person	ΔI .	mpleted caus	sa of daat	h (Itam 23e) (Type, P	rint)		VC	/	4	1	N 1	21716
	01		MASSOUD B. 31. Data filed (Month, Dey, Yes	r)	CACCH	Pégistrarie	Signature	40 1	rede	ric	r 9.	+ · l	Tagers	town, 1	16.	×1 140
	Sta Registr		30. Nema and addrass of person MASS OUL S. 31. Data filed (Month, Dey, Yea AUG 13	1996	61.	A L	dear	LH								
			AUG 1 3	IJJU	June											

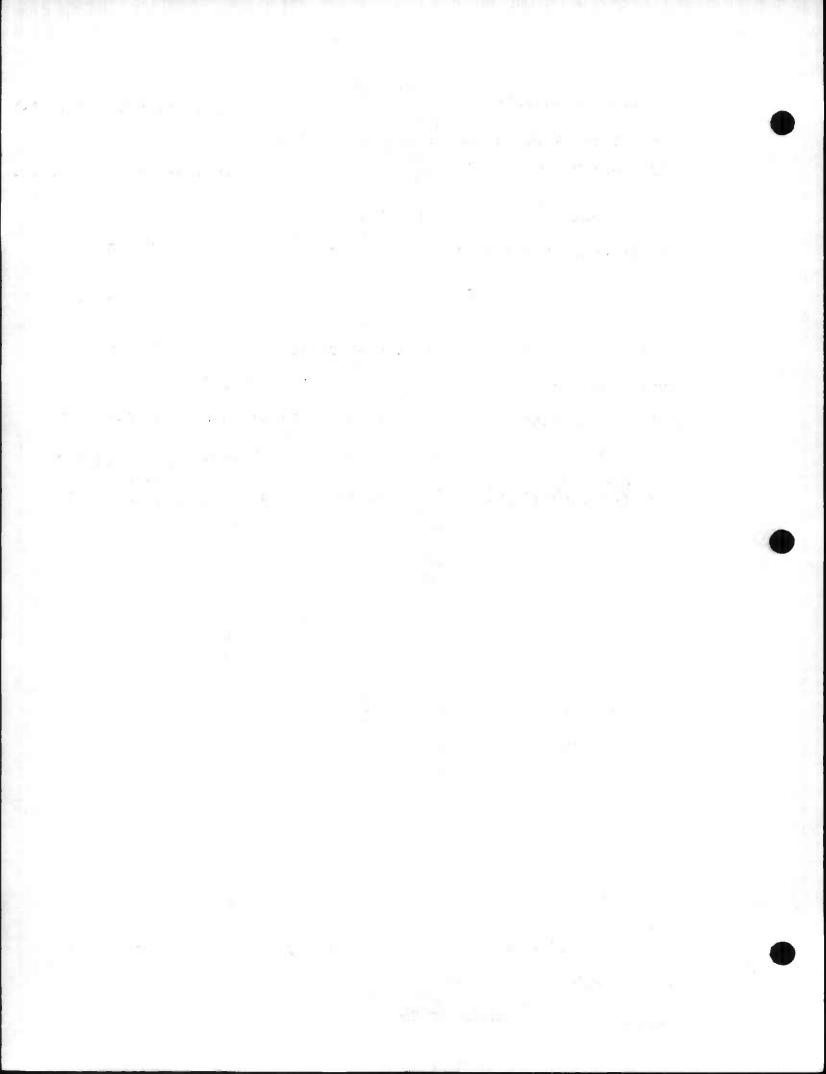
erg is soomer in a con-

State of Maryland / Department of Health and Mental Hygiene

96 25074

						Cei	rtificate c	of Death		Reg. No.		
	Physic	an	1. Decedent's Neme (First, Middle, I						2. Dete of D Month	Peeth Dey	Year	3. Time of Death
	/Medi		William J. A	Iberts					Augus			8:50 A.
	Exami		4a. Fecility Neme (If not institution, s Laurelwood N			er		4b. City, Town, or Elkton		4c. County Cec		
	Funeral Director		5. Social Security Number 159-32-2577	Sex 1 M 2 □ F	7. Age (In) 87	yrs. last birthday) Yrs.	If Under 1 Ye Months De			irth Year) 20, 19	9. Birthp 08 N	place (State or Foreign ntry) I • Y • C • N • Y
	p >		Usual Residence of Decedent 10a. Stete 10b. County		100	. City, Town or Lo	- ation				T.	
	e Maryla 8a-f shor	ctor	Md. Cecil			Carlevi						10d. Inside City Limits 1 Yes 2 No
	th with th	Funeral Director	#90 Farmdale,	Hacks	Point	;	10f. Zip Cod 2 1 9			10g. Citizen of U.	Whet Cour S . A .	ntry?
)20	filed within 72 hours efter death with the Maryland Hygiene. Hyer than *natural", or items 23s or 28s-f show int, the Medical Examiner mast be notited at	by Funer	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	Armed F	ive 25		Wes Decedent of Yes, specify C	of Hispanic Origin? (uban, Mexican, Pue No Specify:	Specify Yes or Norto Rican, etc.)	Bla	ck, White,	etc.
0-	72 hours		15. Decedent's	Education	16722	16e. Deced	dent's Usual Oc	cupation		16b. Kind of B	usiness/in	dustry
21215	filed within 7. Hygiene. other than en	Be Completed	(Specify onfy highest g Elementery/Secondery (0-12) 1 2) (1-4or 5+)	(Give	kind of work do DO NOT use rei opal F	ne during most of wi ired)	orking	Relig		
Maryland 21215-0020	m = 0 =	To Be C	17. Fether's Neme (First, Middle, La Henry Alberts	*		- 1	-		eme (First, Midd Berger	le, Meiden Sumer	ne)	*
	and 2 sho alth end h 27 is ma		19e. Intorment's Neme/Reletionship					eet and Number or F		t, Earl	evil	lle Md.
Baltimore,	permit. Pages 1 and 2 should by Department of Health and Mente Important: If flam 27 is marked any Injury or other traumatic evonce.		20e. Method of Disposition 1 Burial 2 Premetion 3 4 Donetion 5 Other (Special Control of the		State	b. Plece of Dispo cametery, crer R.A. Fe	netory or other	oleca)	Dete 8/7/96	20c. Location		own, Stete
alti	mit. partit		21. Signeture of Funerel Service Lic	ensee		22	. Neme and Ad	dress of Facility	259			
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0	Physician /Medical Examiner		23a. Part1. Enter the disease, of co shock, or heert feilure. List on Immediate Ceuse (Finel disease or condition resulting in death)		16	L		dying, such as cardle	ec or respiretory	errest,		Approximate Intervel Between Onset and Death
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ó	icete be executed physician end s the bunel-trensit	Examiner	Sequentielly list conditions, if any, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury	Б		o (or es e consec	7					7
x 68760,	E 0 6	Medical	Ceuse (Diseese or Injury thet initieted events resulting in deeth) Lest	c	Due to	o (or as a conseq	uence of):					
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P.O.	the d y the ached	Physic	Pert II. Other eignificant conditions					. *		d tobacco uea co ⊇Yee 2₽No		o the cause of death? bably 4 🗆 Unknown
	res that signed t	by i	Couring Milery	dislar	4	1,0000	new	tus Type			Term	
Division of Vital Records,	e law requir has been si je 2 should i	Completed by Physician							24a. We	s en autopsy formed?	av	ere eutopsy findings vallable prior to empletion of cause deeth?
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/ita	Physician: The this certificate ral director, pag	Be (25. Wes case reterred to medical exeminer?					28. Place of De	eath (Check only	one)		
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ion	Attanding P or death.	ation:	27. Manner of Deeth 1 ☑ Netural 5 ☐ Pending 2 ☐ Accident Investigat		of Injury oth, Day Yea	r) 28b. Time of Injury	M 28c. II	njuryet Vork? ☐ Yes 2 ☐ No	28d. Describe	e how Injury occu	red	
Divis	or Attandiate death. Director: A in by the fu	Certification:	3 ☐ Sulcide 6 ☐ Could not determine	be 28e. Plac build	e of Injury - A ling, etc. (Sp	At home, ferm, str ecify)	eet, factory, offi	00	28f. Location City or T	(Street end Num own, Stete)	ber or Rure	al Route Number,
	To the Hospital or Attand within 24 hours after death To the Funeral Director: completely filled in by the	edical C	29e. Certifier 1 Cartifying F (Check only one) 2 Medical Ex	eminer: On the b	e best of my besis of exam oner steted.	knowledge, deeth ninetion end/or in	occurred et the vestigetion, in m	e time, dete end pled y opinion, deeth occ	e, end due to the	e ceuse(s) and m e, dete end pleca,	enner as s end due to	stated. the cause(s)
	Vithir To th comp	Me	29b. Signature end title of cartifier				29c. Lic	ense number		29d. Date signe	d (Month,	Dey, Year)
			Monte Kal				0	-44783		A49451	- 8/	1996
	15		30. Name and eddress of person wh	o completed cau	se of deeth (Item 23e) (Type,	11'36 ST	REET ,	ELKTO	MP	2192	
	Sta Registr		31. Dete filed (Month, Day, Yeer) AUG 0 8 1996	2 Ga. A	registrer's Si	Randelle						
			AUG U O 1330	11 10 10	And I referred a							

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

25075 Certificate of Death 1. Decedent's Name (First Middle Last) 2. Date of Daath **Physician** PREDERICK ANDREWS (DOWAND) AUGUST 9, 1996 4c. County of Death /Medical 4a. Facility Name (If not institution, give streat and number) 4b. City, Town, or Location of Daath Examiner CARROLL COUNTY GENERAL HOSPITAL WESTMINSTER CARROLL 7. Age (In yrs. last birthday) If Undar 1 Yaar If Under 24 Hrs.

Months Days Hours Min. 5. Social Security Number 8. Date of Birth (Month, Day, Year) 6 / 1 7 / 1 9 0 9 Birthplace (State or Foreign Country) **Funeral** 1⊠M 2□ F Days 061-10-2599 87 Yrs Director NEW YORK Usual Rasidence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show must be notified at MD. CARROLL 1 Yes 2 No Director WESTMINSTER 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 878 SNOWFALL WAY 21157 238 USA Funeral 12. Was Decedant Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 11. Marital Status 14. Race - American Indian, traumatic evant, the Medical Examiner Black, White, etc. filed within 72 hours after 1 Naver Marriad 2 Married 1 ☐ Yes 2 No If Yes, Give Year or Dates: 21215-0020 6 1 ☐ Yes 25 No Specify: Ď, Specify: WHITE 3€NVidowed 4 □ Divorced "natural", Completed 16a. Dacedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use ratired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) at Hygiene. Elamantary/Secondary (0-12) Collaga (1-4or 5+) SWITCHMAN TELEPHONE 12 Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Nama (First, Middle, Maidan Sumame) Be Pages 1 and 2 should be of Health and Mental ANDREWS WALTER MONA COWIN 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) JANE A. FREDERICK -DAUGHTER 3333 FLICKINGER RD., WESTMINSTER, MD.21158 other 20a, Method of Disposition 20b. Placa of Disposition (Name of cemetery, crematory or other place) Data 20c. Location - City or Town, Stata 6 1 Burial 2 Cremation 3 Ramoval from State permit. Page Department of Important: If any Injury or once. PLEASANT VALLEY CEM. 8/12/96 WESTMINSTER, MD. 4 ☐ Donation 5 ☐ Other (Spacify) 22. Name and Address of Facility FLETCHER FUNERAL HOME 21. Signature of Funeral Service Licens 254 E. MAIN ST., WESTMINSTER, MD. Enter the disagre, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, or heart failure. List only one cause on each line. Physician Immediate Cause (Final disease or condition resulting in daath) SEPTIC SHOCK /Medical **Examiner** Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Causa (Disease or injury that initiated events resulting in death) Last Box 68760, Physician/Medical P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? signed by to be detact 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, p 24b. Were autopsy findings availabla prior to completion of cause of death? Completed 24a. Was an autopsy performed? cartificate has 1 Yes 2 No 1 Yas 2 No or Attending Physician: Be 25. Was case referred to medical 26. Place of Death (Chack only one) 1 Yas 2 No Hospital: Other: 4 Nursing Home 5 Residence 6 Othar (Specify) 2 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Manner of Death 28a. Data of Injury (Month, Dey Year) Certification: 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? After t Natural 5 Pending investigation death. 1 ☐ Yes 2 ☐ No 2 Accident within 24 hours after death To the Funeral Director: completely filled in by the 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homlcida the Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and dua to the cause(s) and manner as stated.
2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only 29b. Signature and title of certifier 29d. Data signed (Month, Day, Year) 29c. Licanse number duelbfoles M) se of death (Item 23a) (Type, Print) 200 MEMORIAL AVENUE WESTHINSTER MAILLAND

Registrar DHMH 16 Rev 6/95

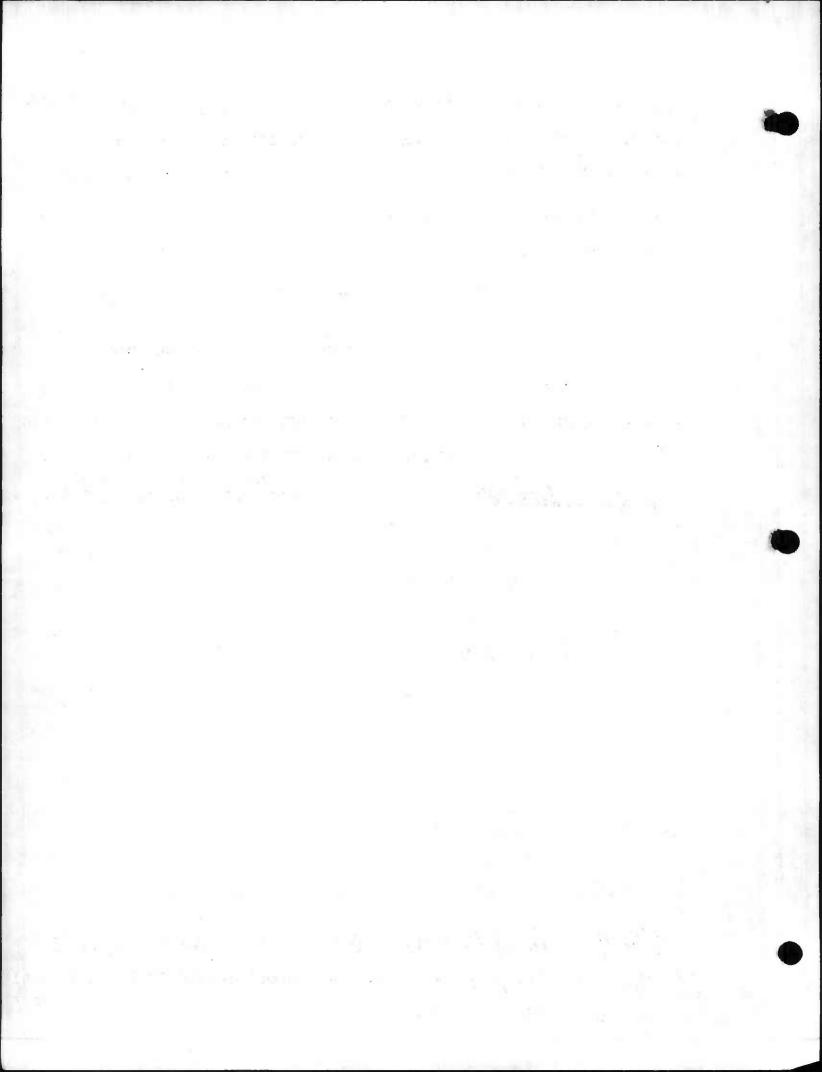
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31. Date filed (Month, Day, Year)

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32. Registrar's Signatura

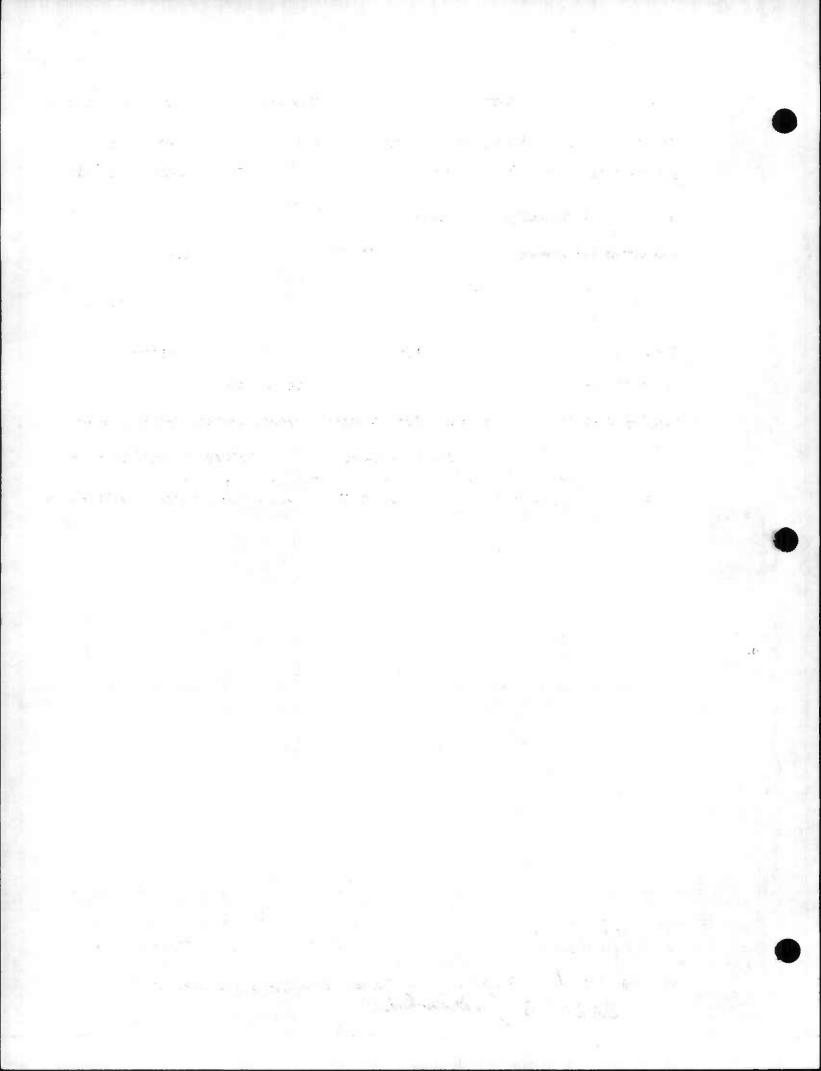


State of Maryland / Department of Health and Mental Hygiene 96

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					Cei	rtificate c	f Death		Reg. No.		20070
Physic /Medi		Decadant's Nama (First, Middla, Iris	Last) Joan				Boswell	2. Data of D Month July	aath	1996	3. Tima of Death
Exami		4a. Facility Nama (If not institution,	giva straat and numbe	θ <i>Γ</i>)			4b. City, Town,	or Location of Daa	th 4c. Count	y of Death	
Funeral	H	University of I	5. Sax 7.	ledical Aga (In yrs. las		If Undar 1 Ya		Irs. 8. Data of Bi	irth	imore	placa (Stata or Fore
Director		215-36-2661 Usual Rasidance of Dacedant	1□M 2🔀 F	57	Yrs.	Months Day	rs Hours N	Sept 7	,1938	Virg	ginia
he Marylan 28a-f show orfled at	ector		George	10c. City, 1							10d. tnsida City Llmi 1 X Yas 2 ☐ N
23a or 3	Funeral Director	10a. Street and Numbar 405 Greenhill A	venue			10f. Zip Code 20707			10g. Citizan of USA	What Cou	intry?
be filed within 72 hours after death with the Maryland Ital Hygiene. Id other than "natural", or items 23a or 28e-f show event, the Modical Examinal must be notified at	by	11. Marital Status 1 Navar Marriad 2 Narrie 3 Widowed 4 Divorcad	12. Was Decedal Armed Forca d 1 Yas 2 If Yas, Giva Yaar or Data:	s? No		Nas Decedant of f Yas, specify C I ☐ Yas 212 N		(Specify Yas or N larto Rican, atc.)	o- 14. Ra Bla Specii	ck, Whita	can Indian, , atc.
C 9	Completed	15. Decedant's (Spacify only highast Elamantary/Secondary (0-12)	Education grada complatad) Collaga (1-4c	or 5+)	(Giva life. L	lant's Usual Occ kind of work doi OO NOT usa rat	na during most of	working	16b. Kind of B		ndustry
d 2 should be filed within the and Mental Hygiene. T la merked other then traumetic event, the Mental Menta	To Be Co	Grade 10 17. Fathar's Name (First, Middle, Li James Kemper	ast)		Clerk		18. Mothar's N	Nama (First, Middle	Rating A, Maidan Suman		187
shound M	-	19a. tnforment's Name/Relationship	p (Type, Print)		19b. Maitin	g Addrass (Stre		Rural Route Numb	par, City or Town	, Stata, Zi	p Code)
rt.		Stanley Boswell	sp	ouse	405	Greenhi.	ll Avenue	e, Laurel	, Marvla	and 2	0707
permit. Pages 1 a Department of Hee Important: If Nem any Injury or othe		20a. Mathod of Disposition 1 X Burial 2 □ Crametion 3 4 □ Donation 5 □ Othar (Spe		ta cam	a of Dispos atary, cram	sition (Nama of natory or other p	laca)	Data	20c. Location	- City or T	own, Stata
permit. Departr Importa any inju		21. Signature of Püperai Service Li	censee /	1	Dc 22	Name and Add	rass of Facility Funeral	Home, P	.A.		
Physician /Medical Examiner		23a. Part1. Entar tha disease or to shock, or haart tallure. List or immediata Causa (Final disaasa or condition rasulting in daath)		ed the death. In line.	Do not anta	ar tha moda of d				1	Approximata Intarval Between Onsat and Death 2 Months
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be executed sician and butal-transit	Examine	Sequantially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or Injury	ь Lung me	Dua to (or as		uance of):					4 Years
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that the ed by t detact	by Phy							1 🗆	Yss 2□ No	3M Pro	bably 4 Unkno
a law requires has been sign ps 2 should be	Completed b								an autopsy ormed?	av	ara autopsy findings railabla prior to empletion of cause daath?
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ifcian: Th certificate rector, pa	Be C	25. Was casa rafarred to medical axaminar?					28. Plece of D	Deeth (Check only	ona)		
0.00	2	1 ☐ Yes 2X No	Hospital: 1X Inpa	tiant 2 ER	/Outpatient	3□ DOA	thar: 4 Nursing	Homa 5 Ras	idanca 6 🗆 Oth	nar (Speci	fy)
Ahs Ahs	Certification:	27. Mennar of Death 1 ☑Natural 5 ☐ Panding 2 ☐ Accidant Invastigat	W	jury 28 Jay Year)	b. Tima of Injury	28c. In W	ury at ork? □ Yas 2 □ No	28d. Describe	how injury occur	rred	
10 등 10 명	Sertifi	3 ☐ Suicida 6 ☐ Could not 4 ☐ Homicide datarmine	ed 28a. Pieca of I	njury - At homa atc. <i>(Spacify)</i>	, farm, stra	at, factory, offic	a	28f. Location (City or To		ber or Run	al Routa Number,
To the Hospital within 24 hours a To the Funeral I completely filled	edical C	29a. Certifier 1 Cartifying I 2 Medicat Ex	Physician: To the bes aminer: On the besis and manner:	of exemination	dga, daath and/or inv	occurred at the estigetion, in my	tima, data and pla opinton, deeth or	ca, and due to tha courred et tha tima,	ceusa(s) end modate end placa,	enner es s and dua t	steted. o tha cause(s)
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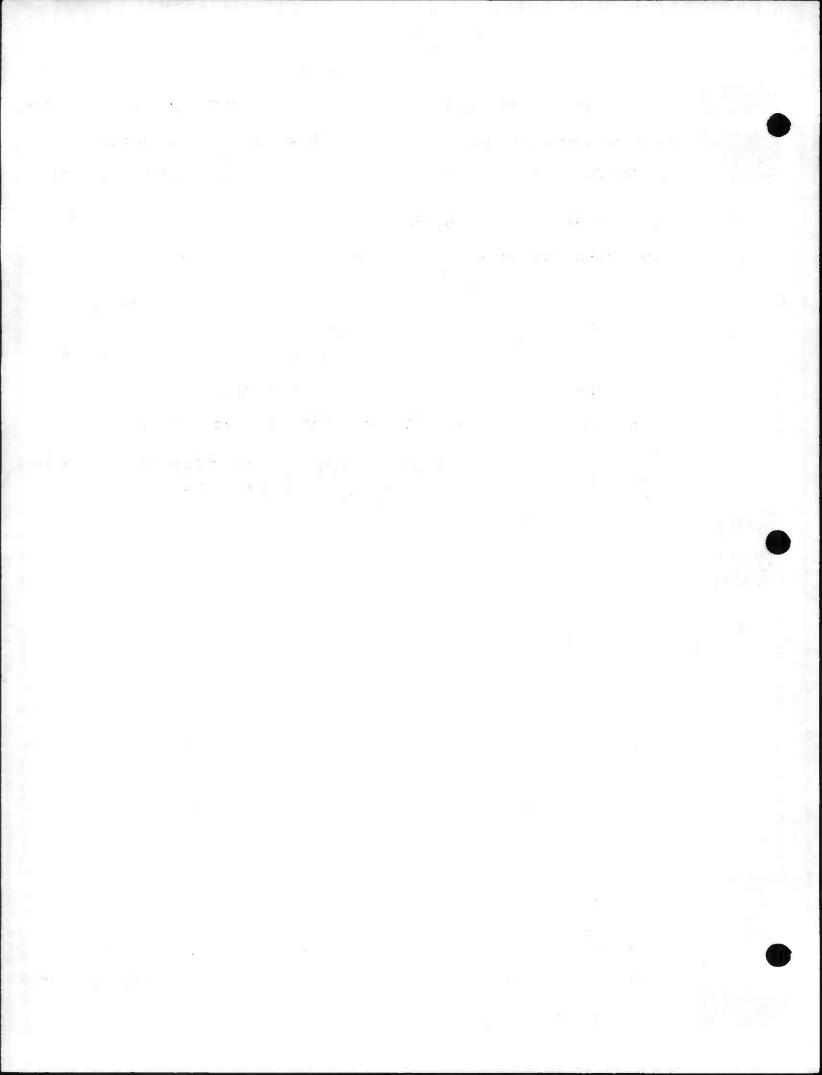
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96 25077

						Cert	tificate of			Reg. No.) (.0011
	Dhusia		1. Decedent's Name (First, Middle, La						2. Data of Dea		Vons	3. Tima of Death
	Physic /Medi		ARNOLD	BOWLIN	, Sr.				AUGUST	14, 1	996	2:40 pm
	Examir		4a. Facility Name (If not institution, giv	A STATE OF THE STA				4b. City, Town, or		4c. County	of Death	
			Frederick Memori					Frederic		Frede		
	Funeral Director		5. Social Security Number 6. S 220–16–4743 Usual Residence of Decedent	Sex 7. Ag.	a (In yrs. la: 83	st birthday) Yrs.	Months Days	Hours Min.	(Month, Da	y, Year) 1913	9. Birthp Coun Tenr	laca (Stata or Foreign try) 1essee
	r 28a-f show		10a. State 10b. County		10c. City,	Town or Loca	ation				1	Od. Insida City Limits
	Ne Me	90	MD Howard		Sava	age						1 X Yes 2 □ No
	th with the 23a or 2	ai Dir	10e. Street and Number 9111 A Washingto	n Street			10f. Zip Code 20763			10g. Citizen of V USA	Vhat Coun	try?
0050	72 hours efter deeth with the Maryland nature!', or itema 23a or 28a-f show deal Examinet must be notified at	by Funeral Director	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Armed Forces? 1 Yas 2 1 Yas 1 Yes, Give Yaar or Dates:			as Decedent of H Yes, specify Cub	Hispanic Origin? (S an, Mexican, Puert Specify:	pecify Yes or No- o Rican, atc.)		a - Amaric k, Whita, White	atc.
5-0	72 ho	e e	15. Decadant's Ed (Specify only highest gra	ducation		16a. Decede	ent's Usual Occup	pation	rkina	16b. Kind of Bu		
21215-0020	iene. iene. than	Completed	Elementery/Secondary (0-12) Grade 5	College (1-4or 5	i+)		o NOT use retire ne Opera	during most of word)	\"."g	U.S. G	overr	ment
b	be filed the Hyg d other event,	BeC	17. Father'a Name (First, Middle, Last))					ne (First, Middle,			
Maryland	71 5 0 0	ToB	Lloyd Bowlin					Clemma	Pratt			
an	d 2 should th and Mer 7 is marke treumatic		19a. Informant's Name/Relationship (Type, Print)		19b. Mailing	Address (Street	and Number or Ru		er, City or Town,	State, Zip	Code)
	Health Health am 27 i		James Bowlin	S	son	721 M	iddle Tr	ail Cour	t, Mt. A	iry, Ma	rylar	nd 21771
ore	2 2 2		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐	Removel from State	20b. Pla	ce of Disposi netery, crama	ition (Name of atory or other pla	ce)	Date	20c. Location -	City or To	wn, State
Ē	nit. Pages vartment of l ortant: If its injury or o		4 □ Donation 5 □ Othar (Specify		Emma	anuel (Cemeters	7	8/16/96	Scaggsv	ille	Maryland
Baltimore,	permit. Pages 1 end Department of Health Important: If item 27 any injury or other t	V	21. Signature of Funeral Service Licen	1800		Dor	Name and Addre	ss of Facility Funeral	Home, P.	Α.		
		\forall	23a. Part1. Enter the disease, or com- shock, or heart failure. List only	plications that caused	tha death.	Do not enter	3 Talbot tha mode of dyl	t Ave. L	aurel, M	laryland rest,	2070	Approximate
	Physician		shock, or heart failure. Last only	one cause on each in	16.							Interval Between Onset and Death
7	/Medical		Immediate Cause (Final disease or condition	NE	NOMI	VIA						3 weeks
	Examiner	.	resulting in death)	0.		is a consequ	ence of):					
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	deeth certificata be axecuted attending physician and of for use es the buriel-transit	Examiner	Sequentially list conditions, if any, leading to immediate	0.	Due to (or a	is a conseque	ence of):				i	
68760,	cata be ay physician s the burie	a E	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	C							!	
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P.O.	the d	hys	Part II. Other significant conditions of	_		-		en in Part I.				the cause of death?
	s that ned t	Y P	CONGESTIVE	HEARI	HAH	LURE			101	Yes 2□ No	300 Prot	eably 4 Unknown
Records,	lew requiras that the deeth cer as been signed by the attendir 2 should be detached for use	Completed b	CONGESTIVE	PROSTA	IE				24a. Was perfor	an autopsy med?	ava	ore autopsy findings allable prior to appletion of cause death?
<u> </u>	The I	Con							1 🗆 Y	rea 2 No	10	Yes 2□ No
/ita	slan: artific ctor,	Be	25. Was case referred to medical examiner?					26. Place of Dea	ith (Check only o	ne)	<u> </u>	
1	Physician: this certific ral director,	၉	1 ☐ Yes 2 No			R/Outpatient	3□ DOA Oth	nar: 4 Nursing H	loma 5 Resid	ienca 6 🗆 Oth	ar (Specif))
Division of Vital	Attending P ar deeth. ector: After t by the funera	Certification:	27. Manner of Death 1 Natural 5 Pending 2 Accidant Investigation	28a. Date of Injur (Month, Day	Year) 2	8b. Tima of Injury	28c. Injui Woi M 1 □	yat rk? Yes 2 □ No	28d. Describe h	now injury occurr	ed	
ivis	r Atter ter dee rector rector	tifica	3 Sulcide 6 Could not be determined	28e. Place of Inju	iry - At hom	e, farm, stree	et, factory, office		28f. Location (S City or Tow	Street and Numb	er or Rura	Route Number,
	o lati o lati o lati led lati								•			
	To the Hospital or Attending Physician: The lev within 24 hours effect death. To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2	Medical	29a. Certifier (Check only one) 1 Certifying Physics Check only one)	ysician: To the best on niner: On the basis of and mannar sta	axamination	edge, deeth on and/or inve	occurred at the tir stigation, in my o	ne, date and place plnion, death occu	, and due to the or rred at tha time, o	cause(s) and ma date and place, a	nner as st and dua to	ated. tha causa(s)
	Within To th comp	ž	29b. Signatura and title of certifier				29c. Licens	e number		29d. Date signed	i (Month, i	Day, Year)
			brung,				0	43091		8-14	-96	
2	K		30. Name and address of person who		eth (Item 2	3a) (Type, Pr	rint)	16-				ice, MD
1	5		SAEEN A.	ZAID1		801	JOLL	BOUSE	AVE,	FRA	DER	ICEL, MII
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State of Maryland / Department of Health and Mental Hygiene

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							Ce	rtitica	te of	Death			Reg. No.		-	
	Dhunini		1. Decedent's Nam	ne (First, Middle, La								2. Date of De Month	eath Day	Year	3. Tim	ne of Death
	Physici /Medi				Bessi	le Sele	na Be	dwel:	1			August		1996	8:	45 pm
	Examir		4a. Facility Nama (If not institution, giv	e street and numb	er)				4b. City, To	wn, or L	ocalion of Deal	h 4c. Cou	nty of Death		-
			Hillhave	n Nursing	Home					Adelp	hi		Prir	ice Ge	orge	
1	Funeral		5. Social Sacurity N			Aga (In yrs. la	st birthday)		ar 1 Yaar	If Undar	24 Hrs.	8. Dala of Bi (Month, D		-		ata or Foreign
н	Director	Н	219-36-9	615 1	□M 21XF	90	Yrs.	Months	Days	Hours	Min.	Sept 4	1905		ntry) /lanc	
	D		Usual Residence of						1			осрс .	7 1303	· · · · ·	20110	-
	ylan		10a. State	10b. County		10c. City,	Town or Lo	cation							10d. Insid	de City Limits
	Mar H	ó	MD	Prince (George	Laur	el								1 🔀	Yes 2 □ No
	with the Marylan a or 28a-f show be notified at	Director	10e. Street and Nu	mber				10f. Z	ip Code				10g. Citizen o	of What Cou	ntry?	
	th with		1017 War	d Street				20	0707				USA			
	me 2	Funeral	11. Marilai Status	d Delece	12. Was Decede	ent Evar in U.S	. 13.			Hispanic Ori	ain? (Sp	ecify Yas or No		ace - Ameri	can India	n.
	her dea r Items	Ē	- III 75.4 (ried 2 Married	Armed Force	s? Ki No		f Yes, sp	ecify Cub	an, Mexican	, Puarto	ecity Yas or No Rican, etc.)		lack, While,	etc.	
20	filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or items 23s or 28s-f show int, the Medical Examiner must be notified at	þ	3 ☑ Widowed	7 - 13 - 134	if Yas, Giva Year or Dala			1 🗆 Yes	2 X No	Specify:			Spec	White	0	
0	72 hours natural'.	8		15. Decedent's Ed	ducation		16a. Dece	dent's Us	ual Occur	pation			16b. Kind of	Business/ir	dustry	
15	in 72	Be Completed		cify only highast gra	de completed)		(Giva life.	kind of w	ork done	during most	t of work	ing			dustry	
212	filed within Hygiane.	E	Grade 12		College (1-4		Homem						Own Ho	me		
D	be filed tal Hygi d other event, t	Ü		(First, Middle, Last)			11OIIICII	WILL I		18. Mothe	er's Nam	e (First, Middle	, Maiden Sum			
an	₩ de to	B	William	H. Diven	Tr					Rosa					nown	
2	2 should be finance and Mental File marked of reumatic eval	2		eme/Relationship	-	T	10h Mailie	a Addres	e (Straal			al Douda Numb	er, City or Toy			
Maryland 21215-0020						F								21013		
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ō	Pages 1 and ment of Healtl ant: If Item 27 lury or other I		1 🔀 Buriai 2	☐ Cremation 3 ☐		ate cer	metery, crer	natory or	other pla		1					
tin	tant fury			5 Other (Specify	-	Ivy	Hill					3/9/96	Laure	., Mar	ylan	.d
Baltimore,	permit. Pages Department of Important: If it any Injury or o		21. Signature of Fy	ineral Service Licen	200		De 22	2. Name a	nd Addre	ess of Facilit Funer	al E	Home, P	.A.			
ш	20 5 # Q		1	1 Hours	-dell								Marylar	nd 207	07-4	389
			23a. Part1. Enter t	the disease, or comp of failure. List only	plications that caus	sed the death.									Approx	-
	Physician		oriook, or rige	Company Cam Grilly	One cause on each									1	Onsat	and Death
	/Medical		Immediate Cause disease or condition		Athero	sclero	tic C	ardio	2025	rular	Die	2250		1	2 De	cades
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	cartificate be executed ding physician and se as the burial-transit	Examiner	Sequentially fiet co	anditions C	b	Due to (or a	as a consec	uence of	١٠							
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0	hat the de ad by the detached	hys	Fait II. Other signs	ficant conditiona c	ontributing to death	n out not result	ung in me u	nderlying	cause gr	van in Part I.	•	44.4.4.4	1000000			
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of Vital Records,	requires that the	d by										24a Was	an autopsy	24b. W	ere autor	psy findings
Ö		Completed											ormed?	87	/allabla pi	rior to
3e	S S S	dm												of	death?	
E F	F es e	S										10	Yes 2 No	11	□ Yas	2□ No
/its	Physician: The this certificate rai director, pag	Be	25. Was case refer axaminer?	red to medical							of Deat	h (Check only	one)			
)t	Physic this c	2	1 □ Yes 2 🔀		Hospitai: 1 ☐ Inpa	atient 2□E	R/Outpatier	nt 3□ □	OA Oth	ner: 4反 Nu	rsing Ho	me 5 Ras	idence 6 🗆 C	ther (Special	fy)	
2		on:	27. Manner of Deat 1 X Naturel	h 5 ☐ Pending	28a. Dete of I	njury 2 Da <i>y Year)</i> 2	28b. Time of Injury		28c. Inju	ry at rk?		28d. Describe	how Injury occ	urred		
.0		cati	2 Accident	investigation				M	1 🗆	Yes 2 🗆	No					
Division	r Att	Certification:	3 ☐ Suicide 4 ☐ Homicide	6 Could not be determined	286. Place of	Injury - At hometc. (Specify)	ne, farm, str	eet, facto	ry, office				Street and Nui wn, State)	n <i>ber or Run</i>	al Route	Number,
	rs afte al Dir led in	Ce														
	Hospital 24 hours Funeral stely filled	cai	29a. Certifier (Check only	1 Certifying Ph	ysician: To the be	st of my knowl	edge, death	occurred	at the th	me, date an	d place,	and due to the	cause(s) and	manner es s	stated.	
	the H hin 24 the Fi	edicai	one)	2 Medical Exam	and manner	stated.	n and/or in	estigation	n, in my c	opinion, daai	tn occur	red at the time,	date and plac	and due l	o the cau	80(S)
	To the Hospital or Attend within 24 hours after death To the Funeral Director: completely filled in by the	Σ	29b. Signatura and	title of certifiar	1 P.			29	c. Licans	sa number			29d. Dala sig	ned (Month,	Day, Yes	ar)
	-) ['	Mah M	MILLE	1/17		l l	03156	53			August	7. 1	996	
	,0		30. Name and addr	ess of person who	completed cause of	of death (Item 2	23a) (Tvne						5000	, _	220	
	1			M. Benner					Dri	a. Cil	VAY	Spring	, Mary]	and 2	0001	
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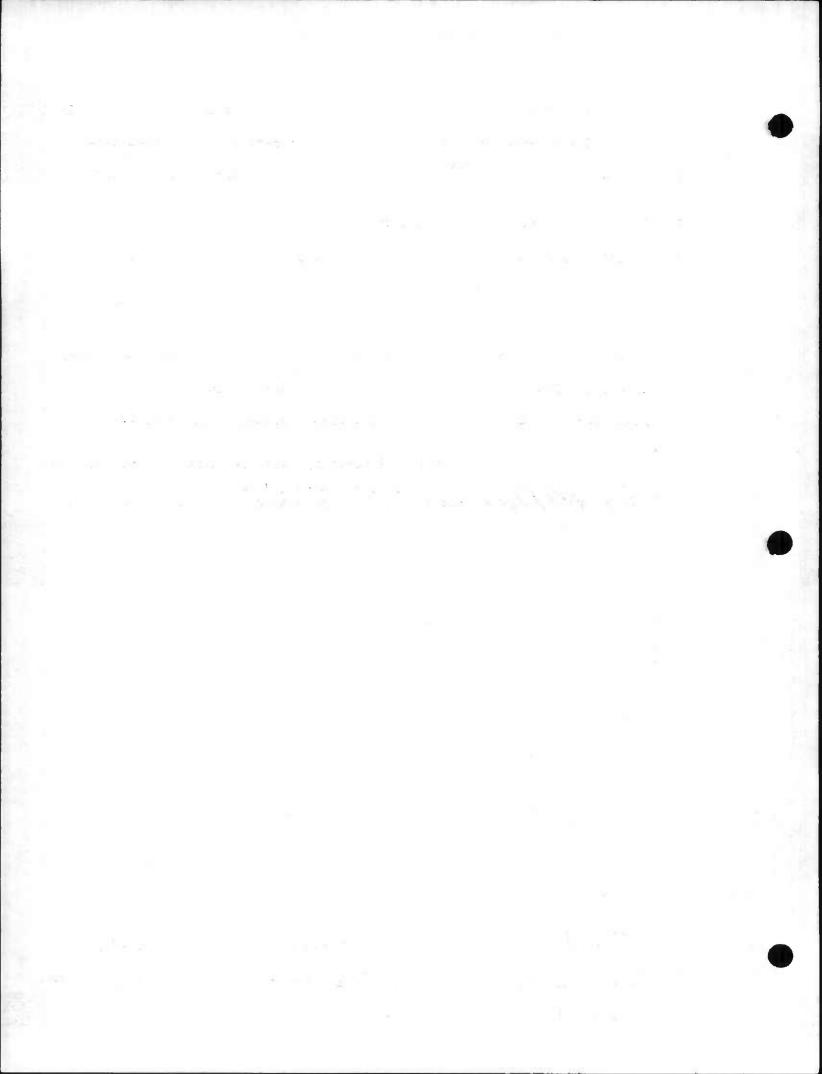
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						Ce	rtificate	e of	Death			Reg. No.		tion 1	00,0
П			1. Decedent's Neme (First, Midd	dle, Last)							2. Date of De	ath		3. Tir	me of Death
ı	Physic			Jul	ia Ange	line Ba	ites				July	30, 19	Year 396	3	:35 pm
ij	/Medi Exami		4a. Facility Name (If not institution			IIIC Do	CCS		4b. City. To	wn. or L	ocation of Death	T	ty of Death		. SS Dill
1		i iet	Prince George		,				Cheve						
Н	Funanal		5. Social Security Number	6. Sex		s. last birthday)	If Undar			- 4	8. Deta of Bir		ice Ge		tete or Foreian
	Funeral Director		441–12–7875 Usual Residence of Decedent	1□M 2⊠F	71	Yrs.	Months	Days	Hours	Min.	Month, De Nov 24	y, Yaer)	Coui	ntry)	rginia
	wow #		10a. Stata 10b. Count	y .	10c. C	ity, Town or Lo	ocation							10d. insid	de City Limits
	the Man 28a-f sh	Director	MD Prince	e George	Be.	ltsvill	.e	Codo				40- Obline			Yes 2□No
	d within 72 hours after death with the Maryland jiene. Triban "natural", or fterna 23a or 28a-f show tra Modical Examiner must be notified at	Funeral Dir	11601 Ash Road				207	05				10g. Citlzen o			
	er de	nue	11. Marital Status	Armed F		U,S. 13.	Was Deced if Yes, spec	ent of H ify Cubi	lispanic Orl an, Mexican	gin? (Sp , Puerto	ecify Yes or No Rican, atc.)	- 14. Re	eca - Amario eck, White,		in,
020	ours after	þ	1 Never Marriad 2 Mar 3 🖾 Widowed 4 Divorca	If Vac G	2 XNo live Detes:		1□Yes 2	. No	Specify:			Spec			
5-0	72 h natu	ete	15. Deceder	nt's Education est grade completed)	16a. Dece	dent's Usua	l Occup	ation	of work	ina	16b. Kind of	Business/In	dustry	
21215-0020	filed within Hygiene. ther than "rent, trans	Completed	Elamantery/Secondary (0-12) Grade 12	1	(1-4or 5+)	House	kind of wor DO NOT us Wife	e retired	daring mosi	OF WORK	nig	Own F	iome		
P	hal Hygie of other event, tr	Be C	17. Father's Nama (First, Middla	Last)					18. Mothe	r's Nam	e (First, Middle,				
Maryland		To B	Alexander Grov	<i>r</i> es					Eva E	3eem	an				
N.	d 2 should th end Mer 7 is marks traumatic	1-	19a. Informant's Name/Relation			19b. Maili	na Address	(Streat			el Route Numb	er City or Tow	n State Zir	Code)	
Ž	the transfer of the transfer o		Ron Baker		son										27
e,	s 1 end 3 f Health item 27 i		20a. Method of Disposition			Placa of Dispo	sition (Nam	e of		enue	, Laure	20c. Location	-		
altimore,	permit. Peges 1 en Depertment of Heal Important: If item 2 any injury or other once.		1 ☐ Burial 2 ☐ Cremetion 4 ☐ Donetlon 5 ☐ Other (5	Specify)		lingtor	n Nati	ona	1 Cem		/6/96	Arling			
Ba	Dependent Important In Incorporate I		21. Signatura of Fullaria Service	Licenses	1/						Home, P				
			23a. Part1. Enter the distance of shock, or heart failure. Lis	r complications that	caused the dee	eth. Do not ent	er tha mode	TDO1	ct Ave	cardiac	aurel,	Marylar	nd 207		
	Physician		shock, or heart failure. Lis											Intarve Onsat	dmete il Between and Death
,	/Medical		Immedieta Cause (Fina)	_	rebral Due to ubarac			141	4		11 - 1			91	
	Examiner		disaase or condition rasulting in death)	a. Le	rebral	Into	rcts	A	mas	5 8	Hech			100	ays
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	bet tisu	듣		b	ubarac	unrid	her	ny	Y have					uni	croun
_	end end	Examiner	Sequentially list conditions, if any, laeding to immadiate cause. Enter Underlying		Due to (or as a consec	uence of):		,					11 46	crown now n
9	be e ician burie		Cause (Disease or Injury	. C	erebra	anc	urycr	u						une 6	now n
x 68/60,	eath certificete be executed ettending physician end for use as the buriel-transit	Medical	that initieted events resulting in death) Lest		Due to (or as a conseq									
Box	0 0 0	Physician/	Part II. Other significant conditi	ons contributing to d	leath but not re	sulting in the u	nderlying ca	use aiv	en in Part I.		23b. Did 1	obacco use c	ontributa te	o the car	usa of death?
O	by the	Ph.	Hyperter	-				I POPE C			10	Yes 2 No	3 Pro	bably	4 Onknow
ś	gned be de	by	11 11 11	13102											
Vital Records,	requir seen s hould	Completed									24a. Was perfo	an autopsy med?	av	allable p	psy findings vior to n of cause
ř	9 7 8	mc									40	(o 17) a s			
70			25 Was asso referred to medical								101		11	Yes	2LI No
5	ysician: is certific director,	o Be	25. Was case referred to medica examiner?	14 20 1	/	Table Constitution		Oth	or.		h (Check only o				
0	는 문교	-	1 Yes 2X No 27. Mannar of Deeth	102	-	ER/Outpatien		4	4 LI NUI		me 5 Rasio			(y)	
JIVISION OT	Attending Physician: or death. ector: After this certific by the luneral director,	Certification:	1 DNaturei 5 □ Pendir	9	of injury oth, Dey Year)	28b. Time of injury		C. Injun			28d. Describe h	now injury occu	irred		
S	beath lor: /	cat	2 Accident invasti	1116	0/96		М	.10	Yes 2 1	No					
≥	ter d freed irect	E	4 Homicide determ	ined 286. Place	a of Injury - At hing, etc. (Speci	iome, farm, str	eet, factory,	offica			28f. Location (5 City or Tox		ber or Rure	Route I	Numbar,
ב	o les af	S				,									
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical	29a. Certifier (Check only one)	ng Physician: To the Examiner: On the b and mer	best of my kno asis of examina mar stated.	owledga, daath ation and/or inv	occurred a vastigation, i	t tha tim in my op	ne, dete and pinlon, deat	i piace, a	and due to the ded at tha tima,	ceusa(s) and m dete and placa	anner as si , and due to	tated. the cau	ısa(s)
	Nithii Nomp	X	29b. Signature and title of certifie	r	10		29c.	Licansa	number			29d. Deta şign	ed (Month,	Dey, Yea	ar)
			1/10 Man	5			N	4 7	366 7	2		/ A	96	- 0	
	.6	-	30 Name and address of the	who completed	n nd d #	- 00s) CT		1 -	VY			(; {	1 1		
	יכו		30. Nama and eddress of person				rnnt)	75	· WI	Wil	Am Bo	nco			
			31. Date filed (Month, Dev. Year)	Hospitol 1	boistrate Stra	y M	2 00	10				100			
	Sta Registr		AUG 0	1996	di lue	serland	Il,								

State of Maryland / Department of Health and Mental Hygiene

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_						CE	ertificate c	of D	eatn			Re	g. No.		
н	Dhuaia		Decedant's Name (First, Middla	, Last)							2. Date Mon	of Death	Day	Yaar	3. Time of Death
	Physic /Medi		June Ba	arnes							Augi		8, 19	-	5:15 A.M.
	Exami		4a. Facility Nama (If not institution	, giva street and nu	u <i>mber</i>)			4b.	City, To	wn, or Lo	ocation of		4c. County		, , , , , , , , , , , , , , , , , , , ,
4	u. Noilli		Frederick	Memorial	Hospi	tal			Fre	deri	ck		Fre	deri	r le
	Funeral			6. Sex		yrs. last birthday	If Undar 1 Ye	ar i	if Under			of Birth			
	Director		578-10-3849	1□M 2∏(F	81	Yrs.	Months Da	ys	Hours	Min.	(Mon	of Birth th, Day,	1915	Mars	place (Stata or Foreign htry) Vland
			Usual Rasidance of Decedent								riczy	0,	1717	rial	/ Lanu
	dano Man		10a. Stata 10b. County		10c	. City, Town or I	ocation							1	10d. Insida City Limits
	Man Han	ō	Maryland Wash	ington		Hagers	town								1 X Yes 2 ☐ No
	28a 28a	Director	10e. Street and Number	Ingcon		nagers	10f. Zip Cod	la				10	g. Citizan of	What Cour	ntry?
	with a	ā		Chara				2174	. 0			1.0			My I
	99th	Funeral	11 W. Baltimore		cedant Evar	h II C 12				ain? (Ca	aalhi Vaa	or No	U.S.		can Indian,
	Her d	5	11. Maritai Status 1 ☐ Never Married 2 ☐ Marrie	Armed F	Forces?	10,5.	Wes Decedant of If Yas, specify C	uban,	Mexicer	, Puarto	Rican, at	(c.)		ck, Whita,	
20	as o	y F	3 Widowed 4 Divorced	if Yas, G	iva		1 ☐ Yes 2 💢 1	No 3	Specify:				Specif	y:	
21215-0020	filed within 72 hours after deeth with the Maryland Hygiene. ther than "natural", or items 23a or 28a-f show ont, the Medical Examinat must be notified at	Completed by			Datas.	46a Daa	rdaméta Llavial Oa						Oh Kind of D	Whi	
15	n 72 "na	let	15. Decedant (Specify only highas	t grada complated,)	(Giv	edant's Usual Oc a <i>kind of work do</i> DO NOT use <i>re</i>	ne dun	nn <i>g m</i> os	t of work	ing		6b. Kind of B	USIIIdSS/III	dustry
12	then the	E	Elementary/Secondary (0-12)		(1-4or 5+)			ur o a /					0.4.4.	0	
0	al Hygiene. other then		17. Fathar's Nama (First, Middla, L	ast)		Sec	retary	15	8 Moths	r's Neme	e (First A		State laidan Sumar		rnment
an	od at b	Be						, ,						,,,,,	
2	should by and Menta	P	Milton Berry						-		Shoe				
Maryland			19a. Informant's Name/Raiationsh	1 -			ing Addrass (Str								(Coda)
	other tr		William Barne	S / 5011			x 224 C1		c Sp	ring			4		
0	8 5 = -		20e. Mathod of Disposition 1 □XBurial 2 □ Crametion	3 ☐ Ramovei from		cematary, cre	osition (Nama of matory or other	place)		i	Date	2	Oc. Location	- City or To	wn, Stata
Ē	nit. Pagartment ortant: injury o		4 ☐ Donation 5 ☐ Other (Sp			Rose Hi	11 Cemet	ery	7 A	ug.	12,	1996	Hage	rstov	vn, Md.
Baltimore,	permit. Page Department of Important: If any Injury or once.		21. Signature of Funeret Service L	icansee -	-	2	2. Neme end Ad	dress	of Fecili	у					
0	Ded on you		So a sept	m,	M 11 1		innich H							37.1	217/0
	_		23a. Part1. Enter tha disaasa, or	complications thet	causad tha		15 E. William tha mode of							Md.	21740 Approximeta Intarval Batween
	Physician		shock, or haart failure. List o	only ona ceusa on	aach lina.			,							intarval Batween Onsat and Death
D)	/Medical		Immediete Ceusa (Final	R	ACT	EREN	MA								3 DAYS
	Examiner		diseasa or condition rasulting in daeth)	θ. 12										<u> </u>	SINAS
		声		111	RINAR	o (or as a conse		115		T/0 A	,				3 DAYS
	uted Insit	Examiner		b				N 1-	EC	7070					JUNI
	certificate be executed iding physician and ise as the buriel-trensit	Xa	Sequantially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury	Q.		o (or as a conse	quance of):								3DAVC
68760,	Siclar Dun		Ceuse (Disease or injury that initiated events	С.	VEUMO										2134187
89	Phy s the	//Medical	rasulting in death) Last		Đua t	o (or es e conse	quence of):							1	
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ă		clar													
o.	requires that the death seen signed by the ette hould be detached for	Physician	Pert ii. Other significant condition	ns contributing to d	death but not	rasulting in tha	underlying causa	givan	in Part I		23b	. Did tol	oacco use co	intribute to	o the cause of death?
0	hat the detail		Cerebro Vasa	cular,	Accio	lent						1 🗆 Ye	2 No	3 □ Pro	bably 4 Unknown
ds,	sign d ba	l by												T 0.41- 144	
0	v require been si should	Completed									248	parform	eutopsy ed?	av	ara autopsy findings aliabia prior to emplation of cause
ec	iew ies b	ğ							-					of	death?
H	sicien: The lew certificate has b lirector, page 2 s	S										1 🗆 Ya	s 2 No	1[☐ Yas 2☐ No
of Vital Records,	Physicien: this certific	Be	25. Was cese rafarred to medical examiner?					2	6. Place	of Deat	h (Check	only one	1)		
=	Physic this ce	1º	1 ☐ Yes 2 No	Hospitai:	Inpatiant	2 ER/Outpetie	nt 3 DOA	Other:	4 🗆 Nu	rsing Ho	ma 5 🗆	Rasidar	nce 6 Ott	ner (Specif	y)
0	ding Ph h. After th funeral		27. Manner of Deeth 1 ☑ Natural 5 ☐ Panding	28a. Data	of Injury oth, Day Yea	r) 28b. Time	of 28c. ii	njury at Nork?	t		28d. Des	cribe ho	w injury occur	red	
Division	Attanding or deeth.	atlc	2 Accident invastig		,,	,,,			s 2 🗆	No					
N S	or Attandation of the Control of the	lf	3 ☐ Suicida 6 ☐ Could n 4 ☐ Homicida detarmin	ned 288. Plac			treet, factory, offi	Ce						ber or Run	al Routa Number,
Ö	or A miles	Certification:	4 Northciga	buito	ding, atc. (Sp	өспу)					City	or Town,	Stata)		
	Hospital 24 hours Funerel etely filled		29a. Certifiar 1 Certifying	Phyaician: To the	a best of my	knowledge, dea	th occurred at the	a tima,	data an	d ptace,	end dua t	to the ca	use(s) end m	annar as s	tated.
	P. Ho Fu	edical	(Check only 2 Medical E	xaminer: On tha b	besis of axan	nination and/or is	nvastigation, in m	y opini	ion, dea	th occurr	ed at the	time, da	ta and place,	and dua to	tha cause(s)
	To the Hospital or Attanding within 24 hours after deeth. To the Funerel Director: After completely filled in by the fune	Μe	29b. Signetura and the of certifier	1,000			29c. Lic	ense n	umber			29	d. Data signe	d (Month,	Day, Year)
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			31. Dete filed (Month, Day, Year)	- , , ,	MI)		1 TOLL	F	1004		AVE	1	richel)	FI4C	K. Mn
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	Registr	ar	AUG 1 3	1330	MAN BUILD	AND AND AND	all								

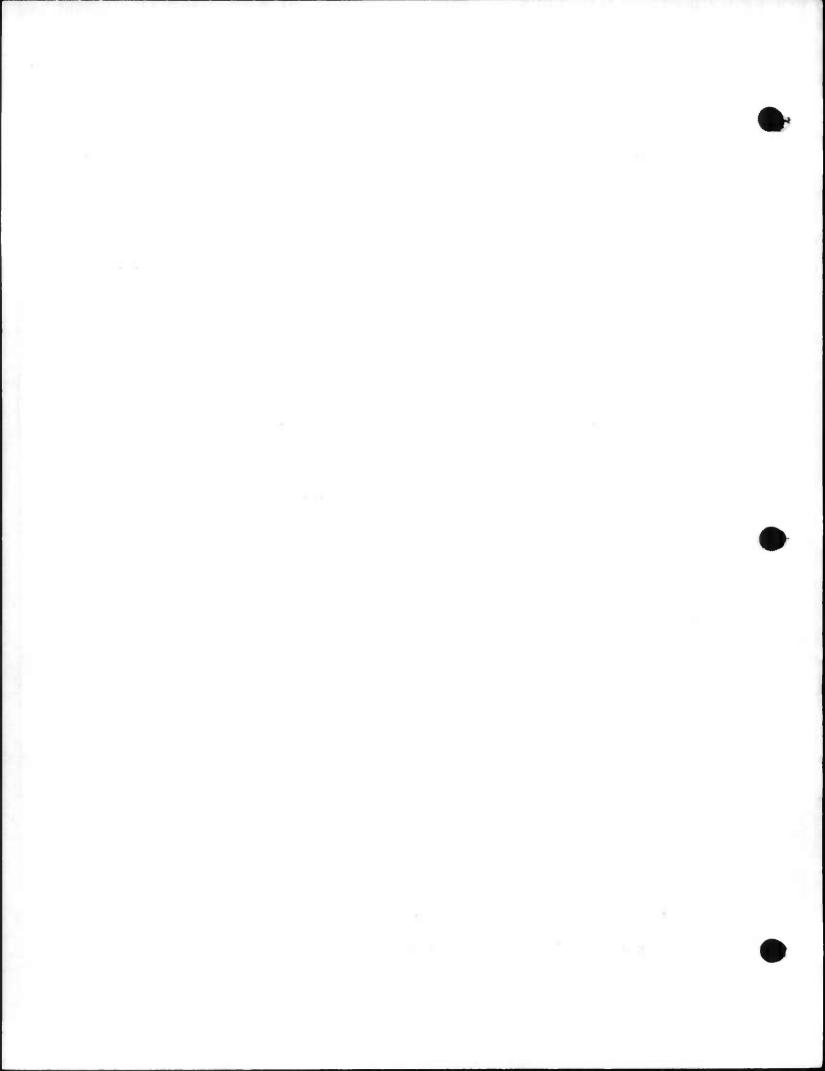


TIMORE, MARYLAND 21215-0020

BALTIMORE, MARYLAND 21215-0020	s hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should this State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	s medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND MI	ENTAL HYGIENI	E	
	1. DECEDENT'S NAME (First, Middle, Last)	Regina Ver				2. DATE OF DEATH	1996 ^{AR}	3. TIME OF DEATH 8:50 A M
	4. SOCIAL SECURITY NUMBER 578-05-6241		In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. THOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1-30-190	8. BIRTI	IPLACE (State or Foreign
	9e. FACILITY NAME (If not institution, give str		0, 1111	9b. CITY, TOWN O	R LOCATION OF DEAT		9c. COUNTY OF D	ryland
DIRECTOR	348 Pangborn Bly	^r d		Hagers	stown		Washing	
REC	10a. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCAT	ION			10d. INSIDE CITY
	Maryland Washi	ngton	Hag	erstown	ZIP CODE		10g. CITIZEN OF	1 YES 2 NO
ER/	348 Pangborn Blvd	1			21742		U.S.A.	WILL COOKINIT
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	13. WAS DECI	ENDENT OF HISPANIC Icity Cuben, Mexican, I	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No- 14. RACI	E — American Indian, k, White, etc.
р ву	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 TYES	2 NO Specify:		Spec	white
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	completed)	16a. DECEDENT'S U (Give kind of we life. Do NOT use	ork done during mos	N st of working	16b. KIND OF BUS	INESS/INDUSTRY	
APLI	8th grade	College (1-4 or 5+)	Homema	ker		Home		
S	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAME	(First, Middle, Maiden S	Sumame)	
BE (Benjamin Samuel	Gouker			Vernie	Gilbert		
2	19m. INFORMANT'S NAME (Type/Print) Robert F. Bair					ite Number, City or Town.		
	20e. METHOD OF DISPOSITION	20b.	PLACE AND DATE OF	DISPOSITION /Net	me of	gerstown,	ATION - City or To	oun State
4	1 🖾 Burlel 2 🗆 Cremation 3 🗆 Rema	Gr	etery, cremetory or oth ossnickl	e Church	Brethrer	18/12/96	Myersvil	le, MD
	21. BIGNATURE OF FUNEBAL SERVICE LICE	Die		22. NAME AÑ Ri	o abbress of Facil icketts Fu	Jineral Hom	ne	
	23. PART I. Enter the discusses, or co	implications that ceused	the desth. Do no	ot enter the mod	de of dying, such a	36 Myersv	atory arrest,	21773
	immediate cause (Finel disease or condition resulting in death)	list only one cause on ea	ich line.			wfol log		Interval Between Onset and Death
_		DUE TO (OR AS A	CONSEQUENCE OF)	•	Y	(A		
OT O	Sequentially list conditions, if any, leading to immediate		CONSEQUENCE OF	2				
FIC	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	9				
CERTIFICATION	resulting in death) LAST	Grego	ni Ju	mor	probable	y wally	nancy	
AL C	PART II. Other algnificant conditions	contributing to death be	ut not reaulting in	the underlying	cause given in Pa			WERE AUTOPSY FINDINGS
DIC	Boghers	geal van	ices		- W	PERFORM		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
×	DID TORACCO LISE CONTR	IDLITE TO CALISE O	F DEATH VEC		I I A CALP IN THE A CALP	_		1 TES 2 7 NO
AN	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL		6. PLACE OF DEATH		UNCERTAIN			
Sic		HOSPITAL: 1 Inpatient 2 ER/Output	7.10 mm	OTHER:	5 - Residence 6 6	Char (Specific)	HOROK	
Y PHYSICIAN: MEDIC	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJU	IRY AT 21	8d. DESCRIBE HOW IN		
red BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26s. PLACE OF INJURY building, stc. (Special	— At home, farm, str			6f. LOCATION (Street en City or Town, Stete)	nd Number or Rural F	loute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINER	IAN: To the best of my knowle	edge, death occurred	at the time, date a	and place, and due to	the cause(e) end mann	er ee stated.	All residence and the
	296. SIGNATURE AND TITLE OF CERTIFIER	^			29c. LICENSE NUMBE		29st. DATE SYGNED	
38 6	Lught	- A		- 1	D4113	1	> 8/12	194
٩	36. NAME AND ADDRESS OF PERSON WHO					112	4	
ŀ	Dr. Jerry Correces	32. REGISTRAR'S SIGNA		gerstown	n, MD 217	740		
Ĭ	Aug 1 2 1996	Jalia Davidson	270					
	THUE A PLANT	()	A 201 (A 201)					

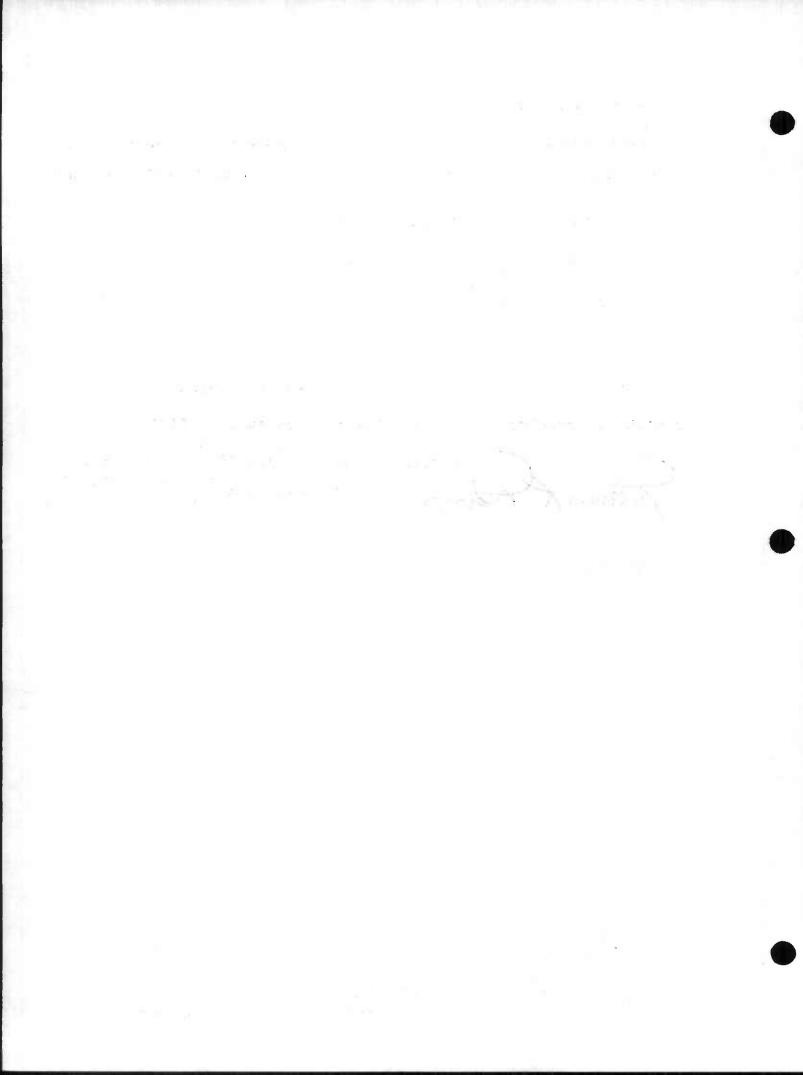


State of Maryland / Department of Health and Mental Hygiene

25082 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3 Time of Death **Physician** John William Brown 1996 august 9 45 /Medical 4a. Fecility Neme (If not institution, give street and number) 4c. County of Deeth 4b. City, Town, or Location of Deeth Examiner Washington County Hospital Hagerstown Washington If Under 1 Yeer Months Deys 6. Sex 1 ☑ M 2 ☐ F If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 52 Director 218-38-2147 Aug. 17, 1943 Maryland Usual Besidence of Decedent permit. Peges 1 and 2 should be filed within 72 hours efter death with the Manyland Department of Heelth and Mental Hygiene.
Timportant: If them 27 is marked other than *neturel; or items 23s or 28s-f ahow any injury or other traumatic avent, the Medical Experiment must be notified as 10a. Stete 10c. City, Town or Location 10d. Inside City Limits 1. Yes 2□ No Director Md. Washington Clear Spring 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 16 S Martin St. 21722 Funeral U.S.A. 12. Wes Decedent Ever in U.S. Armed Forces? 13. Wes Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - American Indian, Bleck, White, etc. 11. Maritel Status 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Detes: 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: White þ 3 ☐ Widowed 4 🕅 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done duning most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Taxicab 9 Driver 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme, Be Jesse D. Brown Sr. Beulah I. Piper 2 19e. informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) P.O. Box 88 Cavetown, Md. 21720 Beulah I. Brown(Mother) 20b. Piece of Disposition (Neme of cemetery, crematory or other plece) 20e. Method of Disposition August 15, 20c. Location - City or Town, Stete 1X Buriel 2 ☐ Cremetion 3 ☐ Removal □ Donation 5 □ Other (Specify) Garfield U.M. Cemetery 1996Garfield, Md. Signature of Funerel Service License 22. Name and Address of Facility 12525 Bradbury Ave. any ir Davis Funeral Home Smithsburg, Md. 21783 ennes 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart fellure. List only one cause on each line. Approximete Interval Between Onset and Deeth **Physician** /Medical immediate Cause (Final disease or condition resulting in death) month Squareus Cell Carcineme of Lun-Examiner Due to (or es a consequença of) Physician/Medical Examine attending physician and for use as the burial-transit or Attending Physician: The lew requires that the death certificate be executed Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Lest Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, Due to (or es e consequence of) signed by the a 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown δ 24b. Were autopsy findings eveilable prior to completion of cause of death? Completed 24e. Wes en eutopsy certificate has b lirector, page 2 s 1 ☐ Yes 2 XNo 1 Yes 2 No 25. Wes case referred to medical examiner? Be 28. Place of Deeth (Check only one) Hospitel: 1 Inpatient 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 2 ER/Outpatient 3 DOA this funeral 28a. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred Certification: After Netural 2 Accident 5 Pending Investigation r deeth. 1 Yes 2 No 24 hours after deet Funeral Director: 6 Could not be determined 3 Suicide À Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Hospital 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and piece, end due to the cause(s) and menner es steled.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end piaca, end due to the cause(s) end menner steted. edicai 29e. Certifier (Check only one) within 2 29b. Signeture end title of certifier 29d. Dete signed (Month, Dey, Year) 29c. License number 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) 291 Jefferson 75 32. Registrer's Signeture 31. Dete filed (Month, Dey, Year) State Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 25083 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Date of Death 3. Tima of Death **Physician** Month Charlotte Ruth BENTZ August 5:30 11 /Medical 4a. Facility Nama (if not institution, giva streat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Washington County Hospital Hagerstown Washington | If Under 1 Yaar | If Under 24 Hrs. | 8. Data of Birth (Months Days Hours Min. | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 | 1919 5. Social Sacurity Number 7. Age (In yrs. last birthday) Birthplace (Stata or Foraign Country) **Funeral** 1 □ M 2 🕅 F 77 220-16-4142 Yrs. Director Baltimore, Md. Usual Residence of Decedant the Marviand 10a. Stata 10b. County 10c. City, Town or Location permit. Peges 1 end 2 should be filed within 72 hours efter death with the Maryla Department of Heelth end Mental Hydiene. Important: if item 27 is marked other than "natural", or itema 23a or 28a-f show eny injury or other traumatic event, the Macingal Examiner must be notified at once. 10d, Inside City Limits Director Maryland 1 ☐ Yas 2 No Washington Hagerstown 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 18511 Preston Road 21742 Funeral USA 12. Was Dacedent Ever in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yes or No-lf Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Bace - American Indian Biack, White, etc. 1 ☐ Navar Marriad 2 Married 1 ☐ Yas 21 No If Yas, Giva Yaar or Datas: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 K No Specify: ģ Specify: white 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highest grada complated) 16b. Kind of Business/Industry Collega (1-4or 5+) Elamantary/Secondary (0-12) 12 her own home homemaker 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Surnama) Be Joseph Burton Townshend Gold Ruth Myers 2 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Addrass (Straat and Numbar or Rural Routa Number, City or Town, Stata, Zip Code) Norman H. Bentz, husband 18511 Preston Rd., Hagerstown, Md. 21740 20b. Place of Disposition (Nama of comatary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 XBurial 2 ☐ Cramation 3 ☐ Ramoval from Stata Rose Hill Cemetery 8-15-96 4 ☐ Donation 5 ☐ Othar (Spacify) Hagerstown, Maryland 21. Signature of Funeral Service Licer 22. Nama and Address of Facility MINNICH FUNERAL HOME 415 E.Wilson Blvd., Hagerstown, Md. 21740 23a. Part1. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest shock, or heart failure. List only one cause on each line. Approximate Intarval Batween Onset and Death Physician Immediata Causa (Final diseasa or condition rasulting in daath) /Medical **Examiner** Examiner or Attending Physician: The lew requires that the death certificate be executed Sequentially list conditions, if any, laading to immadiata causa. Enter Undarfying Cause (Diseasa or Injury that initiated evants resulting in death) Last buriel-trer Division of Vital Records, P.O. Box 68760, the attending physician Physician/Medical the for use Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 □4168 2 □ No 3 Probably 4 ☐ Unknown Completed by 8 24b. Wara autopsy findings available prior to funeral director, page 2 should 24a. Was an autopsy peed performed? completion of cause of death? hes 2 No certificate 1 ☐ Yes 1 □ Vas 2 □ No 25. Was casa rafarred to medical axaminar? Be 26. Placa of Daath (Check only ona) Hospital: Certification: To 1 ☐ Yes 2 No Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Inpatiant 2 ER/Outpatient 3 DOA this 27. Manner of Daath 28a. Data of Injury (Month, Day Year) 28b. Time of Injury 28d. Dascribe how Injury occurred After 1 1 Natural 5 Pending Invastigation death. 1 ☐ Yas 2 ☐ No 2 Accident the after death Director: 6 Could not be datarminad 3 Suicida 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Spacify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) filled in by 4 Homicida To the Hospital within 24 hours a To the Funeral D Certifying Physician: To tha best of my knowledga, daath occurrad at tha tima, data and place, and dua to tha causa(s) and mannar as stated.

Medical Examinar: On tha bests of axamination and/or investigation, in my opinion, daath occurred at tha tima, data and placa, and dua to tha cause(s) and manner stated. Medical 29a. Certifie /Check one 29b. Sign 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Nama and addrass person who complated causa of death (Itam 23a) (Type, Print) D. Wooster Howell Mod MD 31. Data filed (Month, Day, Year) 32. Registrar's Signatura State AUG 1 3 1996 Din Davidson Rosalell

DHMH 16 Rev 6/95

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

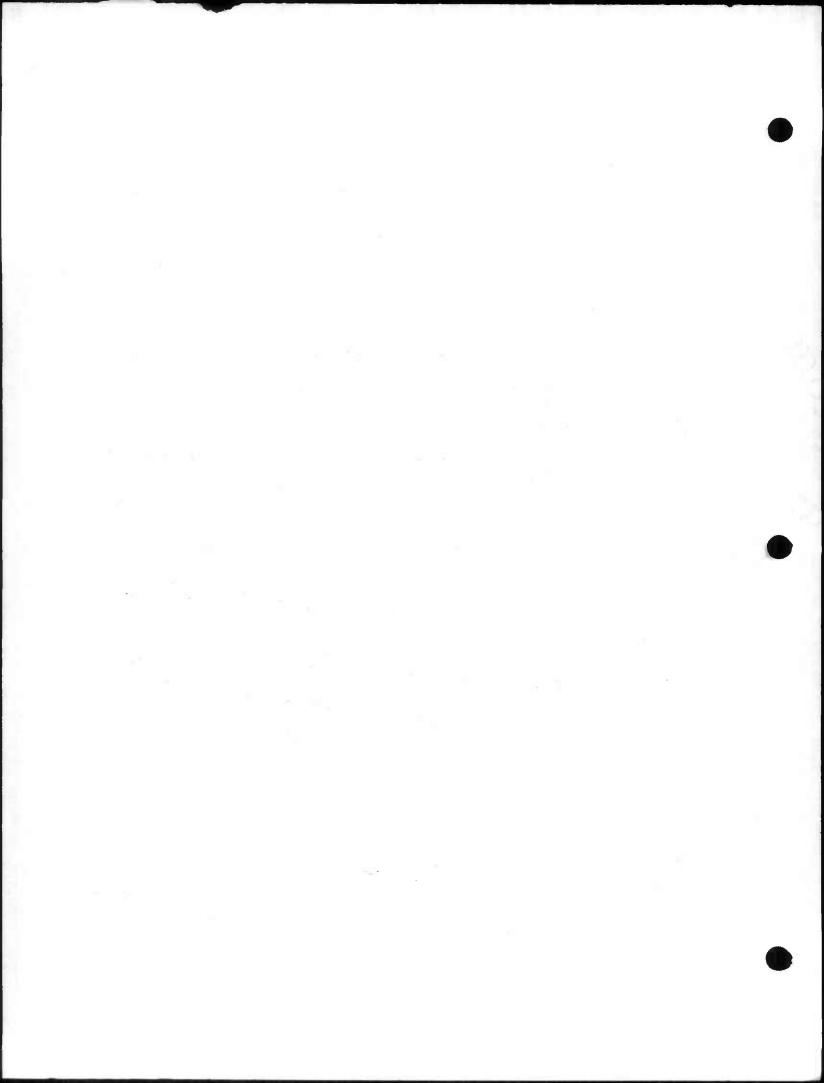
10

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL			MENT OF H		MENTAL HYGIEN			
	t. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH			3. TIME OF DEATH
	George	Robert		Pro	wer			AY 1.00	YEAR	0.15
	4. SOCIAL SECURITY NUMBER		(In yrs. last bi		F UNDER 1 YEAR	IF UNDER 24 HRS.	August 7	199	8. BIRTH	8 • 1 5 A M IPLACE (State or Foreign
	579-22-2852	t 🔀 M 2 🗆 F 7	1	YRS.	ONTHS DAYS	HOURS MIN.	Aug 6, 192	.5	Was!	hington, DC
_	9a. FACILITY NAME (If not institution, give			1		OR LOCATION OF D			NTY OF D	
DIRECTOR	20 Sycamore	Court			Mecna	anicsvil	Le	St.	Mar	y's
S C	10e. STATE 10b. COUNT	ГҮ	1	Oc. CITY,	TOWN OR LOCA	TION				10d. INSIDE CITY
PIE	Maryland St.	Mary's		Mec	hanicsv	ille				LIMITS?
	10e. STREET AND NUMBER				10	. ZIP CODE		10g. CIT	IZEN OF V	WHAT COUNTRY?
ER	20 Sycamore Court	-				20659		U	.S.A	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 X YES		D			NIC ORIGIN? (Specify Ya	a or No-	14. RACI	E — American Indian, k, White, etc.
BY	t Never Merried 2 1 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D				2X NO Speci				ñite
ED	15. DECEDENT'S ED	UCATION	18a DECE	DENT'S II	SUAL OCCUPATION	ON	16b. KIND OF BU	SINESS /IN	-	
	(Specify only highest grad Elementary/Secondary (0-12)		(Give	kind of wo	rk done durina me	ast of working	IGE. KIND OF SO	SINE39/IN	DOSTRI	
2	Elementary/Secondary (0-12)	4 years	Sec	urit	y Offic	er	U.S.	Gove	rnme	nt
COMPL	17. FATNER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, Middle, Meiden	Surname)		
BEC	Joseph	Warren		rewe		Eula	Marie			ealy
0	19a. INFORMANT'S NAME (Type/Print)						Route Number, City or Tox			
	Julia Ann Brewer				-		chanicsvil			20659
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Res				olsposition (N. er placa) Cemete			CATION -		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L		vete	rans		ND ADDRESS OF F		errei	ıı ıdını,	Maryland
	Frank 1	1-8/4	11 -		Matti	ngley-Ga	rdiner Fun	eral	Home	, P.A.
	22 DATE STATE OF THE STATE OF T	A Hara	ine	2	P.O.	30x 270	Leonardto	wn. N	/aryl	and 20650
	23. PARY I. Enter the diseases, or shock, or heart failure	List only one cause on	eech line.	n. Do no	t enter the mo	ae of aying, su	on as cardled or reap	eratory sr	rest,	Approximete Interval Between
	iMMEDIATE CAUSE (Final disease or condition	/	1,00	2	mor	nory	Anisi	-		Onset and Death
	resulting in death)	DUE TO (OR AS	- 11	INCE OF	1	1	111000	9	-	1111
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0	Sequentially list conditions, if eny, leading to immediate	DUE TO (OR AS	MONSHOW	HOE OF	de	s Re	mon	set	De	100
2	cause. Enter UNDERLYING CAUSE (Disease or injury		19)	/ "	00	/	'0	4		gue
ERTIFICATION	thet initieted events resulting in death) LAST	DUE TO (OR AS	A CONSEQUE	INCE OF:						0
		d		1	- 4					1
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MEDIC	flored Line	Insuff	7- ' /	h	1111	genrel	1 1 YES	2 000		OF DEATH?
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ä	DID TOBACCO USE CON	TRIBUTE TO CAUSE (UNCERTA	MOZI			
2	25. WAS CASE REFERRED TO MEDICAL EXAMINERT	HOSPITAL:	110111111111111111111111111111111111111	T	Check only one OTHER:	/	- WESTON - SC			
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	1 Natural 8 Pending	(Month, Day, Wer)		INJU	RY. W	YES 2 NO	and, begunde now	magniz oc	CONCO	
B	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJUR	IY — At home	, form, wi		1,000	28f. LOCATION /Street	and Numbe	ir or Runsi	Route Number,
밀	4 Homicide determined	building, etc. /Spi	ecdy)				City or Years, State			euse comeo
P.E	29a. CERTIFIER CERTIFIUM PHY	SICIAN: To the beat of my kno	wiedga, death	occurred	at the time, dat	and place, and du	a to the cause(a) and me	mor as st	rted.	
COMPLE		IER: On the basis of examinati								a) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIF	h/h/	5. S.	11	m	29c. LICENSE N	увре С	294. DK	TE SIDIYA	grafies, Day, Warry
O BE	1 our	1110/10	nu			25	1178	Þ 5	1/1	196
ř	30. NAME AND ADDRESS OF PERSON W		EATN (ITEM 2	27) (Type, I	Print)			7	1	
	David Federle, N				onardto	wn, Mary	land 2065	0		
	AUG - 8 19	96 32. REDISTRAR'S SIG	NATURE P	1.11						
		June 10	700							p.m
										DHMH-16 Rev 1/89



1. Decedent's Neme (First, Middle, Last)

4e. Fecility Neme (If not institution, give street end number)

STEWART

JOHN

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / D

BRAGDON

1 /	Department of Health and	Mental	Hygien
	Certificate of Death		Reg. N

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10, 1996

4c. County of Deeth

3. Time of Deeth

1820PM

Reg. No.

Dey

2. Date of Deeth Month

AUGUST

4b. City, Town, or Location of Deeth

Physician
/Medical
Examiner
DEC.

Fr Di

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of the American Hygiene.

Baltimore, Maryland 21215-0020 Phys /Me Exar

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funetal Director: After this certificate has been signed by the attending physician and Division of Vital Records, P.O. Box 68760,

	579-40-8			□F 65	,	Yrs.				March	23,1931	9. Birthpled Country Phill:	ipian I
	Usuel Residence of 10e. State	100 City	, Town or Loc	antin -									
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rect	10e. Street end Nun	Prince	deorg	C 5		mp bpi	10f. Zip C	ode.			10g. Cltizen of	Mhat Countr	
Funeral Director	7008 Be:			101. 2.10	20748			U.S.A		y 1			
Iner	11. Maritai Status	Ever In U,S	5. 13. W	Vas Decede	nt of Hispenic O y Cuben, Mexica	rigin? (Spe	cify Yes or N		ce - American				
by Fu	1 Never Merrie	No		☐ Yes 2			incair, etc.)		Black, White, etc. Specify: White				
eted	(Speci		16e. Decede	ent's Usuei	Occupation done during mo	st of worki	0.0	16b. Kind of B	usiness/Indu	stry			
Completed	Eiementery/Secon	5+)	life. D	ONOT use	retired)Analy			I.R.S.					
Be C	17. Fether's Neme (n Cr				18. Moth			le, Maiden Sumen	ne)	
2	John Stewart Bragdon, Sr. Ruth Hughs												
	19e. informent's Na	The Manager									ber, City or Town,		
	Joan V.		(Wif	e)	20b Pie	/UU8 ace of Dispos			. Call	Date	ings, Mai		
	1 ☐ Buriei 2√	Cremetion 3	∃ □Removei f	from Stete	COL	metery, crem	etory or oth	er plece)			20c. Location		
- 7	4 Donetion				L	ee Cre		Y Au Address of Fecil			96 Clin		
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

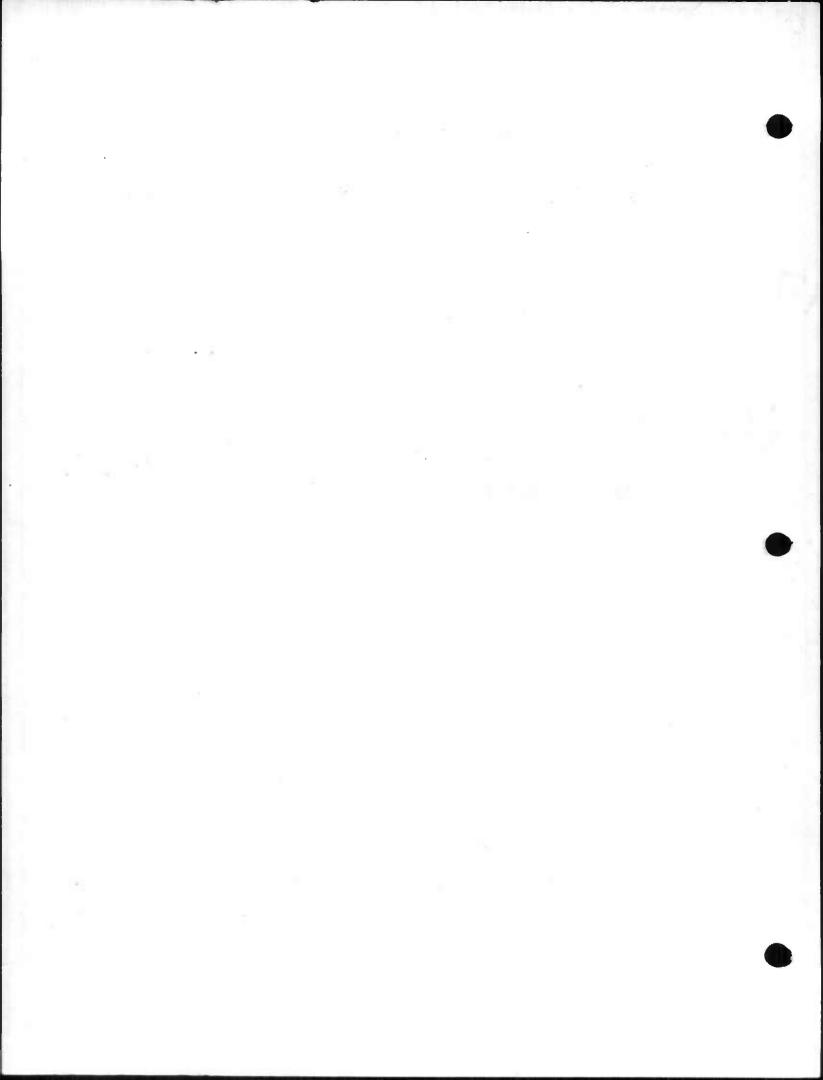
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR				CERTIF	ICAI	EUF	DEAL	П		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH Alvin Alvin John Breckenridge 3. Time of DEATH August 11, 1996 5:50 A.											Мы			
	4. SOCIAL SECURITY NUMBER	n	John John	6. AGE (In yrs.			R 1 YEAR	IF UNDER	04 1800	7. DATE O		-, -		IPLACE (State or Fore	
	579-18-640		1 (3) M 2 □ F	73	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, May	Day March	923	Countr	hington I	
	9a. FACILITY NAME (If not insti		9b. CIT	Y, TOWN C	R LOCATIO	N OF DE	ATN 9c. COUNTY OF DEATN								
DIRECTOR	9113 Divon	Drive				Clinton						Prince Georges			
ñ		10b. COUNTY	1		10c. CIT	TY, TOWN OR LOCATION					100				
		Princ	e George	5		Cli	nton							LIMITS?	0
Z.	100. STREET AND NUMBER	.					101	ZIP CODE		10g. CITIZEN OF					
罗	9113 Dixon			<u>_L</u>	207					.S.A					
/ FUNERAL	11. MARITAL STATUS 1 Never Merried 2 M	NO NO	13.	If yes, sp	ENDENT OF Cuber 2 X NO	F NISPAN 1, Mexica Specify	n, Puerto Ri	IC ORIGIN? (Specify Yes or No— 1, Puerto Rican, etc.) 14. RACE - Black, Specify				•			
B	3 Widowed 4 Divore	ed	1943-	-1945				X	. ,						
COMPLETED	15. DECEI (Specify only i	DENT'S EDU		16a.	DECEDENT'S	work done	during mo	ON st of working	a	16b.	KIND OF BUS	INESS/IN	DUSTRY		
<u> </u>	Elementary/Secondary (0-1	1	College (1-4 or 5 d	·) m.	life. Do NOT u	se retired.)	duning mo	or or working			D 0	O			
린	12th		N/A	Tr	affic						D.C.	Gove	rnme	nt	
Θĺ	17. FATNER'S NAME (First, Mid	_	D1					18. MOTN			ddle, Malden				
BE		L.	Brecke	enridge					Amy		Smit				
2	Jacqueline	Breck	enridge		9113	Dix	on D	rive	Cli	nton	Maryl	and	2073	5	
	20a, METNOD OF DISPOSITIO		ovel from State	Cometery.	CE AND DATE cremetory or o	Krier Diace	1		-		1		City or To		
	4 Donation 6 Other (S			Resu	rrect	ion	Ceme				Cli	nton	, Ma:	ryland	
	21, SIGNATURE OF FUNERAL	SERVICILLIC	englie /	/										e, Inc.	
	1104	1.1	Harl			56	33 0	ld Al	l.exa	ndria	Ferr	y Rd	Cli	nton, Md2	2073
	23. PART i. Enter the dis- ahock, pr hai IMMEDIATE CAUSE (Fina disease or condition resulting in death)	nrt fallurs.	a. Me+	asta	hic/							ratory ar	reat,	Approximat Interval Bat Onsat and	ween
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):														
	PART ii. Other significen	t condition	ns contributing to	death but no	ot resulting	in the u	ndsrlyin	g cause g	ivan In	Part i.	24a. WAS AN		24b	. WERE AUTOPSY FIN	DINGS
EDICAL			_								PERFOR	\ /		AMAILABLE PRIOR TO COMPLETION OF CA)
											1 YES 2	XNO		OF DEATH?	
Σ	DID TODACCO HIS	T CONT	DIDLITE TO CA	LICE OF D	FATIL V	FC []	HO A	LINIC	ERTAII					1 YES 2 NO	P
A Z	DID TOBACCO US		KIBUTE TO CA		LACE OF DEA		NO K	ONC	EKIAII						
5	EXAMINER?	MEDICAL	HOSPITAL:			OTHE		V							
PHYSICIAN:	1 TYES 2 NO		1 Inpatient 2				rsing Non	$\overline{}$	aldence	6 Other					
	27. MANNER OF DEATN 1 Natural 5 P	ending	26a. DATE OF (Month, D		28b. TIR	ME OF JURY M	28c. INJ W0	PRK?	NO	26d. DESC	RIBE NOW I	NJURY OC	CURED		
ED BY	2 Accident 3 Sulcida 6 C 4 Nomicide de	t homa, farm,	street, fa	ctory, offic	a		26t. LOCA City o	TION (Street a Town, State)	and Numbe	or Aural	Route Number,				
<u> </u>	29a. CERTIFIER												_		
COMPLET	(Check only		ICIAN: To the best of \$R: On the basis of a	_										a) and manner as ate	ted.
BE C	29b. SIGNATURE AND TURLE	OF MINTE	60/	1				29c. LICE	INSE NUI	MBER		29d, DA	TE SIGNED	(Mgnth, Day, Year)	
2	30. NAME AND ADDRESS OF	PERSON WN	IO COMPLETED CAU	SE OF DEATN (ITEM 27) (Type	and the same		10-	1/8	205	- 1	0	110	176	
	31. DATE FILED (Month, Day, M	J. 1	taidat	AR'S SIGNATUR	1.3	992	61	0000	dip	nd i	Rd #	201	0/1	nton m	(1)
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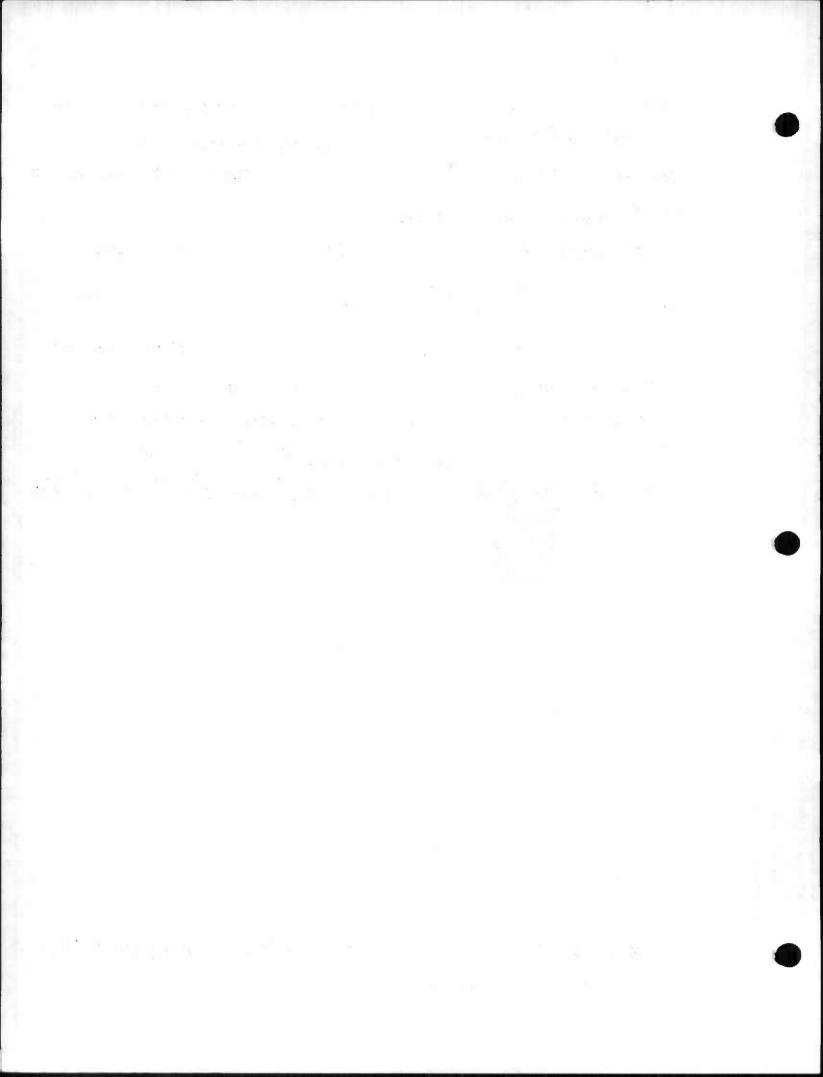


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96

						Ce	пітіса	te or	Death		Reg.	No.		
	Physic /Med		Decedent's Neme (First, Middle, La Nelson	Bro	own		2. Dete Mont Augu		De 1996		3. Time of Death 1530			
	Exami		4e. Fecility Neme (If not institution, given Calvert Memor)						4b. City, Town,		Deeth	4c. County of Dee		
	Funeral Director		226-58-3418	Gex IXM 2□F	7. Age (In yrs. 92	lest birthdey) Yrs.	If Undo	er 1 Year Deys	If Under 24 I	Freder drs. 8. Dete (Mont) Dec	of Birth		9. Birthplac	e (State or Foreign
	f ahow	Į.	Usual Residence of Decedent 10a. Stete Maryland Prince	George 's		ty, Town or Lo					16		10d.	Inside City Limits
	death with the Maryland ms 23a or 28a-f show	Funeral Director	10e. Street end Number 6917 Crafton 1			014100		ip Code 20	735				What Country	?
020	or he	by	11. Maritel Stetus 1 Never Merrled 2 Merried	12. Was Dece Armed For XXYes If Yes, Give Year or De	ces? 2□No 19	746	Wes Dec If Yes, sp		Hispanic Origin? an, Mexican, Pa	(Specify Yes ouerto Rican, etc.	or No-		ce - American ick, White, etc. by: Whi	
21215-0020	nat	Completed	15. Decedent's El (Specify only highest gra Elementery/Secondery (0-12) 12	ducation ide completed) College (1-	4or 5+)	16a. Dece (Give life. Cler)	kind of w	ork done	during most of	working 16b. Kind of B Federal				
e, P	2 should be filed within and Mentel Hygiene. is marked other than sumatic event, me Mentel Helm and the Mentel Helm Mentel Hel	To Be	17. Fether's Neme (First, Middle, Last, Walter L. Brow							Name (First, M Louise			ne)	
	and 2 sho eeith and n 27 is me		19e. Informent's Neme/Reletionship (Forbes L. Brown	Type, Print)		6917	Craf	ton	Lane, C					
	permit. Peges 1 and 2 Department of Heelth Important: If Itam 27 i any Injury or other tri once.		20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specif.		tete	Plece of Dispo cemetery, crei unt Ol	metory or	other pie	∞) Aug 1 tery	lo, 199	n		gton DC	
Ball	Departi Import any Inf		21. Signeture of Funerel Service Licer	L. Bi	lana	22	2. Neme e	nd Addre	ess of Fecility_					33 Old ad 20735
	Physician /Medical Examiner	ı	23e. Pert1. Enter the disease, or com shock, or heart feilure. List only Immediate Cause (Final disease or condition resuiting in deeth)	e.	used the feet ch line.	Y A SV	er the mo		hulu				Int	proximete terval Between nset and Deeth
	n certificate be assecuted inding physician and use as the buriel-transit	Physician/Medical Examiner	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting In deeth) Lest	b		r es e conseq			p nes	Imo	mi	2		
0	the atte	sicia	Part II. Other significant conditions o	ertying cause given in Pert I. 23b.				b. Did tobacco use contribute to the cause of death						
, 7.	requires that the death ween signed by the atter hould be detached for a	by Phy									1 🗆 Yee	2□ No	3 Probeb	ly 45 Unknow
Hec	The law ate hes b page 2 s	Completed b		-							Wes en er performed		availal compl of dee	autopsy findings ble prior to letion of cause th?
or vital	Physician: The this certificate ral director, pag	o Be	25. Wes case referred to medical exeminer?	Hospitel:				Ott	nor:	Deeth (Check o				
on or	ding Phys th. After this funeral di	 	1 Yes 2 No 27. Menner of Deeth 1 Naturel 5 Pending 2 Accident Investigation	28e. Dete of (Month		28b. Time of Injury		28c. Inju	4 LI Nursin	g Home 5 28d. Desc		a 6 □Oth		
DIVISION	To the Hospital or Attending Phy within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	Certification:	3 Sulcide 6 Could not be determined	28e. Plece o	of Injury - At he g, etc. (Specif	ome, ferm, str				28f. Locat City o	ion (Stree or Town, S	t end Numb tete)	ber or Rural Ro	oute Number,
	To the Hospital or within 24 hours afte To the Funeral Director to the Funeral Director tilled in the Indian Incompletely filled in the Indian Incompletely filled in the Indian Incompletely filled in the Indian I	edical (29e. Certifier (Check only one) Certifying Ph	yelclan: To the ballner: On the bes	is of examine	wledge, death tion and/or Inv	occurred vestigetlo	l et the tir n, in my c	me, dete end ple opinion, deeth o	ece, end due to	the cause ime, dete	end plece,	anner es stete end due to the	d. e cause(s)
	Within To the	Me	29b. Signeture end title of cartifier				29	c. Licens	se number		29d.	Date signe	ed (Month, Day	, Year)
	->-0		Machine 30. Name and address of person who		17)	220\ /T	Dele*	DI	1621	f 6	A	ugi	ut 8,	1996
			M.A. MEEL	- U	or deeth (Iten	123e) (Type, レカの	2F	2	860	3		U		
	Sta	ate	31. Dete filed (Month, Day, Year)	106 32. Ra	Astrar's Signa	Loc Ros	la IL			-				



State of Maryland / Department of Health and Mental Hygiene 25088 Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death August 9, 1996

August 9, 1996

County of Death Charles Richard Brockell, SR 0450 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 216 Whitehall Road E1kton Cecil If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) 15 M 2□ F 84 July 9, 1912 West Virginia Usual Residence of Decedent 10b. County 10c. City. Town or Location 10d. Insida City Limits Cecil E1kton 1 ☐ Yas 2 ☑ No 10f. Zip Coda 10g. Citizen of What Country? 216 Whitehall Road 21921 United States 12. Wes Decedent Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Raca - Amarican Indian. Black, White, atc. 1 ☐ Never Married 2 ☑ Married White 1 ☐ Yas 2 ☐ No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Sales Agent Insurance 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) John H. Brockell, SR. Viola Short 19a. informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Edna K. Brockell/Wife 216 Whitehall Road, Elkton, Maryland 21921 20b. Placa of Disposition (Name of 20c. Location - City or Town, State 8/T2 cematary, cramatory or other piece) 1 Burlal 2 □ Cremation 3 □ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Cherry Hill Methodist Cem. 96 Cherry Hill, Maryland 21. Signature of Funaral Servica Licensaa 22. Name and Address of Facility Hicks Home for Funerals, P.A. aler 103 West Stockton St., Elkton, Maryland 21921 23a. Part1. Enter the disease, or complications that caused the death. Do not enter tha mode of dylng, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate tnterval Between Onset and Death Cardionyopathy Chronic Obstructive Palmonary Discuse Dua to (or as a consequence of

Physician /Medical Examiner

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use es

DY.

certificate has

After this funeral

To the Hospital or Attending Pt within 24 hours efter death.

To the Funeral Director: After the completely filled in by the funeral

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Completed

Be

2

Certification:

Medical

90

P.O. Box 68760.

Records,

Division of Vital

Physician

/Medical

Examiner

Funeral

Director

with the Marylend

permit. Peges 1 and 2 should be filed within 72 hours efter deeth with the Marylan Department of Health end Mental Hygiene. Important: If then 27 is marked other than "naturef", or items 23a or 28a-1 show any Injury or other than the Western Towal to a not highly or other thaumatic event, the Medical Examinat man be not indeed any Injury or other thaumatic event, the Medical Examinat man be not indeed.

Saltimore, Maryland 21215-0020

5. Social Sacurity Number

220-14-1469

10a State

Director

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Completed

Be

Maryland

11 Marital Status

10e. Street and Number

12

20a. Method of Disposition

Immediete Ceuse (Final disaase or condition resulting In daath)

Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in daath) Last Physician/Medical

ypertension

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24e. Was an autopsy 1 Yes 2 No 24b. Were autopsy findings availabla prior to completion of cause of death? 1 Yes 2 No

25. Was casa raferred to madical 1 Yes 2 No 27. Manner of Death

28a. Dete of Injury (Month, Day Year) 5 Pending Investigation

MD

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatlant 3 ☐ DOA 28b. Time of 28c. Injury at Work?

28e. Place of Injury - At homa, farm, street, factory, offica building, etc. (Specify)

26. Place of Death (Check only one) Other: 4 ☐ Nursing Homa 5 ☐ Residance 6 ☐ Other (Specify) 28d. Describe how Injury occurred

28f. Location (Street and Number or Rural Routa Number, City or Town, State)

29e. Certifier (Check only one)

1 Natural

2 Accident 3 Suicida

4 Homicide

1 Certifying Phyalclan: To the best of my knowledge, death occurred at the time, date end plece, end due to the cause(s) end menner as steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, dete and pleca, and due to the cause(s) and manner stated.

29c. License number

1 ☐ Yes 2 ☐ No

29b. Signature and title of certifier

31. Date filed (Month, Day, Year)

DYTTI

29d. Date signed (Month, Day, Year) August 12 1996

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) DAVID GAR-EL, MD 3 MAULDIN AVE

6 ☐ Could not be determined

NORTH EAST, MD 21901

State Registrar

AUG 1 2 1996



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State of Maryland / Department of Health and Mental Hygiene

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						Cei	titicat	e ot	Death	7		Reg. No.		
			1. Decedent's Nema (First, Middle	, Last)							2. Dete of De	ath		3. Time of Deeth
	Physic		ADA MEA	BOND							Month August	Dey 2. 1	996	0720 A.M
	/Medi Exami		4a. Fecility Neme (If not institution,		um <i>ber</i>)			[4b. City, To	own, or L	ocation of Deat	1	0/20 A.II	
	Exami	iei	102 St. James										il	
ı -				6. Sex	7. Age (In yrs.	last hirthday)	If Under	1 Vear		24 Hrs.	O Data of Bir			lana (Otata au Carrier
т	Funeral	Н	214-20-1311	1 M 2 X F		Yrs.	Months	Deys		Min.	8. Data of Bir (Month, Da	ly, Year)	Goun	leca (Steta or Foreign
	Director		Usuel Residence of Decedent		84				J		Feb. 2	24, 1912	Mar	yland
	and *		10a. Stete 10b. County		10c, Cit	ty, Town or Lo	cation						1	0d. Inside City Limits
	Alenyl sho	5	Manusland Cass	. 1		Elkton								1 X Yes 2 □ No
	28a-1		Maryland Cec	11	1	EIKLON	1.04 =0							
	5-0020 72 hours after deeth with the Meryland natural; or items 23a or 28a-f show deal Examiner must be rectified at	Director	10a. Street end Number	G			10f. Zip					10g. Citizan of \		
		- a	102 St. James	Court			}	921				United	Stat	es
		by Funeral	11. Maritel Status	Armed F		l,S. 13. \	Ves Deced Yes, spec	lent of I	Hispanic Or an, Mexice	rigin? (Sp n, Puerto	ecify Yes or No Rican, etc.)	- 14. Rac Blac	e - Amarlo ck, White,	
2	21215-0020 d within 72 hours after giene. r then "netural", or its n the Wedesi Exempted.		1 Never Merried 2 Marrie	ed 1 ☐ Yes If Yas, G	2 X No		☐ Yes					Specify		
00			3 ☐ Widowed 4 ⚠ Divorced	Yaeror	Dates:				оросу			Specify	Bla	ck
5-0	72 h netu	Completed	15. Decedant's (Specify only highest	s Education)	16e. Deced (Give life. L	lent's Usua	I Occup	petion	st of work	ina	16b. Kind of B	usinass/ind	dustry
21	within ene. then "	pid	Elementery/Secondery (0-12)	T	(1-4or 5+)	life. L	O NOT us	e retire	d)	31 01 11011	n ig			
	filed within Hygiene. Ither then	No.		2		Se1	f-emp	1oy	ed			Jani	toria	11
B	should be filed of Mental Hygin marked other imatic event, it	Be (17. Fether's Neme (First, Middle, L	ast)					18. Moth	er's Nem	e (First, Middle	, Maiden Sumen	10)	
a	d Feet of the control	To	John Thomas B	rown					Le	na A	dams			
Maryland	2 should be 1 and Mental I is marked of surnatic eve	-	19a. Informant's Neme/Reletionsh	lp (Type, Print)		19b. Meilir	g Address	(Street	and Numb	er or Rui	al Route Numb	er, City or Town,	Stete, Zip	Code)
Σ	W		Charles A. Bra	vwood Sr	Nephev	J 102	St.	Jame	s Cou	ırt.	Elkton.	Maryla	nd 2	1921
a)	permit. Peges 1 and Department of Health Important: If Item 27 any Injury or other tr once.		20e. Method of Disposition	,	20b. F	Plece of Dispo	sition (Nen	ne of			Dete	20c. Location -		
ō	Peges nent of h int: If ite		1XXBurial 2 Cremetion		i Stata	cematary, cran	-		-		ug. 6		,	
Baltimore,	permit. Pege Department of Important: If any Injury or once.		4 Donetion 5 Other (Sp.		Gri	iffith					1996	Cedar	Hill	, Maryland
Sal	Depar Depar Impor any Ir		21. Signatura of Funerel Service L	lcensae					ess of Facil		-1	D 4		
"	20 E 8 9		Monadi	2. 1	(10.)						erals,	P.A.	wland	21021
	-		23e. Pert1. Entar the diseasa, or o shock, or heert feilura. Liet o	complications that	ceused the deat	h. Do not ant	ar the mod	e of dyi	ng, such es	s cerdiec	or respiretory a	rrest,	ylanc	Approximata
	Physician		SHOCK, OF HEER TENUTA. LIST O	rily one ceuse on	aech iina.						2.64		1	Interval Between Onset and Deeth
	/Medical		Immediete Ceuse (Final	/	7 1	1.	arrese of		/		- 7	1	I	
	Examiner	ш	diseese or condition resulting in death)	0	aug	100	101	al	ory		141	eme		mmadiat
		ē			Due to (c	or, as a consec	uence of):	`	1.0		10		1	2001
	pet isc	듄		b . (1)	10MIC	OV.	Mu	11	NY	1	ulsuc	nay	412	pase 1
	and and	Examiner	Sequentielly list conditions, if eny, leeding to immediate		Due to (c	or es e conseq	uence of):		>			/		
9	be e ician buri										10			
68760,	certificate be executed iding physician and ise as the buriel-transit	√Medical	thet Initiated events resulting in death) Last Due to (or es a consequence of):											
	ding se as	Me		d									1	
Box	attence for us													
	0 0 0	Physician	Pert II. Other eignificant condition	e contributing to	leath but not res	ulting In the ur	ndarlying c	euse gi	ven in Pert	I.	23b. Did	tobaceo uee co	ntribute to	the cause of death?
P.0	lew requires that the as been signed by the 2 should be detach	Phy	the atthe	-1	Bana	10		11:	- 100	-	12	Yee 2□ No	3 Prol	bably 4 Unknown
	the second	by	119/0 1ng/01	a, o	Dance	ung	\sim	110	we	COS				
of Vital Records,	been si should	8	1	(~/	11.					24e. Was	en autopsy ormed?		ere autopsy findings ailabia prior to
00	w requ	Completed	Lymas		Mary	LUS					pen	Jillieu ?	_ CO	mpletion of ceuse death?
Be	The lew ate has page 2	E										v		
a	icate										10	555	11	Yes 2 No
5	Physician: The lithis certificate here in director, page	Be	25. Wes cesa referred to medicel examiner?	Hospitel:				0.1	har		h (Check only			
o		ုင္	1 Yes 2 No	1	inpatient 2			A	4U N	ursing Ho		dence 8 Oth		y)
	the the	Certification:	27. Manger of Deeth 1 ☑Netural 5 ☐ Pending	28a. Dete (Moi	of Injury oth, Dey Year)	28b. Time of Injury		8c. Inju Wo			28d. Dascribe	how injury occur	red	
Division		cati	2 Accident Investigation M 1 Yes						Yes 2□	No				
Ž	or Attendent efter deat Director:	Ě	3 ☐ Sulcide 6 ☐ Could no 4 ☐ Homlolde determin	led 286. Plac	e of Injury - At he		aat, fectory	, office			28f. Location (City or To	on (Street end Number or Rural Route Number, Town, Stete)		
	s ofte	Ç	4 ☐ Homicide building, etc. (Specity)											
	hour hour iy fill		29e. Certifier 1 Certifying	Physician: To the	e best of my kno	wiedge, death	occurred	et the ti	me, dete er	nd plece,	end due to the	ceuse(s) end me	enner as si	teted.
	P F F	edicai	(Check only 2 Medical E	xaminer: On the t and mar	pasis of axemina nner steted.	ition end/or Inv	estigetion,	In my o	opinion, de	eth occur	red at tha time,	data and place,	and dua to	tha causa(s)
	To the Hospital or Attent within 24 hours efter deat To the Funeral Director: completely filled in by the	Σ	29b. Signetura and the of certifier		1		290	. Licans	sa number			29d. Data signe	d (Month,	Dey, Year)
			Backer	01	16				11-			8	5-0	
	d		30 Name and all all	ag	/ cue	400	Dein4\	12	259)/		0-0	17,	9
	4		30. Name and address of person w	×				1 4 -	20%	Tr 11-4	- MD	21021		
			/Barbara Parey, 31. Date filed (Month, Dey, Year)		11 High			rre	204,	LIK	on, MD	. 21921		
	Sta			10:	Registrer's Signa	Mandall								
	Registr	aı	AUG 07 1996	Juna	Print House	-6 -								

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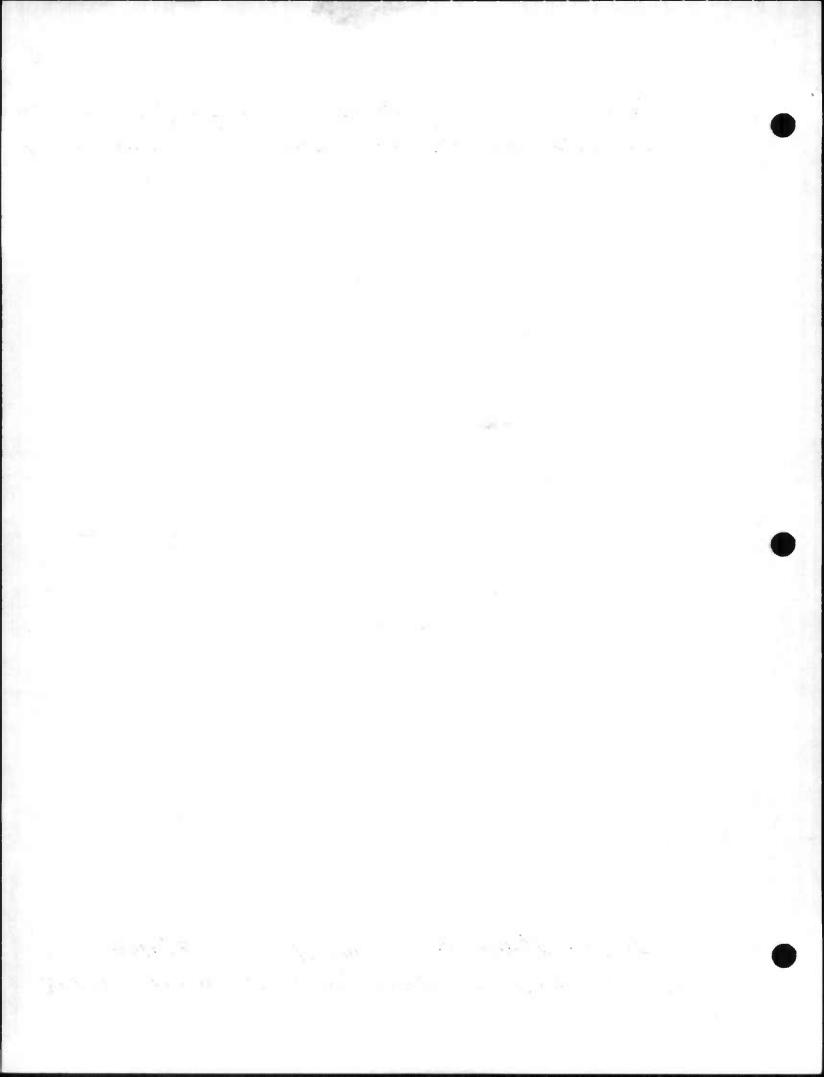
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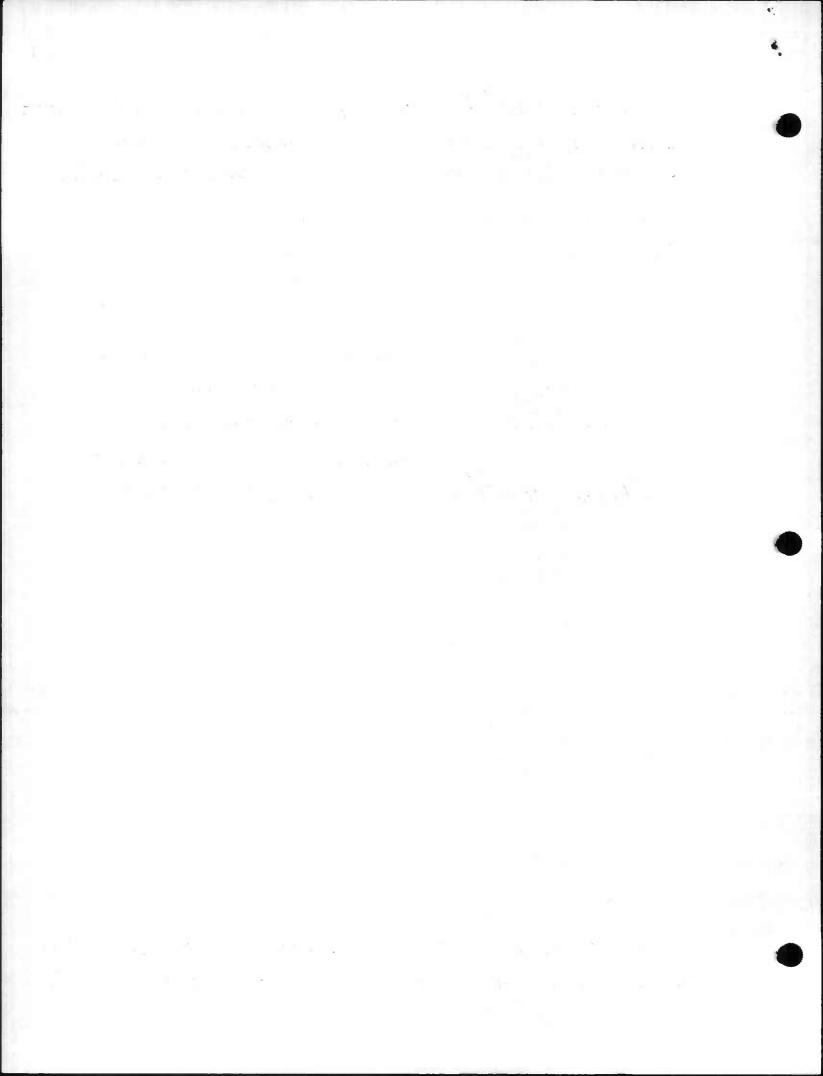
State of Maryland / Department of Health and Mental Hygiene 96

25090

					Ce	ertificate of	Death		Reg. No.	0	_0000
	Dhusia		1. Decedent's Neme (First, Middle	e, Last)		2		2. Dete of De	eeth Day	Veer	3. Time of Deeth
	Physic /Medi		MARTHA		4	3 Racks		Augu	st 8,1	1996	7:15 P.N
	Exami		4e. Fecility Neme (If not institution	, give street end number)	11 .		4b. City, Town, or L	ocation of Dee	th 4c, County	of Death	1.
			Southern TI	anyland for	2501h	2/	Clinton	V	PRIN	Ice	Genna
	Funeral		5. Sociel Security Number	6. Sex 7. Age (In)	yrs. fast birthdey	Months Deys		8. Dete of Bi (Month, D	rth ev Year)	9. Birthp	lece (State or Foreign
	Director		213-44-5660	1 M 2 DXF	O Yrs.	Morano Doyo	110010	October			aryland
	pue *		Usuel Residence of Decedent 10a. Stete 10b. County	10c	. City, Town or L	ocation			_	1	0d. Inside City Limits
	Aanyle Bho	5	1000000								1 ☑ Yes 2 ☐ No
	the h	Director	Maryland Prince	Georges	Suitland	10f. Zip Code			10g. Citizen of \	Affront Cours	
	With With	ā							rog. Onizer or t		ary r
	8 23	Funeral	3414 Navy Day Drive	12. Wes Decedent Ever I	nIIS 13		20746	anifu Vac or N	14 Bec	usa e - Americ	en Indlen
_	her her	5	1 Never Meπied 2 Marr	Armed Forces?	10,5.	If Yes, specify Cut	Hispenic Origin? (Spoan, Mexican, Puerto	Rican, etc.)	Bled	ck, White,	
320	Irs af	by	3 □ Widowed 4 ☑ Divorced	If Yes, Give Yeer or Detes:		1□ Yes 2⊠ No	Specify:		Specify	^{ly:} Black	
215-0020	s 1 and 2 should be filed within 72 hours after deeth with the Maryland f Health and Mantal Hygiene. Item 27 is marked other than "naturel", or items 23s or 28s-f show other treumstic event, the Medical Exercities must be notified at		15. Deceden	's Education	16a. Dece	edent's Usuel Occu	pation		16b. Kind of B		
215	within 7: ene. then "n	Completed	(Specify only higher Elementery/Secondery (0-12)	t grade completed) College (1-4or 5+)	(Give	e kind of work done DO NOT use retire	during most of worked)	king			
21	d with	E	12	College (1-401 5+)		Supervisor			C	afeter	ia
	office of the vent,	BeC	17. Fether's Neme (First, Middle,	Last)	- 10		18. Mother's Nem	e (First, Middle	e, Maiden Suman	10)	
<u>a</u>	Aente Aente rked tice	To	Leo Washington				Susie	Middle	eton		
Maryland	2 should be filed with end Mental Hygiene. Is marked other than eumetic event, the M		19a. Informant's Neme/Reletions	nip (Type, Print)	19b. Meil	ing Address (Stree	t and Number or Rui	rai Route Numi	ber, City or Town,	State, Zip	Code)
	1 end 2 Health e em 27 is		Marion Washingt	on - Sister	2101	Alice Avenu	ne Apt. 201	Oxon Hill	l. Marylan	d 207	45
or e	of He of He		20a. Method of Disposition	20	b. Plece of Disp	osition (Name of amatory or other ple	-	Dete	20c. Location -		
Ĕ	Pages nent of I nt: If its iry or of		1 ☑ Burial 2 ☐ Cremetion 4 ☐ Donetlon 5 ☐ Other (S	16.1			August 12	1006	Clinton,	Maryl	Free
Baltimore,	permit. Pages 1 end Department of Health Important: If Itam 27 any Injury or other tr once.		21. Signeture of Funerel Service		2	2. Neme end Addre	ess of Fecility	, 1220	CITICAL	rencyn	
m	Depa impo any is		> Woold U	M SATOR		Adams Fur	neral Home	Aguas	co. Marv	land	20608
	-		23a. Peri1. Enter the disease, or shock, or heart feilure. List	complications the caused the d	1			-	. –		Approximete
9	Physician		shock, or near tellure. List							1	Onset and Deeth
ч	/Medical		Immediete Ceuse (Finel diseese or condition	CARCI	NOMA	DE	PANCRE TUS	-4<		13	4000
п	Examiner		resulting in death)	e. Due t	o (or as e conse	duence of).	THACKE	77 3			pars
	n =	ner		DIABLET	TES	M=111	7115			1	pen
	lew requires that the deeth certificate be executed es been signed by the ettending physician and 2 should be detached for use as the burial-transit	Examiner	Sequentielly list conditions.	Due t	o (or es e conse	quence of):	143			1	1
0,	e exelian a		Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury								regers
68760	ate b hysic	edical	that initieted events resulting in death) Last	0.	o (or es e conse						0
	ing p	5	, , , , , , , , , , , , , , , , , , , ,	40.						1	,
Box	eth ce ettendii for use	Physician/		d							
	the eff	sic	Pert II. Other significant condition	ns contributing to death but not	resulting In the	underlying cause gi	iven in Pert I.	23b. Did	tobacco use co	ntribute to	the cause of death?
P.0	that the de ad by the detached	Phy						1□	Yes 2 No	3 Prol	bebly 4 Unknown
	es the igned be de	by									
Records,	been s	ted						24e. We	s en eutopsy ormed?	evi	ere autopsy findings eileble prior to
900	hes be	ple								of :	mpletion of cause death?
Œ	0 - 5	Completed	•					10	Yes 20No	10	Yes 2□ No
Vital	iclen: The	BeC	25. Wes case referred to medical				26. Place of Deer	th (Check only	one)	1	
>	5 00	To	examiner?	Hospitel:	2 ER/Outpatie	ont 3□ DOA Ot	her: 4 Nursing Ho	ome 5 Res	idence 6 Oth	er (Specif	y)
n of	neral		27. Menner of Deeth	28a. Dete of Injury (Month, Day Year	z8b. Time of Injury	of 28c. Inju	iry et	28d. Describe	how injury occur	red	
Ö	Attending in death.	atic	1 Accident	etion	,,,		Yes 2 No				
Division	er de recto	Certification:	3 ☐ Sulcide 6 ☐ Could a determ	ned 28e. Plece of Injury - A building, etc. (Sp.	At home, ferm, st	treet, fectory, office		28f. Location	(Street and Numb	er or Rura	I Route Number,
	tal or safe	Cer		January, oto, (Sp.	· · · · · · · · · · · · · · · · · · ·				, , , , , ,		
	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: Atter completely filled in by the luner	edicai	29e. Certifier 1 Certifyin	g Physician: To the best of my Examiner: On the basis of exam	knowledge, deel	th occurred et the ti	ime, dete end pleca,	and due to the	cause(s) and me	enner es si	the cause(s)
	the hin 2, the property of the	be	one)	end manner steted.				100 01 110 11110			
	To To	Σ	29b. Signeture end title of certifier	. 111		29c. Licen			29d. Date signe		
			of theling had	NHOLLUL M)	D155	557		8/9/9	96	
			30. Neme and eddress of person	who completed cause of death (Item 23a) (Type	, Print)	77-4	11 1.	11.		
			H. HDHAM	4467 000	BRANG	ch /tve	. I emp	LE HI	MSMI	2	0/48
	Sta		31. Dete filed (Month, Day, Yeer)	32. Registrer's Si	igneture P	S- 17	557 . Tomp				
	Registr	ar	AUG1 3	1990 June 91	CONTRACTOR OF THE						



	,, ,, , , , ,					Certificate of	of Death	R	eg. No.		
			1. Decedent's Neme (First, Middle, La	st)		2 0		2. Dete of Deet	h		3. Time of Deeth
	Physic /Medi		James	CalVIN		Bosley		Avanst	Day H. I	Year 996	9:35 PM
	Examir		4e. Fecility Neme (If not institution, giv	e street and number)		0	4b. City, Town, or		4c. County	-	7.33
			Carroll County (General Hosp	ital		Westmin	ster	C	arro]	11
	Funeral		5. Sociei Security Number 6. S		n yrs. lest birt	Months De			Year)	9. Birthp	elece (Stete or Foreign
	Director		213 32 2071	₩ 2□ F	86 , `	Yrs.			,1910	Mar	cyland
	pua *		Usuel Residence of Decedent 10e. State 10b. County	10	c. City, Towr	or Location		Feb		1	0d. inside City Limits
	Anylar f show	5	Maryland Baltim		,,		perco			1	1 ☐ Yes 2 ∑tNo
	the Maryla r 28a-f shor nottled at	ect	10e. Street and Number			10f. Zip Cod		1	0g. Citizen of V	What Cour	
	th with	ā	3806 Black Rock	Road		101. 210 000	21155			ISA	ury r
	deeth with the Maryland rms 23a or 28a-f show r must be notified at	by Funeral Director	11. Meritel Stetus	12. Wes Decedent Eve	r in U.S.	13. Wes Decedent of		Specify Yes or No-		e - Americ	an Indien.
0	r items	E	1 ☐ Never Merried 2 ☐ Married	Armed Forces? 1 ☐ Yes 2 ☑ No		If Yes, specify C	of Hispanic Origin? (S uben, Mexican, Puerl	to Rican, etc.)		ck, White,	
02	al', or items 23s	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Detes:		1 ☐ Yes 2 ☑	No Specify:		Specify	/: V	White
21215-0020	"netural", or its	ed	15. Decedent's Ed	ducation	16a.	Decedent's Usual Oc	cupetion	dina	16b. Kind of Bu	usiness/inc	dustry
2	C 1 1	15. Decedent's Education (Specify only highest grede completed) Elementery/Secondery (0-12) College (1-4or 5+) Yard Foreman 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) Yard Foreman SACO Lumber									
	ygier rt.	ပိ	11			Yard Fore					per Co
ng Di	tal H d oth	Be	17. Fether's Neme (First, Middle, Last)					me (First, Middle, M		10)	
3	Mer Marke	10	Clarence H. Bosl	-				V. Naylo			
Maryland	12 sh h and is m		19e. Informent's Neme/Reletionship (Meiling Address (Str					Code)
	Healt Healt Ther		L. Evelyn Bosley 20e. Method of Disposition			3806 Black Disposition (Name of			MD ZII 20c. Location -		um State
O	nt of or		1 ☑ Burial 2 ☐ Cremetion 3 ☐	Removel from State	cemeter	y, cremetory or other p	plece)	1000			
Saltimore,	permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If Item 27 is marked other than any injury or other traumatic event, the Manace.		4 □ Donetlon 5 □ Other (Specification 21. Signature of Furtieral Service Licer		MC. Z	Zion Cemete		8/7	Upper	CO, I	שוי
Ba	Depa impo any ir		A Land	11/80	1, 0			Eline Fu			
	_		23a. Pert1. Enter the disease, or com	elicotions that squared the	dooth Do		S. Main St			2107	
	Dhusisian	0.3	shock, or heert feilure. List only	one ceuse on each line.	death, Don	iot enter the mode of t	dying, such es cardier	c or respiretory em	951,	1	Approximete Interval Between Onset and Deeth
Ť	Physician /Medical		Immediete Cause (Finel	0	. ,						- 1
	Examiner		disease or condition resulting in deeth)			itis				<u> </u>	3 days
		ē i				consequence of):				1	
	lew requires that the death certificate be assecuted es been signed by the ettending physician end r 2 should be detached for use as the buriel-trensit	Examiner	Sequentially list conditions.	b. — Due	to (or es a c	consequence of):					
0,	e axe		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury							į	
68760,	the b	edical	thet initieted events resulting In deeth) Lest	Due	to (or es a c	onsequence of):					
9 ×	n certific			d						į	
Box	eath ce ettendi	Physician/									
P.O.	be do	ysic	Pert II. Other significant conditions of	ontributing to death but no	ot resulting in	the underlying cause	given in Pert I.	23b. Did to	bacco use co	ntribute to	the cause of death?
	v requires that the death been signed by the ette should be detached for	4	End Stage	Renal	dis	ease		1 🗆 Y	98 2□ No	3 Prot	bebly 45 Unknown
ds	uires riga ld be	d by	0					24e. Wes e	n autopsv	24b. W(ere eutopsy findings
00	v req	Completed						perion	ned?	COL	ailable prior to mpletion of cause
Re	The levate hes	E C						400	- 015fst-		deeth?
ta	ician: The lev certificate hes rector, page 2	1									
of Vital Records,	Physician: this certificates	To B	examiner? 1 ☐ Yes 2 ☑ No	Hospitel:	2 ER/Out	tpetient 3 DOA	Other: 4 Nursing H			or (Snarih	v1
0	g Phys er this seral di		27. Menner of Deeth	28a. Dete of Injury (Month, Dey Ye	28b. T	ime of 28c. Ir	njury et Vork?	28d. Describe ho			//
Division	for Attending after deeth: Director: After din by the fune	Certification:	1 Netural 5 ☐ Pending 2 ☐ Accident Investigation		er) ir		Yes 2 No				
N N	er de er de recto	tifle	3 Suicide 6 Could not be determined	28e. Plece of Injury - building, etc. (S	At home, fer	m, street, fectory, offic	се	281. Location (St. City or Town		er or Rura	l Route Number,
	Ital o								, ====,		
	To the Hospital or Attanding Phy within 24 hours after deeth. To the Funeral Director: After thi completaly filled in by the funeral	edical	29e. Certifier 1 Certifying Ph	ysician: To the best of miner: On the basis of exe	y knowledge, eminetion end	deeth occurred at the	time, dete end plece y opinion, deeth occu	, end due to the ce irred et the time, de	euse(s) end me ete and piece.	nner es st	leted. the cause(s)
	the I the I the I	Med	one) 29b. Signeture end title of certifier	end menner steted.							
	F ¥ F S	-		11.	MI		ense number	. 2	9d. Date signed	a (MONT), I	Lay, rear)
7			no in low	odden,	/ (· /,	'. L	176558		Hugus	t	1, 1776
			30. Name and address of person who	completed cause of deeth	(Item 23a) (Type, Print)	2 ~	1	2 1.		MD 21157
	Sta	to	30. Name and address of person who was a substitution of the subst	32. Begistrer's	nty U	en. Hosp.	, 200 /	emoriat	nv.	wes	tminster,
	Sta Registr		ALIG & 10	196 John Dr.	valeer R	roball					
			11000	00	17 (-2.2)	- 9 40-4					



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

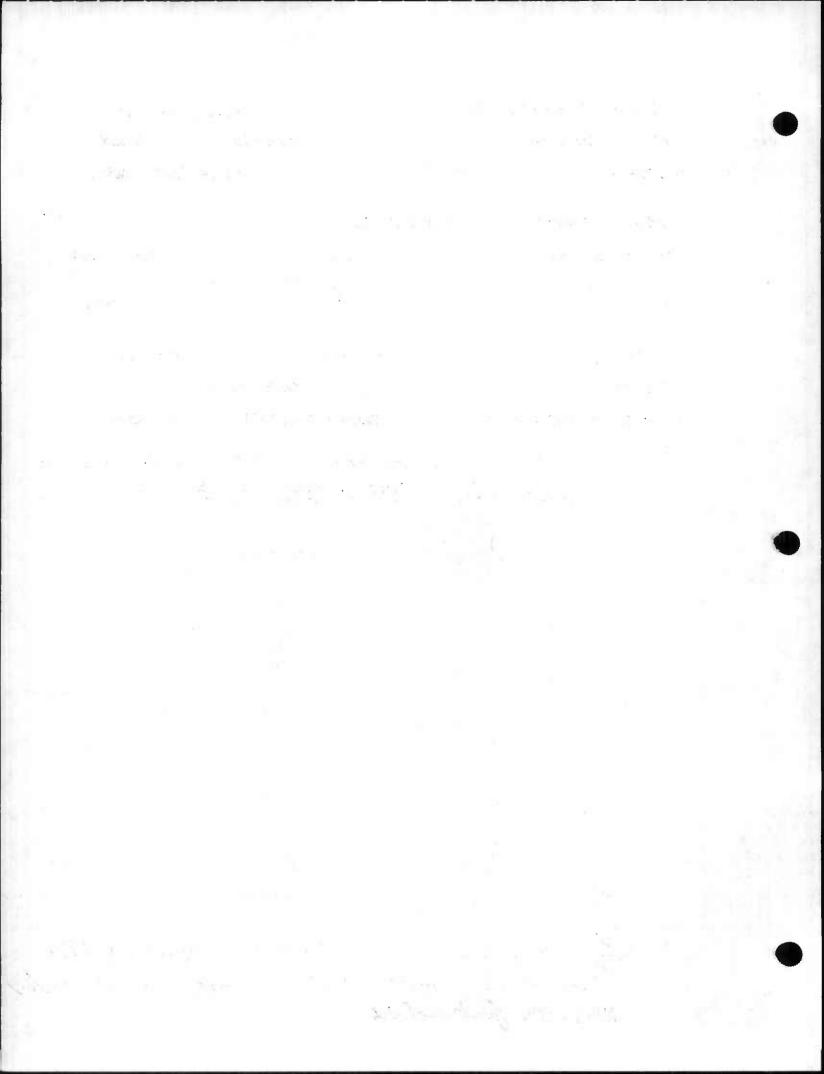
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					(Jerunca	te or	Deam		Reg. No.		
	6.		1. Decedent's Nema (First, Middla	, Last)	<u></u>				2. Data of D	eath Dey	Veer	3. Tima of Death
	Physic /Medi		Steve	Cantield					July	22	1996	0705 AM
	Exami		4e. Facility Nema (If not Institution,	give street end number)				4b. City, Town, o	r Location of Dee	th 4c. Count	of Deeth	
	Exami		Laurel Regional	Hospital				Laurel		Drin	ao Co	01500
-	Europal				yrs. last birth	dev) If Unde	er 1 Yeer		rs. 8. Date of Bi		ce Ge	
	Funeral Director			1\$7 M 2□ F	Yr	Months	Deys	Hours Mi				place (Stata or Foreign
			212-58-8400 Usuel Residance of Decedant	43					Jan 20	1953	Mary	land
	and and		10a. State 10b. County	10c	City, Town	or Location				-		10d. Insida City Limits
	Aery a h	0	MD D									1 XXYes 2 □ No
	the the same	ect	MD Prince	e George La	urel	104 7	p Coda			10- 01/	147	
	oth with the Merylan 23s or 28s-f show	늄								10g. Citizan of	AALIGE COU	ntry ?
	deeth with the Meryland ma 23a or 28a-f show	Funeral Director	365 Main Street				0707			USA		
		N.	11. Meritel Stetus	12. Wes Decedant Evar i Armed Forces?	n U,S.	Was Dece if Yas, spi	edent of le ecify Cub	Hispanic Origin? pan, Mexican, Pu	(Specify Yas or N erto Rican, etc.)	o- 14. Ra Bla	ck, Whita,	can Indian, atc.
20	of after		1 ☐ Nevar Married 2 ☑ Marrie	ed 1 ☐ Yes 2 X No If Yas, Give		1 🗆 Yas	2 👿 No	Specify:		Specif	v:	
21215-0020	72 hours after "natural", or its	d by	3 Widowed 4 Divorced	Yaar or Dalas:							Whit	
2	72 h	Completed	15. Decedant (Specify only highast	s Education ! grade completed)	16a. D	ecedant's Usi Giva kind of w	uai Occu	pation during most of wed)	orking	16b. Kind of B		
12	within ene. then	du	Elementery/Secondary (0-12)	College (1-4or 5+)	h	ifa. DO NOT i	usa ratire	ed)		Comic k	book	specialty
	T a de	Ö	Grade 12		Own	ner - c	per	ator		shop		
Pu	の一の一人	Be	17. Father's Neme (First, Middle, L	ast)					ama (First, Middle		ne)	
<u>la</u>	should be and Mentel marked of umatic eve	2	Junior Ray Canf	ield				Caroli	ne Keite	r		
Maryland	2 should be flied within and Meniel Hyglene. Is marked other than 'raumatic event, tre Meniel Hyglene's		19a. Informent's Name/Ralationsh	lp (Type, Print)	19b. N	Aailing Addres	s (Stree	t and Number or	Rural Routa Numi	per, City or Town	, State, Zip	Code)
	Health am 27 learn tra		Margit Canfield	l spous	se 36	5 Main	Str	eet, Lau	rel, Mar	vland 20	707	
ē,	s 1 and 2 should f Health and Mer itam 27 is marks other traumatic		20a. Method of Disposition	20	b. Place of D	isposition (Na	ma of		Data	20c. Location		own, Stete
no			1 ☐ Buriai 2 ☐ Cramation 4 ☐ Donation 5 ☐ Other (Sp			cramatory or			7/27/96	Catona		e, Maryland
Baltimore,	it. P	1	21. Signature of Funeral Service L		ierro (Cremato					ATTTE	e, Maryiano
Ba	permit. Peges 1 and Department of Health Important: if item 27 any Injury or other to		21. Signature of Partition Convince	7 ///		Donald	dson	Funeral	Home, P	.A.		
		Ш	X LA UTY	y will					Laurel,		702 E	07-4389
н			23a. Part1. Enter the disease, or 2 shock, or heart fedure. List o	emplications that caused tha d	leath. Do no	t aniar tha mo	da of dy	ing, such as card	ac or respiretory	arrest,		Approximata Intarval Batween
	Physician		0/		4						-	Onset and Death
1	/Medicai		Immediata Causa (Finai disaasa or condition	· Metasta	atic	Esoph	600	. Canc	er			months
п	Examiner		rasulting in daath)			nsequance of		201				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
-	D 5	ne			AT METON						1	
	tificate be executed g physicien end es the buriel-trensit	n/Medical Examiner	Sequentially list conditions.	bDua t	o (or as a co	nsequence of):					
oʻ	en er riel-t	EX	Sequentially list conditions, if any, leading to immedieta causa. Entar Undarlying Cause (Disaasa or injury								i	
68760,	certificate be executioning physicien end ise es the buriel-tren	cal	that initiated avents	C Due to	o (or es e cor	nsequance of)				<u> </u>	-	
	uffica g ph	Pe	resulting in daeth) Lest		(0. 00 0 00.						1	
XO	ndin USe	2		d								
m	requires that the death een signed by the atte hould be detached for	Physicia	Pert II. Other significant condition	e contribution to double but not	enculting in th	ha conductor		inni in Dani i	and Die	tabassa usa sa	- delbardo A	a Aba annas af danth O
P.O.	the ty the ache	hys	r of it. Other arginically condition	es contributing to death but not	rasumiy iii u	na undenying	cause gi	ven in ratti.				o the cause of death?
<u> </u>	that ded	y P							_ ''	Yes 2 No	3 F10	bably 4 Unknown
Records,	sign d pe	d by							24a Wa	s an autopsy	24b. W	are autopsy findings
Ö	v require been si should	ete							perf	ormed?	av	vallable prior to empletion of cause
3e	8 8 6	Completed									of	death?
	The yate h	S							1 🗆	Yas 20 No	1.1	□Yas 2□No
/ita	Physician: The lever this certificate heseral director, page 2	Be	25. Was case rafarred to medical axaminer?						eath (Check only	ona)		
=	G 00 Z	일	1 Yes 2 No	Hospitai: Inpatiant	ER/Outp	atient 3 D	OA Ot	har: 4 Nursing	Homa 5□Ras	idance 6 🗆 Otl	ner (Specia	fy)
Division of Vital	ter th		27. Mannar of Death 1 ☐ Natural 5 ☐ Pending	28a. Data of Injury (Month, Day Year	28b. Tin	ne of	28c. Inju	ry at	28d. Describe	how injury occu	rred	
.0	eth. r: Af	atic	2 Accident invastige			M]Yas 2□No				
VIS	Atte	tific	3 ☐ Suicida 6 ☐ Could no 4 ☐ Homicida determin	ned Zoa. Flace of Injury - A		, street, facto	ry, office			(Street and Num.	ber or Run	al Route Number,
	a after	Certification:		building, atc. (Spe	oury)				Only or re	mii, Olala)		
	nera nera y fille		29a. Cartifier t Gertifying	Physician: To the best of my	knowledga, d	laath occurred	at tha ti	ma, data end pie	ce, end due to the	causa(s) and m	annar as s	stated.
	Ho Ho	edical	(Check only 2 Medical E	xaminer: On the basis of exam and manner steted.	Ination and/o	or invastigation	n, in my	opinion, daath oc	curred at tha tima	, data and place,	and dua to	o tha cause(s)
	To the Respital or Attending Phywithin 24 hours after deeth. To the Funeral Director: After thi completely filled in by the funeral	M	29b. Signetare and titla of certifier			29	c. Licen	se number		29d. Date signe	d (Month,	Day, Year)
	>0		(anne	Man MD			74	3200		11.0	2>	1996
	1		30 Name and address of	to complicate and a state of	Hom On .: T	tno Print'				Jung		, ., .
	20		30. Neme end address of bernon w		nem 238) (T)	/pe, Print)		0/42	o7 Lau	2/ 1317	7.	208
			Jenny Y / 31. Data filed (Month, Day, Year)	10 Y M 19 19	s >> 2	aure/	Down	CRA #30	1 Luu	iet int	, 24	100
	Sta Registr		JUL 2 4		melan-A	24.11						
	negisti	ar	JUL 4 4	± 1330 7000	Mandally . R.	The state of the s						

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State of Maryland / Department of Health and Mental Hygiene 96 25093

						Certificate	e of L	Death		Reg. No.		20000
П	Physic	ian	Decedent's Neme (First, Middle, La	,					2. Dete of De	eth Dey	Yaar	3. Time of Deeth
J	/Medi		Irene J. C						augus	1 1- 10	196	1:40 PM
	Exami		4a. Fecility Nema (If not institution, give				4	b. City, Town, or	Location of Deet			
			Lorien Nursing Ho	ome				Colum	bia	H	loward	Ē
	Funeral Director		5. Social Security Number 6. S 046-10-8799	Sex 7. Age I□M 2ĀF	(In yrs. last bir 83	thday) If Undar Months Yrs.	1 Yaar Deys	If Under 24 Hrs Hours Min		th ly, Year) 1912	9. Birthp Coun Mail	placa (State or Foraign htry) ne
	dand		10a. State 10b. County		10c. City, Tow	n or Location					1	Od. Inside City Limits
	the Mary 28a-f ah	rector	Maryland Howar	rd	Ellic	cott City				10g. Citizen of V	Mhat Cour	1 ☐ Yes 24 No
	a 23a or	Funeral Director	2975 Bethany Lane			2	21042			Unite	d Sta	ates
21215-0020	72 hours effer death with the Maryland natural, or items 23s or 28s-f show scal Examiner must be notified at	by	11. Maritai Status 1 □ Nevar Married 2K Marriad 3 □ Widowed 4 □ Divorced	12. Was Decedant E Armed Forces? 1 ☐ Yas 2 ②N If Yes, Give Year or Dates:		If Yes, special		spanic Origin? (S n, Mexican, Puar Specify:	Specify Yes or No to Rican, etc.)	Specify	e - Amaric ck, White, Whi	etc.
ν.	72 h natu	Completed	15. Decedent's Ed (Specify only highest gra		16e.	Decedent's Usuel	Occupe	ition uring most of wa	rkina	16b. Kind of Bu	usiness/ind	dustry
2	thin the series	du	Elementary/Secondary (0-12)	College (1-4or 5-	+)	(Give kind of work life. DO NOT use	retired))	King			
	ygier t	S	12			Homema				Own H		
2	a loth	Be	17. Fether's Neme (First, Middle, Last)					18. Mother's Na	me (First, Middle	, Meiden Sumem	10)	
<u>x</u>	Ment Ment	2	Felix Cyr					Edith	Dufour			
, Maryland	permit. Pages 1 and 2 should be filed within 72 hours Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", any Injury or other traumatic event, the Medical Example.		19e. Informent's Name/Reletionship (Alice B. Bounds/I			Meiling Address 2975 Beth						
ore	of He oth		20e. Method of Disposition		20b. Plece of	Disposition (Nemi	e of	al	Deta	20c. Location -	City or To	wn, Stete
Ĕ	permit. Page Department of Important: If any Injury or ance.		1 Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specific			7iew Ceme		1	8-20-96	Marrio	++eu	ille, MD
Baltimore,	permit. Pa Departmen Important: any Injury pnce.		21. Signetura of Funeral Sarvice Licer	1500	21C. V	22. Name and	Address	s of Fecliity				LITE, IID
ä	Depar Impor		I Stoma. Col	In - Wi	tylee	Harry H	I. W	itzke Fu	neral Ho Pike El:			MD 21043
			23a Part 1. Enter tha disease, or com shock, or heert failure. List only	plications that caused	tha deeth. Do r	not antar tha moda	of dying	, such as cardia	c or respiretory e	rrest,	TCY	Approximata
	Physician		STOOK, OF HEER TAIRLIE. LIST ONly	one ceuse on eech lin	e.						İ	intervel Between Onset end Death
j.	/Medical		Immediate Ceuse (Finel	Mica	~~~	1 7	- 1	Gent!	4-0			10.
	Examiner	ш	disaese or condition resulting in deeth)				77	41 (7 (07			1 Ned
		ē		,	oue to (or es e d	consequence of):						
	rificate be executed ng physicien end es the burlel-transit	Examiner	Convention Not and Warre	b	Duo to (or on o	consequence of):					-	
Ć.	exac in en iel-tr	EX	If eny, leeding to immediate		200 10 (01 05 0 0	onsequence or).					1	
68760,	death certificate be executed to attending physicien end od for use es the buriel-transit	cal	Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Diseasa or Injury that initiated events	C	hio to /or on o							
9	ficat phy s th	Medical	resulting In deeth) Last	L	ue to (or es e c	onsequence of):						
Box	anding use e			d								
ğ	attendii for use	Physician/										
o	by the destected	ysi	Pert II. Other significant conditions of	ontributing to deeth but	t not resulting In	the underlying car	use give	n in Pert I.	23b. Did	tobacco use cor	ntribute to	the cause of death?
7	es that the igned by th be deteche								10	Yes 2 No	3 Prob	bably 4 Tunknown
of Vital Records,	Se un eq	d by							- 10	Herrican V	04.111	
Ö	v requires been sign should be	Completed								en eutopsy rmed?	eve	ere autopsy findings eileble prior to mpletion of cause
ec Sec	2 8	du									of c	deeth?
	E este	Con							10	Yes 2 No	10	Yas 2□ No
===	Physician: The this certificate ral director, peg	Be	25. Wes cese referred to medical exeminer?					26. Place of De	ath (Check only o	ne)		
2	yslc is ce dire	2	1 ☐ Yes 2 ☑ No	Hospital: 1 ☐ Inpatien	t 2 ER/Out	patient 3 DOA	Othe	r: 4 Nursing H	lome 5 ☐ Resi	dence 6 Othe	er (Specify	()
			27. Menner of Deeth	28e. Dete of Injury (Month, Dey	28b. T	Ime of 28	c. Injury Work			now injury occurr		
<u></u>	Attending I ir deeth. actor: After by the funer	Certification:	1 ✓ Neturel 5 ☐ Pending 2 ☐ Accident Investigation		roury II	M		es 2 No				
DIVISION	or Attend after deeth Director: d	III C	3 Suicide 6 Could not be determined	286. Piece of injul		m, straet, fectory,	office			Street end Numb	er or Rura	Route Number,
5	d in D	ert	4 Homicide	building, etc.	(Specify)				City or To	vn, Stete)		
	To the Hospital or Attend within 24 hours after deet To the Funeral Director: completely filled in by the	edical C	29a. Certifier (Check only one)	ysician: To the best of liner: On the basis of a and menner stet	xamination end	deeth occurred et	the time	e, dete end plece inlon, death occu	o, and due to the irred et the time,	ceuse(s) and me date end plece, s	nner es st	eted. the ceuse(s)
	To the within 2 To the comple	Me	29b. Signature and title of sertifiar	2 0		29c.	Licansa	number		29d. Date signed	Month I	Dev. Year)
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	Δ/		Hay W	will my)	~	111	15/	/	HIGHT	17,	1776
	V		30. Neme end eddress of person who d	completed ceuse of the	eth (Item 23a) (Type, Print)	. ,	1 1	2		0/	1996 big Marken
			31 Date filed Attack Day	VIGOR	110-	ri hi	501	2 66	TUta 2	(6/UM1	015 Marylon
	Sta		31. Dete filed (Month, Day, Year)	006 32. Registrer	's Signature	Pull						I I I I I I I I I I
	Registr	ar	AUG 1 91	JUD Juna	Mimmer C.	ALANTIA						



TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE HDSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

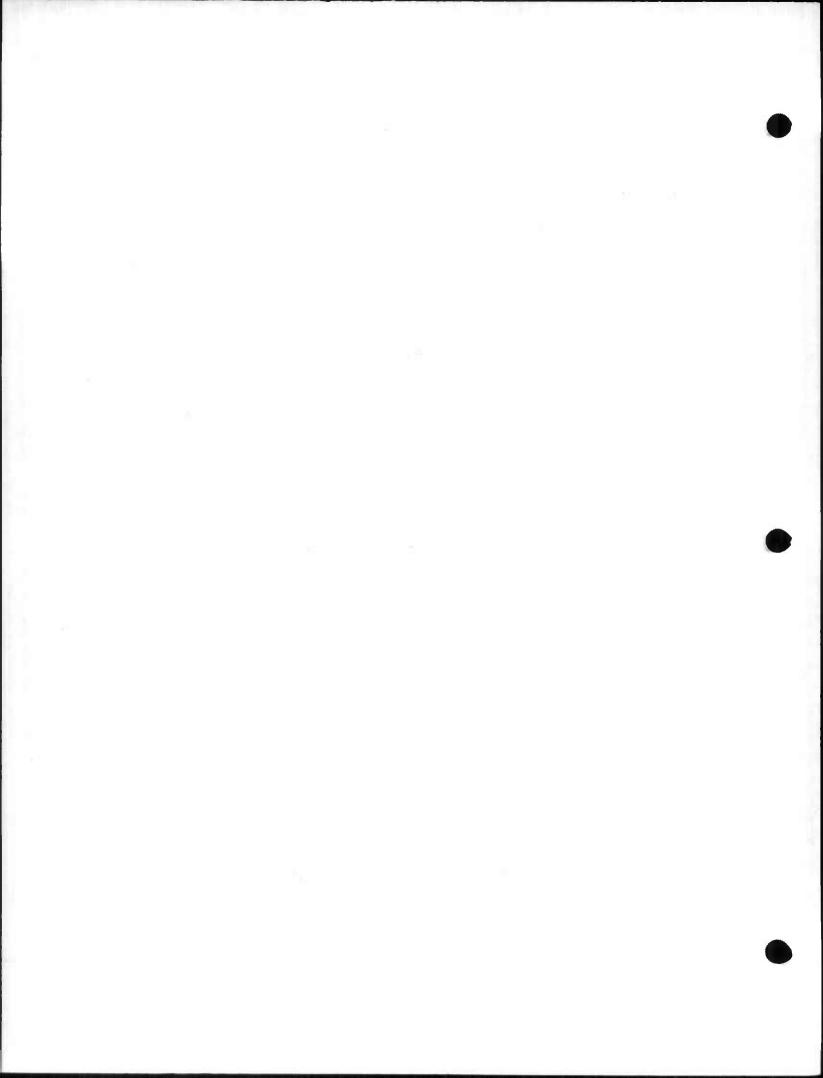
TO THE FUNERAL DIRECTION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
	CI	ERTIFICATE	0	F DEAT	TH		REG NO

1 - FOR STATE REGISTRAR		STATE OF M				HEALTH AND	MENTA	L HYGIENE REG. NO.				
1. DECEDENT'S NAME (First	, Middle, Last)							OF OEATN		3. TIME	OF DEA	TH
Annie		Marie		Cod	cimano		Auc	ust 10,			00	P.M.
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (in yrs. i		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	6. B	IRTHPLACE (Sountry)	itete or F	oreign
234-22-966	6	1 🗌 M 2 🔀 F	7.3	YRS.	ONTHS DAYS	HOURS MIN.		4, 192		est V	irqi	nia
9e. FACILITY NAME (If not in	stitution, give stre	et end number)		9	b. CITY, TOWN	OR LOCATION OF D	EATN		9c. COUNTY C			
R.R. Box 1	80				Ridge				St. N	Mary's		
10a. STATE	10b. COUNTY				TOWN OR LOCA	TION					IDE CIT	Υ
Maryland	St. M	ary's		Ric	dge					1 🗌 YE	S 2X	NO
10e. STREET AND NUMBER					10	H. ZIP CODE			10g. CITIZEN		JNTRY?	
R.R. Box						20680			U.S.	Α.		
11. MARITAL STATUS 1 Never Married 2		12. WAS DECEDENT FORCES? 1 [YES 2 X			CENDENT OF NISPA			or No— 14. F	RACE — Amer Black, White,	icen Ind etc.	llen,
3 🔀 Widowed 4 🗌 Divo		IF YES, GIVE WA	R OR DATES		1 TYE	S 2 🔀 NO Speci	Yy:			White		
	EDENT'S EDUCA		16e. E	ECEDENT'S US	SUAL OCCUPAT	ON	161	b. KIND OF BUSI	NESS/INDUSTF			
(Specify oni	ly highest grade or 0-12)	College (1-4 or 5+)	- 4	'Give kind of wor fe. Do NOT use i	rk done during m retired.)	ost of working						
		1 vear		wner/O	perato			General	Store	9		
17. FATHER'S NAME (First, M	fiddle, Last)					18, MOTHER'S NA	AME (First,	Middle, Maiden S	umame)			
Antonio		Dres	S			Mary		Magdale	ene	Petro	vit	ch
190. INFORMANT'S NAME (end Number or Rural						
Antonio Ro		cimano,	Jr.	17826 '	Three I	Notch Roa	ad, I	exingto	on Parl	k, MD	206	53
20e. METNOD OF DISPOSIT	on 3 🗆 Remov	al from State	cemetery, c	rematory or othe	DISPOSITION (A or place)		DAT		ATION — City of			
4 Donation 5 Other		NSFE / /	St. M	ichael		etery 8/		6 Rido	ge, Mai	cyland		
So	0 0	& h	0		Matti	igley-Gar	dine	r Funer	cal Hor	ne, P.	A.	
Inci	rack	10/9	den	la		30x 270,			-	yland	20	650
23. PART I. Enter the d shock, pr h	lisesses, or co leart failure. Li	mplications that at only one cour	caused the deep on each iii	death. Do not	t enter tha m	ode of dylng, suc	ch ss cer	diac or respin	story arrest,		pproxim	nate Between
IMMEDIATE CAUSE (Fin		- 4-		^								nd Desth
disease or condition resulting in deeth)	→ •.	rela	states	Brei	a-C	creer					10	yens
1		OUE TO (OR AS A CONS	EOUENCE OF):								0
Sequentially list condit	tiona, b.	DUE TO (OR AS A CONS	EQUENCE OF:								
If any, leeding to imme cause. Enter UNDERLY		502 10 (ON A3 A CONS	EUGENCE OF J.						j		
CAUSE (Disease Dr Inju	iny C	DUE TO (OR AS A CONS	EOUENCE OF):								
resulting in death) LAS	т [ļ		- 13
	0.											
PART II. Other aignifice	ent conditions	contributing to	deeth but not	resulting in	the underlying	ng cause given ir	Part I.	24a. WAS AN A PERFORM			LE PRIO	R TO
144	Declense	^						1 TYES 2	□ NO	DF DEAT		CAUSE
										1 🗌 YE	S 2 🗌	NO
DID TOBACCO U		BUIE IO CAL			(Check only one		IN LI					
EXAMINER?		HOSPITAL:			OTHER:							
1 TYES 2 NO		28a. DATE OF		3 DOA 4		me 5 Raeldence	_	er (Specify) SCRIBE HOW IN	IIIIW AAAIINE			
01	Pending	(Month, Da	y, Year)	INJUF	W YF	ORK? YES 2 NO	280. DE	SCHIBE HOW IN	JUHY OCCURE	D		
2 Accident 3 Suicide	investigation	26e, PLACE OF	INJURY — At	home farm str	eet, fectory, off		261 1 0	CATION (Street en	ed Number or B	ural Doute Alum	nher	
4 Homicide	Could not be determined	building, e	Hc. (Specify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·		or Town, State)	id Perilber of Ta	2481 110010 11011	HDOI,	
29e. CERTIFIER 1 CER	TIFYING PHYSIC	AN: To the heat of	my knowledge	death occurred	at the time do	e end plece, and du	a to the a	una(a) and more	tor on white			
one)						death occured at the				use(e) end ma	nner se	stated.
36. SPANATURE AND FITLE	- 4					29c. LICENSE NU			29d. DATE S			
	1 /3	5				D19052			► 81	13.79) /	,
30. HAVE AND ADDRESS O	F PERSON WHO	COMPLETED CAUS	E OF DEATH (17	EM 27) (Type, P	rint)	1 217032			0/	011	63	
John L. B	ennett,	M.D.			,	Cal:	ifor	nia, MD	20619	9		
31. DATE FILED (Month, Day,	3 1996	32 REGISTRAN	A SIGNATURE	Medi								
AUG I	000	1										

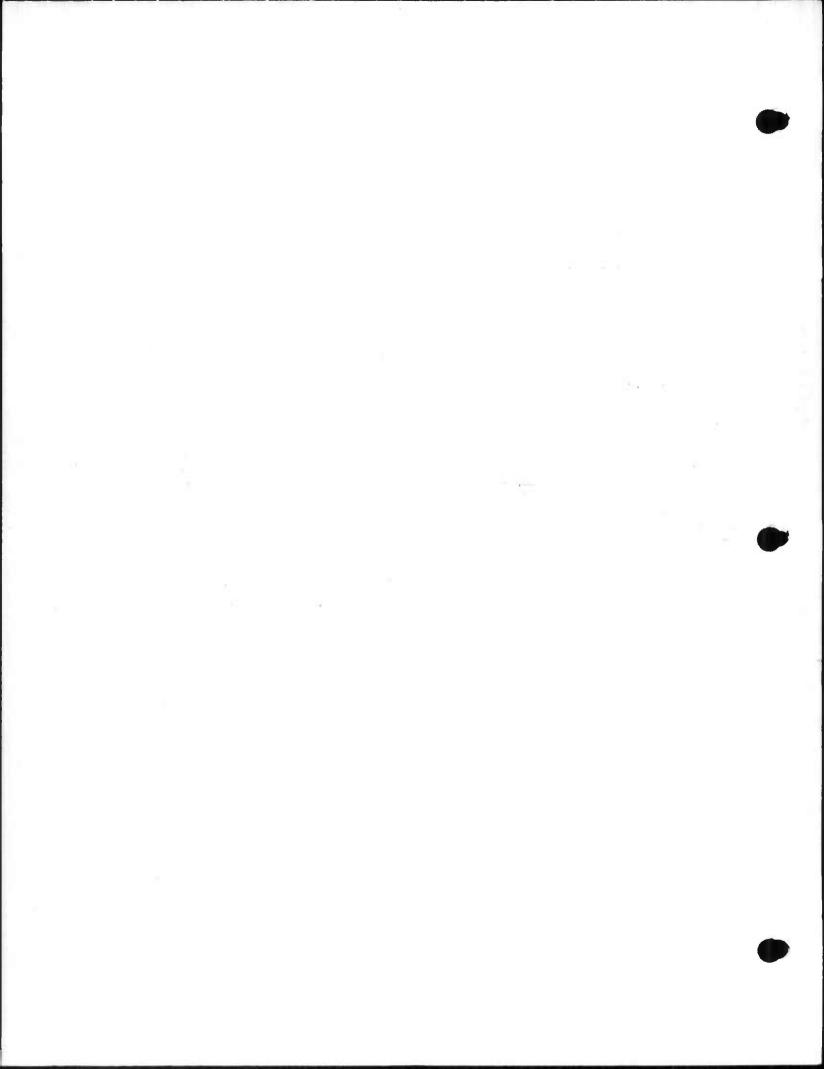


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARY	AND / DEPARTI			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	MARGARET 4. SOCIAL SECURITY NUMBER			<u></u>	ROLL	AUGUST	7 19	196 0650 11
	579-05-2695	1 🗆 M 2 😾 F		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) April 17,		BIRTHPLACE (State or Foreign Country) Maryland
Œ	Sa. FACILITY NAME (If not institution, give stre SHADY GROVE ADV			b. city, town c ROCKVI	R LOCATION OF D	EATH		Y OF DEATH
5	RESIDENCE OF DECEDENT	VENITEDI IN	DOLITHT I	ROCKVI	TTE		MON	rgomery
DIRECTOR	Virginia 106. COUNTY	Fairfax		irfax	ION			16d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER			101	ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
JNE	10704 Colton Stree	12. WAS DECEDENT EVER	IN II S ADMED	T 12 MM C DEC	22032	IIC ORIGIN? (Specify Ye		d States
ВУ	1 Never Married 2 Married 3 XWidowed 4 Divorced	FORCES? 1 YES	2 XXO	If yea, spi	cify Cuban, Maxica	in, Puarto Rican, etc.)	n or No—	Black, While, etc. Spwnite
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 12 Salesperson 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16c. KIND OF BUSINESS/INDUSTRY				STRY				
MPL	12		Salesper	son		Retail	Sale	S
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Sumame)	
BE	Fdward Russell 19a. INFORMANT'S NAME (Type/Print)		405 MAII INO AF	200500 (2)		h Russell		
2	John F. Carroll ,	.Tr				Route Number, City or Tow Fairfax, V		
	20a. METHOD OF DISPOSITION 15 Burlal 2 Cremation 3 Ramov	20	D. PLACE AND DATE OF	DISPOSITION (Na), dA9=96 20c. LO		
	4 Donation 5 Other (Specify)	Ī	metery, cremetory or other Resurrection	on Ceme	tery	Cl	inton,	Maryland
	21. SIGNATURE OF FUNERAL BERVICE LICES	NSE		22. NAME AN	D ADORESS OF FA	CILITY Lee Fur	neral I	Home, Inc 6633
	9-7. U	tt				_		inton, Md 20735
	23. PART I. Enter the diseases, or co- shock, or heart fellure. Li IMMEDIATE CAUSE (Final	mplications that cause at only one cause on	d the death. Do not each line.	enter tha mod	de of dying, suc	h as cardiac or reap	ratory srres	t, Approximats Interval Between Onset and Death
	disesse or condition resulting in death) s.	DUE TO (OR (S	A CONSEQUENCE OF):	on	nei	mon	(a	wks.
8	Sequentially list conditions, b.	Dy	phag	10			A	MONTH
E	if any, leading to immediate cause. Enter UNDERLYING	Con	CONSEQUENCE OF	0 1	Paxa	- fail	1181	0 1000/711
CERTIFICATION	CAUSE (Disease or Injury thet initiated events resulting in death) LAST	DUE TO (OR AS	ONSEQUENCE OF):		1000	J-Cae	7000	TWON CH
	d.							
SICAL	PART II. Other significant conditions	contributing to death i	out not reaulting in t	the underlying	csuse given in	Part I. 24s. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC							~	OF DEATH?
Ä	DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL	BUTE TO CAUSE C			UNCERTAI	NA		
HYSICIAN:	EXAMINER?	HOSPITAL:		THER:				
PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJU	JRY AT	8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCUR	RED
BY			INJUR					
-	1 Natural 5 Pending 2 Accident Investigation	27 002		M 1 Y	ES 2 NO			
			/ — At home, farm, stre-	" ' ' '		28f. LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,
W	2 Accident 3 Suicide 8 Could not be datermined 29e. CERTIFIER (Check only) CERTIFYING PHYSICIA	28e. PLACE OF INJUR building, etc. (Spe AN: To the beet of my know	rledge, death occurred a	et, factory, office	and place, and due	City or Town, State) to the cause(a) and mar	ner as stated.	
COMPLETE	2 Accident 3 Suicide 8 Could not be datermined 29e. CERTIFIER (Check only) CERTIFYING PHYSICIA	28e. PLACE OF INJUR building, etc. (Spe AN: To the beet of my know	rledge, death occurred a	et, factory, office	and place, and due	City or Town, State) to the cause(a) and mar time, data and place, an	ner as stated,	ause(a) and manner as stated.
BE COMPLETE	2 Accident 3 Suicide 8 Could not be datermined 29e. CERTIFIER (Check only one) 2 MEGICAL EXAMINER:	28e. PLACE OF INJUR building, etc. (Spe AN: To the beet of my know	rledge, death occurred a	et, factory, office	and place, and due	City or Town, State) to the cause(a) and mar time, data and place, an	nner as stated. d due to the co	ause(s) and manner as stated.
COMPLETE	2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TILE OF PERTIFIER	28e. PLACE OF INJUR building, etc. (Spe AN: To the beet of my know	riedge, death occurred an and/or investigation, i	et, factory, offica at the time, dete in my opinion, de	and place, and due on the occurred at the 29c. LICENSE NUR	City or Town, State) to the cause(a) and mar time, data and place, an	aner as stated, d dua to the co	ause(a) and manner as stated.



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

22. Nama end Addrass of Facility Lee Funeral Home, Inc.

6633 Old Alexandria Ferry Rd Clinton, Md 20735

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and a	V	£.			4	·

Approximata Intarval Between Onset end Daath

							Cei	uncai	e oi	Deali			Reg. No	0.		
Physician /Medicai	ı	I. Decedant's Nan SUI	na (First, Middl	a, Lasi) Ngor					СН	IN		2. Date of D AUGUS		y 19	98°	3. Time of Death 10:40 PM
Examiner	1	FORT W	ASHING	n, giva street and n	SPITA					FORT	WAS	ocation of Dea		C. County	y of Death	GEORGES
Funeral Director	5	78-54-66	74	6. Sex 1 □ M 2 T F	7. Age (/	n yrs. last	birthday) Yrs.	If Under Months	1 Yaa Days		24 Hrs. Min.	8. Date of B (Month, D Aug.	irth ay, Year 21,1	920	9. Birti Co Ch:	hplaca (Stata or Foraign µntry) LNA
deeth with the Maryland ms 23e or 28e-f show constituted at a constituted at the constitu	1	Jsual Rasidanca o 0a. Stata N/A	10b. County		10	oc. City, To		cation	D.	C.						10d. Insida City Limits 1 XYas 2 No
23a or 28a-fall		0e. Straat and Nu	Street	N.W.				10f. Zip	Coda	0001				itizan of	What Co	untry?
of, or its		Marital Status Navar Mari Widowad		12. Was Da Armed F 1 Yas If Yas, G Yeer or	orcas? 2 XNo	er in U,S.		Ves Deced Yas, spec				pecify Yas or N Rican, atc.)	0-	Bla	ck, White	rican Indian, a, etc. iental
"natur		(Spac	15. Decedant	's Education t grada complated)	16	Sa. Daced (Giva	ant's Usua kind of wo	al Occu	ipation a <i>duri</i> ng mos ed)	t of work	ring	16b. F	Kind of B	usinass/l	Industry
- E - O		Elamantary/Sacc 12	ondary (0-12) th	Collega N/	(1-4or 5+) A			er/Op					Gro	cery	, Sto	ore
Mental Hyg Mental Hyg artic event, To Be C	'	7. Fathar's Nama Lin H	(First, Middla,	Last)						18. Moth		a (First, Middle im O		n Sumar	na)	
alth end A		19a. informant's N William										ral Routa Numi Clinton				
Peges 1 e	2	0a. Mathod of Dis 1 Å Burial 2 4 □ Donation	Cramation	3 □Ramoval from pacify)	Stata		tary, cram	atory or o	ther pla	,	ug!	Data 16,199				Town, Stata

Physician /Medical Examiner

or Attanding Physicien: The law requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760.

physician e

Physician/Medical

ģ

Completed

Be

Certification: To

Medicai

filled in by the funeral death.

completely

To the Hospital or Attandi within 24 hours efter death To the Funeral Director: A

Saquantially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disaasa or Injury that initiated evants rasulting in death) Last

Immediata Causa (Final disaasa or condition rasulting in death)

21. Signetura of Funaral Sarvice Licensas

a.	Arteriosclerotic Cardiovascular	Disease
-	Dua to (or es a consequance of):	
b.	Dua to (or as a consequence of):	

Dua to (or as a consequence of)

23a. Part1. Entar the disease, or complications that caused the least. Do not antar the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the causs of death? 3 ☐ Probably 4X Unknown 1 Yes 2 No 24b. Wara autopsy findings eveileble prior to 24a. Was an autopsy performed? inspection complation of causa of daeth?

			1 ☐ Yes 2 📉No	1 Yes 2 No									
25. Was casa rafarrad to medica	1	26. Placa of Death (Check only one)											
axaminar? 1 🛣 Yas 2 🗌 No	Hospital: 1 ☐ Inpatient XXER/Outpat	ient 3□ DOA Othar: 4□ Nursi	ursing Homa 5 Rasidance 6 Othar (Spacify)										
27. Mannar of Death 1 □ Natural 5 □ Pandir 2 □ Accidant invasti	gation		28d. Dascribe how Injury occurred										
3 Suicida 6 Could detarm		straat, factory, offica	28f. Location (Street and Number or R City or Town, Stata)	urei Routa Number,									
29a. Cartifiar 1□ Cartifyin	ng Physician: To tha bast of my knowladga, da	ath occurred at the time, date and r	place, and dua to the causa(s) and manner a	s stated.									

(Check only one)

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signatura and titla of certifian

29c. Licensa number O.C.M.E.

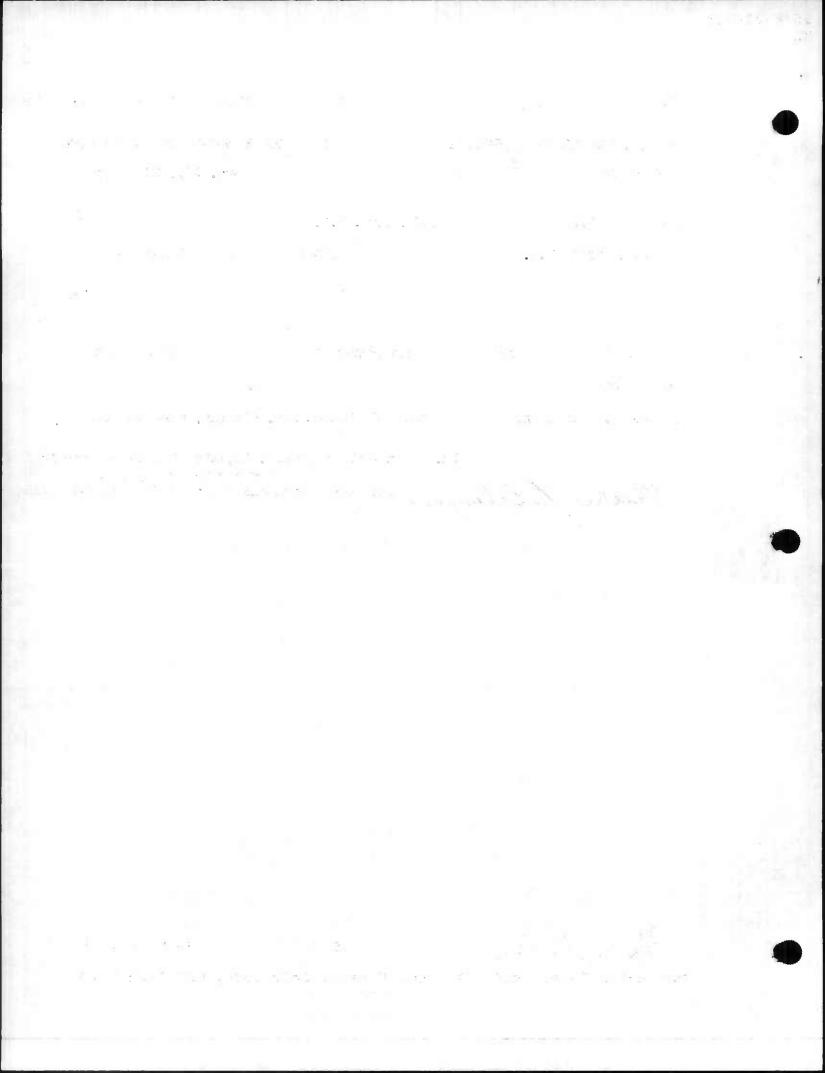
29d. Data signed (Month, Day, Year) AUGUST 11,1996

30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)

1996

Margarita Korell M.D. 111 Penn Street, Baltimore, Maryland 21201

State Registrar 32. Registrar's Signatura
Fulla Davidson-Randall



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Deeth 1. Decedent's Nema (First, Middle, Last) 3. Time of Death Month August 10, 3:25PM F. 1996 Cook 4e. Facility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Southern Maryland Hospital Center Clinton If Under 24 Hrs. Prince George's If Undar 1 Yaer A Sex 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) 1 ☐ M 2 ☐ F Months Days Hours Min Yrs. 62 June 9, 1934 Maryland 10h Count 10c. City. Town or Location 10d. Inside City Limits 1 ☐ Yas 2 No Maryland Prince George's Clinton 10f. Zip Coda 10g. Citizan of What Country? 7811 Sarakal Road 20735 U.S.A. 12. Wes Decedant Evar In U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. 1 ☐ Never Married 2 ☑ Merried 1 ☐ Yes 2 XNo Specify. 3 ☐ Widowed 4 ☐ Divorced Specify: White 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elemantary/Secondary (0-12) College (1-4or 5+) Cemetery N/A Landscaper-Maintenance 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middla, Maiden Surname) William Cook Ethel Bryant 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Catherine V. Cook (Wife) 7811 Sarakal Rd. Clinton, Maryland 20735 20b. Place of Disposition (Name of cemetery, cramatory or other placeugust 14, Wurial 2 ☐ Cremetion 3 ☐ Ramoval from State St. Barnabas Epis.Ch. Cem1996 4 □ Donation 5 □ Other (Specify) Upper Marlboro, Maryland 22. Nema and Address of Facility
Lee Funeral Home, INC. 21. Signature of Funeral Service License 6633 Old Alexander Ferry Rd renter tha mode of dying, such as cardiac or respiratory arrest, Clinton, Maryland Part 1. Enter the disaesa, or complications that caused the death. shock, or heert fallure. List only one cause on each line. Interval Between Onset and Deeth eath but not resulting in the underlying se given in Part I. 23b. Did tobacco use contribute to the causa of death? MYes 2□ No 3 Probably 4 Unknown

Physician /Medical Examiner

that the death certificate be axec P.O. Box 68760

Records,

Division of Vital

Attanding

death.

To the Hospital or Attance within 24 hours after death To the Funeral Director:

Physician

/Medical

Examiner

Funeral

Director

7 is marked other than "natural", or itams 23s or 28a-f show traumstic avent, the Modical Examiner must be notified at

pernit. Pages 1 and 2 should be filed within 72 hours after to Department of Heelih and Mantal Hygiene. Important: if item 27 is merked other than "natural", or item any injury or other thaumalte avent, the Modical Eurine

Baltimore, Maryland 21215-0020

the Maryland

death with

Waymon

5. Social Security Number

216-30-4791

10e. Sfreet and Number

11. Marital Status

10a State

Director

Funerai

by

Completed

Be

Usual Rasidance of Decedent

8th

20e. Method of Disposition

tmmediete Ceuse (Finel disease or condition resulting in death)

Examiner signed by the attending physician and d be detached for use as the burial-transit Sequentielly list conditions, if any, leading to immadiate cause. Enter Undarlying Cause (Disease or injury that initiated events resulting in death) Last Physician/Medical

þ

Completed

Be

2

Certification:

Medical

29e. Certiflei

John C. I

should I

certificata has

Aftar this

filled in by the funaral

Pert II. Other significant conditions contributing to

24b. Wera autopsy findings available prior to 24a. Was an autopsy completion of causa of deeth?

August 12.,1996

1 ☐ Yes 2 ☐ No

1 ☐ Yas 2 ☐ No

25. Was case referred to medical 26. Place of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 27. Menner of Death 28a. Dete of Injury (Month, Day Year) 28c. Injury at Work? 28b. Tima of 28d. Describe how injury occurred 5 Pending Invastigation 1 Neturel Injury 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Straet and Number or Rural Routa Number, City or Town, Stata)

28e. Placa of Injury - At homa, ferm, street, factory, offica building, atc. (Specify) 4 ☐ HomicIde

32. Registrar's Signature

Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end placa, and due to the cause(s) and manner as steted.

Addical Examiner: On the basis of exeminetion end/or invastigation, in my opinion, deeth occurred at the time, date end place, and dua to the ceuse(s) end manner steted. 29b. Signature in 29c. License number 29d. Dete signed (Month, Day, Year)

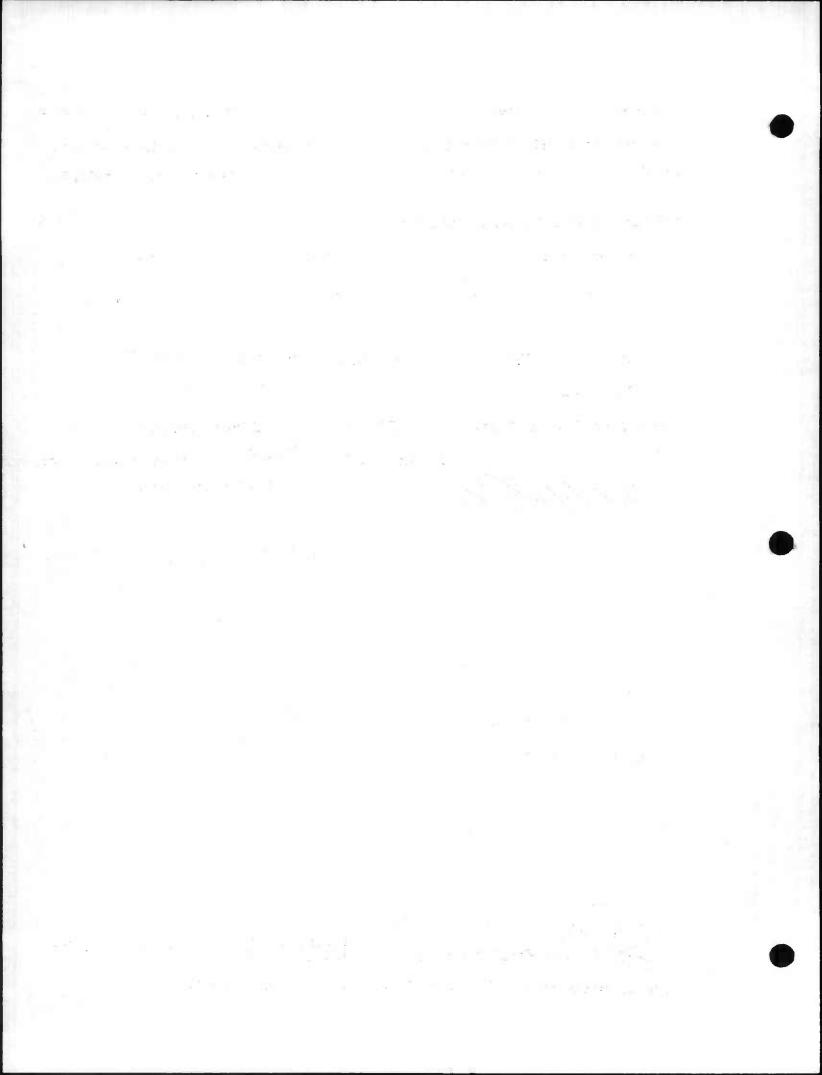
and address of person who completed cause of death (Item 23a) (Type, Print)

1996

Patterson M.D.

7501 Suratts Rd. #201A Clinton, Maryland 20735

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Marvland / Department of Health and Mental Hygiene 25098

					Ce	rtificate (of Dea	ith		Reg. No.			
Physician		1. Decedent's Neme (First, Middle, La.							2. Dete of De Month	eth Dey	Year	3. Time	e of Death
/Medical	-	GEORGE RICHAI		PBELL					August		1996	04:	45
Examiner		4e. Facility Neme (If not institution, giv- UNION HOSPITA		eer)			I	ELKTON	ocation of Deeti	4c. Count			
Funeral Director		717 07 3421	ex XXM 2□F	Age (In yrs. les 85	t birthday) Yrs.	Worths Di	ear If Ur	nder 24 Hrs. urs Min.	8. Dete of Bird (Month, De AUG. 2	th y, <i>Year)</i> 9, 1910	9. Birthi Coul MAR	plece (Stet ntry) RYLANI	te o <i>r Foreign</i> D
F	- 10-	Usual Residence of Decedent 10a. State 10b. County		10c. City, 1	Town or Lo	ocation					T.	10d Inolds	City Limits
or 28a-f sho be notified at Director		MARYLAND CECI	L.	100	RRYVI							1 🗆 Y	es 2 No
		10e. Street and Number 35 ST. MARK:	S CHURCH	ROAD		10f. Zip Co	21903	3		10g. Citizen of	Whet Cour		
ibers 23 dost.mat Funeral		11. Marital Status	12 Was Decede	ant Ever in U.S.	13.	Was Decedent		trade-surviva accordance accord	secify Yes or No Rican, etc.)		ce - Americ	can Indien	i,
by Egg	2	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Force 1 Yes 2- If Yes, Give Year or Date	No His:		1 Yes, specify t			HICAN, etc.)		ock, White,		
Scal	2	15. Decedent's Ed (Specify only highest gra	fucation de completed)		16a. Decer	dent's Usual Or	ccupation	most of work	kina	16b. Kind of 8	lusiness/In	dustry	
ygene. Nr. the Medical J		Elementary/Secondary (0-12) / TH	College (1-4	or 5+)		kind of work of DO NOT use n PMENT (PENNA.	RAIL	ROAD	
d other went, Be C	3	17. Father's Name (First, Middle, Last)	0				18. N	lother's Nem	ne (First, Middle,	Melden Sume	me)		
affic ev To B		GEORGE RALPH	CAMPBELI	L			MAI	RY ELI	ZABETH	ZIMMERM	AN		
		19a. Informant's Name/Relationship /7		T.	19b. Maili	ng Address (St			ral Route Numb			o Code)	
or tra		JOSEPH C. SIMMONS			107 J	ARMONY	ROAD	ELKT	ON, MAR	YLAND.	21921		
nt: If iten	1	20a. Method of Disposition 1 ☑ Surial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Security	Removal from Sta	te cem	letery, crer	matory or other CEMETE	place)	8	/13/96	20c. Location			
Department Important: any injury c		21. Signature of Funeral Service Licen	70//	11		P. Name end A		ecility	SON FU			,	
-	+	23a Part Fritar the displace or from	plications that cause	sad the death	Po not ent	ERRYVII	LE, M	MARYLA	ND. 21	903		Annzovis	mata
ysician Medical		23a. Part ¹ . Enter the disease, or confe shock, or head failure. List only immediate Cause (Final disease or condition	175				dyng, ddo	11 03 041 0100	or respiratory e	,		Approxin Intervel & Onset an	nd Death
caminer	1	resulting in death)	4	Bue to (or e	s a consec	uence of):					1	- 00	-75
iner in		_	A.	assisat	in	Proum	ame					2 da	45
n and isi-fransit Examiner		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying		spirat Due to (or e									1-
ding physician and se as the bunal-tra Wedical Exar		cause. Enter Underlying Cause (Disease or injury that misiated events resulting in death) Last	e Sen	Due to (or es	entis s e conseq	uence of):	Alza	euner	a Typ	e	1	2 ye	ars
											i		
ed by the atte detached for Physicia	1	Pert II. Other significant conditions co						Pert I.		tobacco use co			H-1
d be detected by detected by Phy		Atheroscleration	Carlion	asculas	1 dis	ease	`		10	Yes 2 No	3 □ Pro	bably 4	Unknow
2 should 2 should pleted	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause Atheroscleratic Carbiovascular diaease Chronic Renal Insufficiency									en autopsy rmed?	ev	ere autopa eilable pricompletion of death?	or to
page 2					U				10	Yes 2 W No	10	☐ Yes 2	2□ No
rector, pag		25. Was case referred to medical examiner?					28. F	Plece of Dee	th (Check only o	nne)			
80 0		1 ☐ Yes 290 No	Hospital: 1 1 Inp	atlent 2□ER	VOutpatier	t 3□ DOA	Other: 40	Nursing Ho	ome 5 Resid	dence 8 🗆 Ot	her (Specif	(y)	
Age funds	2	27. Menner of Deeth 1 ☑Neturel 5 ☐ Pending 2 ☐ Accident investigation		njury Dey Year)	Bb. Time of Injury		Injury et Work? 1 Yes	2 🗆 No	28d. Describe I	how injury occu	rred		
din by		3 ☐ SuicIde 6 ☐ Could not be determined	289. Plece of	Injury - At home etc. (Specify)	e, ferm, str	eet, fectory, off	ice		28f. Location (: City or Tox		ber or Run	al Route N	um <i>ber</i> ,
within 24 hours after deal To the Funeral Director. completely litted in by the Medical Certifical		29e. Certifier (Check only one) 1 Certifying Phyone	ystcian: To the be ilner: On the besis end menner	s of examinetion	dge, deeth n end/or inv	occurred et th	e time, det ny opinion,	e end plece, death occur	end due to the red et the time,	cause(s) end m dete end plece,	anner as s	tated. o the caus	e(s)
Me M	-	29b. Signeture end title of certifier					ense numi			29d. Dete sign			
		Monte Maker	m, on			£)-44	783		Augus	10,	1990	6
5	3	0. Name and address of person who of MONTE MAK	completed cause of				gh si	Treet	, ELY	(TON)	MO	219	2/
State	3	31. Dete filed (Month, Dey, Year)		strer's Signeture							-		

DHMH 16 Rev 6/95

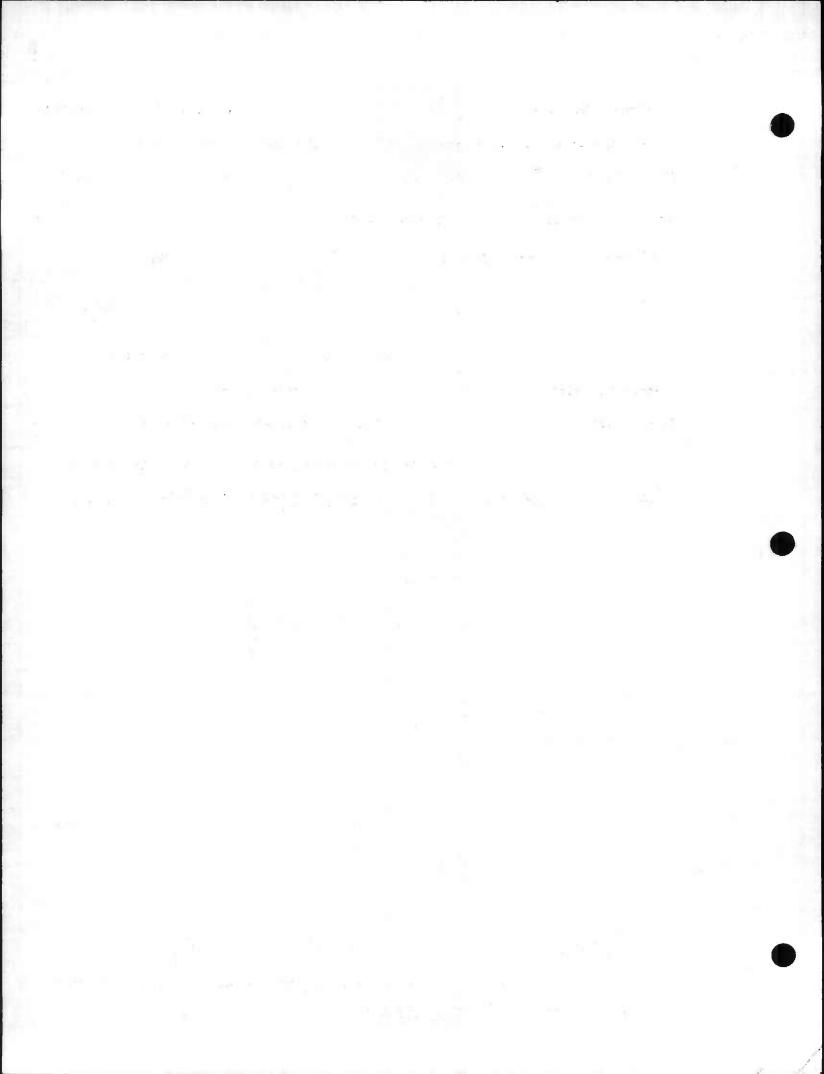
Registrar

AUG 1 2 1996 Julia Varidson Rando

.CE, MARY

State of Maryland / Department of Health and Mental Hygiene 96

							Ce	rtificate	of I	Death			Reg. No.		
			1. Decedent's Neme (Fi	irst, Middle, La	st)							2. Dete of Dec	eth		3. Time of Death
	Physic /Medi		Richard	W. Ca	leb							Aug 7,	1996	Year	10:06AM
	Exami		4a. Fecility Neme (If not	Institution, giv	e street and nur	mber)			4	b. City, Tov		ation of Deeth		unty of Deat	th
			2624 Aug	gustine	Herman	Highwa	У		(Chesar	eake	City	Ce	cil	
	Funeral	1	5. Social Security Numb		Sex IS≵M 2□ F	7. Age (In yrs.		If Under 1 Y Months D	eys	If Under a	24 Hrs. Min.	8. Dete of Birt (Month, Da)	h v. Year)	9. Bir	thplece (State or Foreign buntry)
	Director		214-26-395	7	IQ(M ZLIF	66	Yrs.		-,-			Mar 1		Ma	ryland
	and *		Usual Residence of Dec	b. County		10c. City	, Town or Lo	ocation							10d. inside City Limits
	Aenyli	5	MD	Cecil				ake Cit	37						1 ☐ Yes 2 ☑ No
	15 P	ect	10e. Street and Number			- On	esapea	10f. Zip Co					10= China	of Whet Co	
	with a or	급	2624 Augus		orman U	d obviou			915	5					ountry?
	death with the Meryland me 23a or 28a-f show must be notified at	era	11. Meritel Stetus	stine n		dent Ever in U,	S 13	Wes Decedent			aln? (Snec	rify Yes or No-	USA		orican Indian.
0	72 hours after death with the Merylar natural, or items 23s or 28s-f show office! Examiner must be notified at	Funeral Director	1 Never Merried	2⊠ Merried	Armed Fo	rces?		if Yes, specify	Cuba	n, Mexican	Puerto F	Rican, etc.)		Bleck, Whit	
21215-0020	within 72 hours after ene. then "natural", or ite	by	3 ☐ Widowed 4 ☐	Divorcad	1 X Yes If Yes, Giv Yeer or Do	etes: WW	III	1□ Yes 2⊠	No	Specify:			Sp	ecify:	nite
9	2 ho	Completed	15.	Decedant's E	ducation	•		dent's Usuei O	ccup	etion	-4	. 1	16b. Kind	of Business	
21	thin 7	ple	(Specify o		de completed) College (1	-4or 5+)	life.	dent's Usuei O kind of work d DO NOT use n	etired	du <i>ring m</i> ost ()	or workin	9			
	diwin	50	10				Dred	ge Boat	ma	n			Dre	dging	
pu	S S S S S S S S S S S S S S S S S S S	Be	17. Fether's Neme (Firs	t, Middle, Last)					18. Mothe	r's Neme	(First, Middle,	Maiden Su	mame)	
ya	Ment Ment	2	James D.	Caleb						Anni	e J.	Sawyer	<u> </u>		
Maryland	2 she end is ma		19e. Informant's Neme/		Type, Print)			ng Address (Si							Zip Code)
	end eelth 127		Harry Cale					Box 64		hesap	eake	City N			
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Baltimore,	permit. Pages 1 end 2 should be filed within 72 hours Department of Heelth end Mentel Hygiene important: If item 27 is marked other than "natural", any injury or other traumatic avent, tra Medical Exa any folice.		4 ☐ Donetion 5 ☐				Ferr	is Augu	ıst	9, 1	996		West	Chest	er PA
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	v requires that the deeth ce been signed by the attendi should be detached for use	Physician/	Part II. Other significant	t conditions o	ontributina to de	ath but not resu	ltirfα in the u	nderiving caus	a giva	an In Part I.		23b. Did 1	obaceo us	e contribute	to the cause of death?
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Records,	en si ouid l				U							24e. Wes	en autopsy rmed?	24b.	Were eutopsy findings available prior to
ecc	ew re	ple										1			completion of cause of death?
Œ	iclan: The lev certificate has rector, page 2	Completed										101	res 20	6	1 ☐ Yes 2 ☐ No
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	ittal of urs of raf Dilliod I														
	To the Hospital or Attending Physicism: The is within 24 hours effect deeth. To the Funeral Director: After this certificate has completely filled in by the funeral director, page	edical	29e. Certifiar 1 (Check only 2 one)	Certifying Ph Medical Exan	ysician: To the niner: On the ba	sls of examinet	viedga, daett ion and/or in	n occurred at the vestigetion, in r	ha tim my op	e, dete end pinion, deet	d pieca, e h occurre	nd dua to tha d d at the time,	ceusa(s) an dete and ple	d manner as eca, and due	s stated. o to tha ceuse(s)
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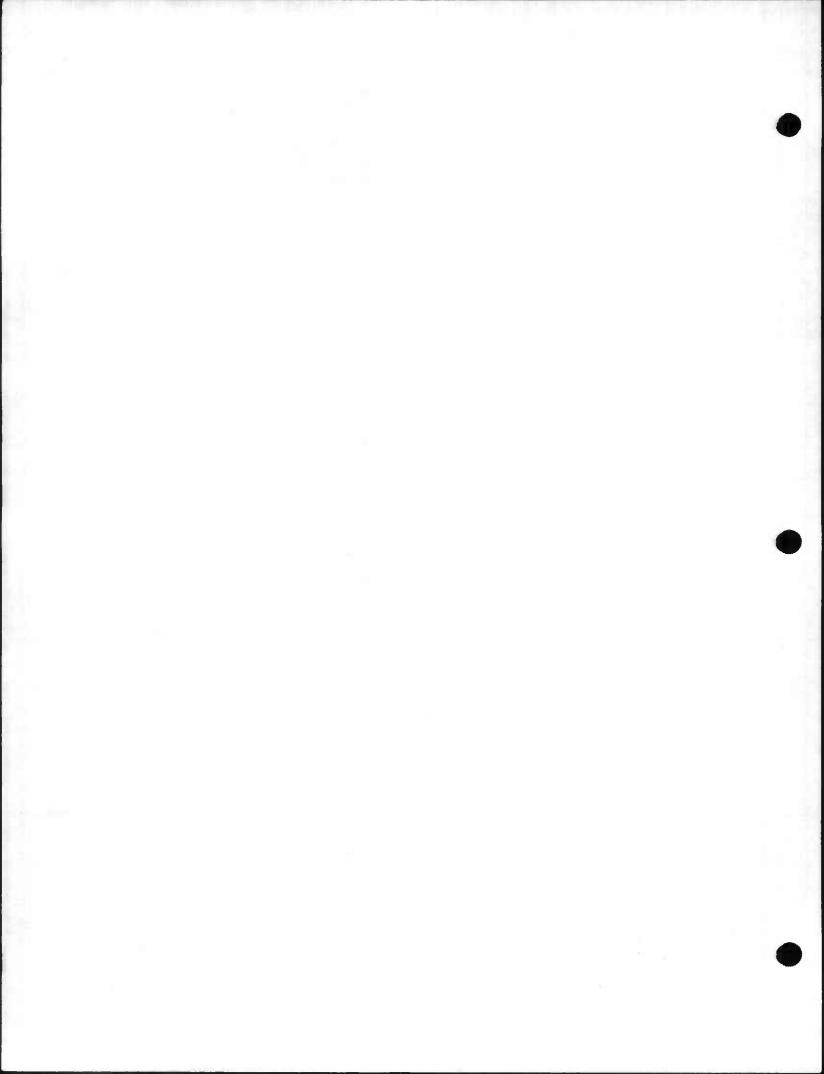


State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death 730 Day **Physician** Month Year Chester Franklin Cook Jr. 8 96 /Medical pm 4a. Facility Nema (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 314 Hook Road Westminster Carroll If Undar 1 Year if Under 24 Hrs.

Months Days Hours Min. 5. Sociel Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplaca (Stata or Foraign Country) **Funeral** Days Months Hours 12 M 2□ F 78 Yrs. Director 217-16-4753 July 16, 1918 Maryland Usual Residance of Decedant with the Marylend 10a. Stata 10b. County 10c. City. Town or Location ir than "naturel", or itema 23a or 28a-f show the Medical Examiner must be notified at 10d. inside Cltv Limits MD Carroll 1 ☐ Yas 2 No Director Westminster 10e, Straat and Number 10g. Citizan of What Country? 10f. Zip Code 314 Hook Road 21157 United States Funeral Pages 1 and 2 should be filed within 72 hours after death 12. Was Dacedenf Ever in U,S. Armed Forcas? 11. Maritel Status Was Decedent of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuben, Mexicen, Puarto Ricen, etc.) 14. Reca - American Indian, Black, White, etc. 1 Ø Yes 2 □ No If Yas, Giva Yaer or Datas: WW// 1 ☐ Nevar Married 2 2 Married altimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: Specify. by 3 Widowed 4 Divorced White Completed Decedant's Usuel Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Decedant's Education (Spacify only highast grade complated) 16b. Kind of Business/Industry permit. Pages 1 end 2 should be filed within 7 Department of Health end Mental Hygiene. Important: If them 27 is marked other than "na any injury or other traumatic event. The pages. Eiamantary/Secondary (0-12) Collega (1-4or 5+) worker Hide & Tallow 6 17. Fathar'a Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Malden Surnama) Be 2 Chester Franklin Cook Harriet Petry 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) 19a. Informant's Name/Ralationship (Type, Print) Catherine F. Cook, wife 314 Hook Road, Westminster, MD 21157 20a. Mathod of Disposition 20b. Plece of Disposition (Nama of 20c. Location - City or Town, Stete 8/08/96 cematary, cramatory or other placa) 1 ☑ Buriai 2 ☐ Cramation 3 ☐ Ramovel from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Krider's Church Cemetery Westminster, MD 21. Signature of Funarai Sarvice Licensae 22. Name and Address fulfieral Home & Chapel 412 Washington Rd., Westminster, MD 21157 23a. Part. Enter the disease, or complications that caused the deeth. Do not antar the mode of dying, such es cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Batween Onsat and Deeth Physician /Medical immediata Causa (Final disaasa or condition rasulting in death) MVOCARDIAL INFARCTION HOUR Examiner Due to (or as a consequance of): Examiner CORONARY HEART ATHERO SCLEROTIC The law requires that the death certificete be executed Sequantially list conditions, if any, leading to immadieta ceusa. Entar Undarlying Cause (Diseasa or Injury Dua to (or as a consequance of): and physician s the burie P.O. Box 68760, Physician/Medical that Initiated evants resulting In death) Lest Due to (or es e consequance of): ettending for use as per Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 Unknown INSULIN DEPENDENT DIABETES MELLITUS Records, þ Be Completed 24b. Wara autopsy findings available prior fo complation of ceusa of death? 24a. Was an autopsy performed? ESSENTIAL ITYPERTENSION s certificete has director, page 2 1 ☐ Yas 2 No 1 ☐ Yas 2 ☐ No Division of Vital Hospital or Attending Physician: 25. Was cesa rafarred to medical axaminar? 26. Placa of Death (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Homa 5 Aesidence 6 Othar (Specify) 1 Yas 2 No 2 funeral 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how injury occurred 28b. Tima of Certification: After 5 Pending invastigation 1 Natural ours efter death. eral Director: Aft filled in by the fur 1 ☐ Yes 2 ☐ No 2 Accidant 3 Suicida 6 Could not be datarminad Location (Straat and Number or Rural Route Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, straet, fectory, office building, atc. (Spacify) 4 Homicide 24 hours within 24 hours To the Fune completely file edicai 29a. Cartifiar 1 Certifying Physician: To the bast of my knowladga, daath occurred at the time, data and place, and dua to tha causa(s) and mannar as stated. (Check only one) 2 Madical Examinar: On the basis of axamination and/or invastigation, in my opinion, deeth occurred at the time, date and piace, and due to the cause(s) end mannar stetad. To the 29b. Signetura and titla of certifiar 29c. Licensa numbar 29d. Date signed (Month, Day, Yaar) DO 1663 30. Nama and address of person who complated cause of death (Item 23a) (Typa, Print) 2 ANCHOR NCENT 10000 -dr WESTMINSTER MD 2-1157

32 Registrar's Signatura

State Registrar 31. Data filed (Month, Day, Yaar)



State of Maryland / Department of Health and Mental Hygiene

25101

							Cer	tificate	e of	Death			Reg. No.		_ 0 1 0 1
В	Physic	ian	1. Decedent's Neme (First, M Helen Louise	fiddle, Last) DEMARCO								2. Data of De Month	Dey	Yeer	3. Time of Death
	/Medi	cal								45 Oib. To	um ant	Augus		1996	8:35.Ar
j	Exami	ner	4a. Fecility Neme (If not instit Washington C									ocation of Deat		ty of Death Shingt	on
	Funeral Director		5. Social Security Number 188–24–7773	6. Sax 1 M 2		(In yrs. lest bird	thday) Yrs.	If Undar Months	1 Yaar Deys	If Under Hours	24 Hrs. Min.	8. Deta of Bir (Month, De May 8,	th Year) 1926	9. Birtho Cour Mary	blace (State or Foreign ntor) Land
	and *		Usual Residence of Deceder 10e. Steta 10b. Co.			10c. City, Towr	or Loc	ation							Od. fnside City Limits
	Sa-f sho	Director	Maryland W	ashington		**		iamsp							1 ☐ Yes 2 ☑ No
	with the		10e. Street and Number 250 Otha Ho1	land Drive				10f. Zip		795			10g. Citizen of USA		itry?
50	permit. Peges 1 and 2 should be filed within 72 hours after death with the Meryland Department of Health and Mental Hyglene. Important: if item 27 is marked other than "naturel", or itema 23a or 28a-f show important: if item 27 is marked other than "naturel", or itema 23a or 28a-f show hy injury or other traumatic event, the Medical Expansion must be notified at once.	y Funeral	11. Marital Stetus 1 Never Married 2	12. Wes De Armed Married 1 Yes	ecedant E Forces? s 2]() N		If	/as Deced Yes, spec	ent of I-	dispanic Or	n, Puerto	ecify Yas or No Rican, etc.)	14. Ra BI	ice - Amaric ack, White,	atc.
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Baltimore,	permit. Pege Department of Important: If eny injury or once.		21. Signeture of Funaral Sen) '	•	22.	Name en	d Addra	iss of Fecili	ty			- Indepos	, 1101) 101
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0	ding f h. After funer	tlon	1 Neturel 5 □ Pe		e of Injury onth, Dey	Year) 28b. T	ime of	M 28	Bc. Injur Wor 1 □	ryet rk? Yes 2□	No	28d. Describe	how injury occu	rred	
Division of	Attan or deal octor: by the	Certification:	3 ☐ Suicide 6 ☐ Co	uld not ba 28e. Pier	ce of injur	y - At home, fer	m, stre					28f. Location (Street and Nurr	ber or Rura	I Route Number,
5	ital or ins after instantial				ding, etc.							City or To			
	To the Hospital or Attanding Physician: within 24 hours after death. To the Funeral Director: After this certifical completely filled in by the funeral director,	edicai	29e. Certifier 12 Certi (Check only one)	fying Physician: To the cal Examiner: On the and me	best of basis of e	examinetion end	deeth Vor Inve	occurred a estigetion,	t the tin	me, dete en opinion, dea	d plece, th occur	end due to the red at the time,	ceuse(s) and m date and place	anner es st , and due to	eted. the cause(s)
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			30. Name and eddress of pers	son who completed car	use of de	eth (Item 23e) (Type, P	rint)		2000	, ,		0 -	1 -1	0
			Gary C. +	Papuchis	m	. D .	351): 11	15+		HETEr!	town	md	21740
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BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY 1996 YEAR Aug. Melvin 9 5:25 PM 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. lest birthday, 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign May 21, 1903 DAYS 717-07-6424 HOURS 1 X M 2 - F 93 Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Towson Manor Care Ruxton Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Parkton 1 TYES 2 K NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 903 Walker Road 21120 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 X NO Specify 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: White BY 3 📉 Widowed 4 🔲 Divorced ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 8 Foreman Railroad t7. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Mary Wineholt John Diehl BE 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Jack W. Diehl 4101 Mt. Carmel Rd., Upperco, MD 21155 20e. METHOD OF DISPOSITION
1 X Burlet 2 Cremetton 3 Removal from State
4 Donetton 5 Other (Specify) or 14 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of Aug Pine Grove Cemetery Parkton, MD T996 SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY J.J. Hartenstein Mortuary, Inc. 24 Second St., New Freedom, PA 17349 23. PART I. Enter the diseases, or co housed the death. Do not enter the mode of dying, such sa cardiac or respiratory arrest, shock, or heart failure. List or interval Between Onaat and Death IMMEDIATE CAUSE (Final GALL BLADDE diseese or condition DUE TO (OR AS A CONSEQUENCE OF): reaulting in deeth) L CERTIFICATION DUE TO (OR AS A CONSEQUENCE OF Sequentielly list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese Dr injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAIL ARLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 AND 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\Boxed{1}\) NO \(\boxed{1}\) UNCERTAIN \(\Boxed{1}\) PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Diffusing Home 5 Realdence 8 Other (Specify) 1 YES 2- NO Inpetient 2 - ER/Outpetient 3 - DOA 28c. INJURY AT WORK?
1 YES 2 NO 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED 1. Natural 5 Pending Investigation ВУ 2 Accident 28s. PLACE OF INJURY — At home, term, straet, factory, offica building, etc. (Specify) 3 Sulcide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER

//Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) and manner ee stated. (Check only one) 2 MEDICAL EXAMINER: On the bests of exemination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(a) and menner as stated, 29b. SIGNATURE AND ATTLE OF CENTIFIE BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1600

> 32. REGISTRAR'S SIGNATURE d'aveler Re

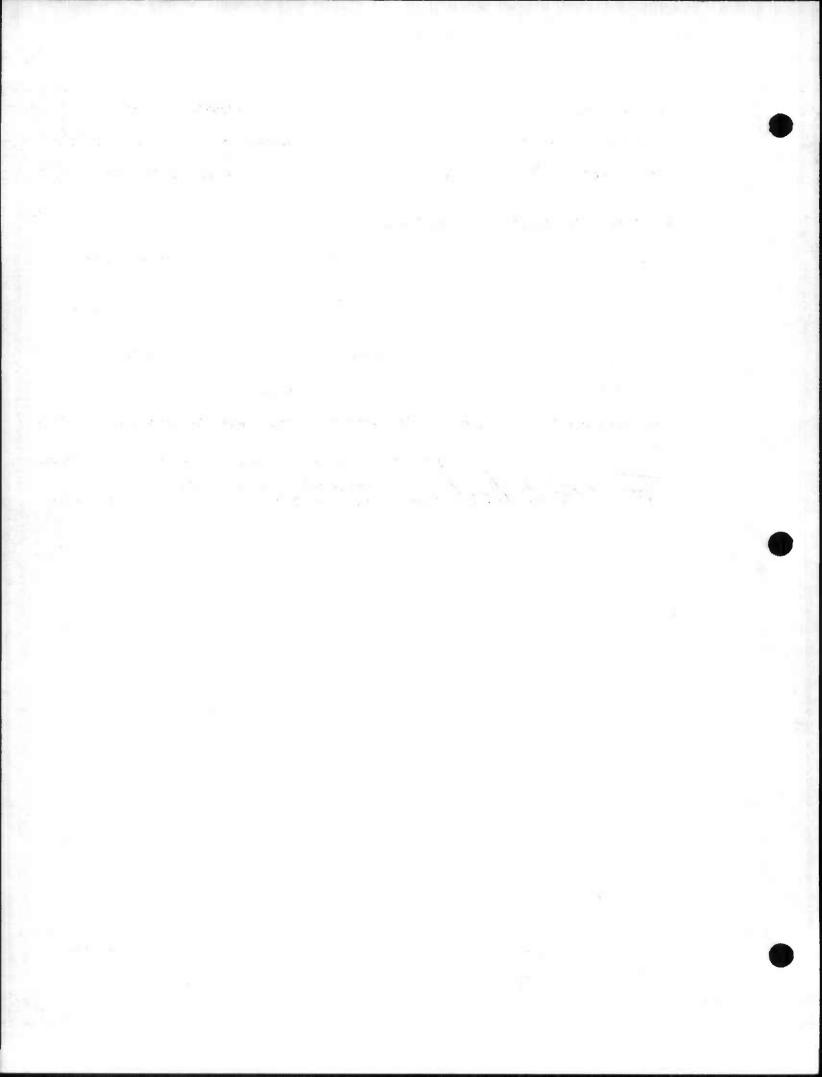
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 25 103

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П	Dhusia	ion	Decedent's Name	(First, Middle,	Last)								2. Dete Mont		Dey	Year	3. Time of	Death
	Physic /Medi		Ellen J	ackson	Daniels										5, 19		7:45	PM
	Exami		4a. Fecility Name (If	not institution,	give street and n	um <i>ber)</i>					4b. City, To	wn, or Lo	ocation of	Death	4c. Coun	ty of Death		
			Solomon	s Nursi	ing Cent	er					Solom	ons			Calve	ert		
	Funeral		5. Social Security No	umber	6. Sex	7. Age (II	n yrs. last birt	thday)	If Under	1 Year Deys		24 Hrs. Min.	8. Date	of Birth h, Day, Y	(aer)	9. Birth	oleca (Stete o	or Foreign
	Director		579-40-	9263	1□M 2⊠F		68	Yrs.	MUITITIS	Deys	Hours	MIII.	June			North	Caro	lina
	P .		Usuel Residence of															
	aryler thow	_	10a. State	10b. County		10	c. City, Towr	or Loc	ation								I0d. Inside C	
	Me Me	cto	Maryland	St. Ma	ary's		Holly	wood	d								1 🗆 Yes	2⊠No
	# 12 P	Director	10e. Street and Num	nber					10f. Zip	Code				100	. Citizen of	What Cou	ntry?	
	72 hours efter death with the Meryland natural, or items 23s or 28s-f show diest Examiner must be notified at		1167 Clar	ks Mill	Road					206	536			Ur	nited	State	es	
	dea dea	Funeral	11. Marital Stetus		12. Wes De	cedent Eve	r In U,S.	13. W	as Deced	dent of	Hispenic Or ban, Mexica	igin? (Sp	ecify Yes	or No-		ce - Ameri		
0	or th	F	1 Never Merrie	ed 2 Marrie	d 1 Yes	orces?					Specify:		nicali, etc	·· <i>)</i>		ack, White,	etc.	
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2	ithin	-du	Elementary/Secon			(1-4or 5+)		life. D	O NOT us	se retire	during mos ed)	. 0	"'9					
	e filed within al Hygiene. other than vent, the Me	00			10			1	Homen	nake	er				N/A			
n n	Hal H	Be	17. Father's Name (i									_		iddle, Ma	iden Suma	me)		
yla	should be and Mental marked of urnatic eve	2	Benjamin	L. Jack	kson, Jr	•					Elle	n Bl	air					
Ta'	2 shot and le me		19a. Informant's Na	me/Relationshi	p (Type, Print)		19b.	Meiling	Address	(Stree	t and Numb	er or Run	al Route N	lum <i>ber</i> , (City or Town	n, State, Zip	Code)	
~	end eelth n 27		Ann Delon	g	Da	ughte					Drive,	Sil	ver S	Sprin	ngs, l	MD 201	904	
ore	iges 1 and 2 should be filed within 72 hours efter death with the Merylan it of Heelth and Mental Hyglane. If Item 27 is marked other than "natural", or Items 23s or 28s-f show or other traumatic event, the Medical Examener must be notified at		20a. Method of Disp		B □Removal from		20b. Placa of cemeter	Dispos y, crem	ition (Nari atory or o	ne of ther pla	ace)		Dete	20	c. Location	- City or Te	own, State	
Ē	Peg ment ant: I		4 Donation				Metrop	olit	an C	rem	natory	8-	16-96	A1	exand	dria,	Virgi	nia
Baltimore, Maryland	permit. Pages 1 and 2 Department of Health a Important: if Item 27 is any Injury or other trai		21. Signature of	eral Service	bense	1/		22. R **	Name an	d Addr	ess of Fecili d Fune	ty 2 m a 1	Home	P	Δ			
m	8 5 E 5 8		Edward	7911	insfiel	/V	M0005							-		and 2	0650	
	٥		23a, Part1, Enter th	e disease, or c	omplications that	caused the											Approximat	le
1	Physiclan		SHOCK, OF Hear	(lellure, List of	niy one cause on											i	Interval Bet Onset and I	ween Death
	/Medical		Immediate Cause (F	Final		Co	F		a		1					i	10	-5
Н	Examiner		resulting in death)	•	θ	Due	to (or as a o	onseou	leuca ut).	7	ch s	Cas C				1	109	U
		ner			\	leat.			-	_		- 5	- 1	0	Les	-9	Ť	1
	certificate be executed ding physician and ise as the buriel-transit	Examiner	Sequentially list con	ditions.	b		to (or as a c			(~,~,		Jay		NO	-	1 6	
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XOX		an/M			d													
B	The law requires that the death ite has been signed by the etter page 2 should be deteched for to the states.	Physicia	Part II. Other signific	cant condition	s contributing to	death but no	ot resulting in	the un	derlying c	ause gi	iven in Part I	l.	23b.	Did tobs	acco use c	ontribute t	the cause	of death?
P.O.	by the	Ę.												1 Yea	2□ No	3 Pro	bably 4	Unknown
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ğ	v require been si should I													Was an a		24b. W	ere autopsy f ailable prior t	lindings
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ā		BeC	25. Was case referre	ed to medical							26 Piece	of Dootl	h (Check		49.0		J 160 Q	440
>	ysicien: The I is certificate he director, page	To B	examiner?		Hospital:	Innetient	2□ ER/Out	netient	3 🗆 DO	A Ot	hor 4				ce 6 🗆 Ot	her /Specie	54)	
Division of Vital Records,	Physical of the seral of		27. Manner of Death		28a. Date	of Injury	28b. T	ime of		8c. Inju	ıry at	T-			Injury occu		у)	
0	th: Afte	atio	1 ■ Natural 2 □ Accident	5 Pending investiga		nth Day Ye	lar) In	njury	М		ork? ∕`]Yes 2∐	No		011	2			
<u> S </u>	Atter r dea octor	fice	3 Suicide	6 Could no determin	ad 200. Plac	e of Injury -	At home, far		et, factory	, office			28f. Locat	ion (Stree	et and Num	ber or Run	l Route Num	ber,
	of effe	Certification:	4 Homicide		build	ding, etc. (S	ipecify)	1					City	r Town, S	Stete)			
	spita nours neral	- 1	29a. Certifier	Certifying	Physician: To the	e best of my	y knowledge,	death	occurred a	at the ti	ime, dete an	d piaca,	and due to	the caus	se(s) end m	nanner as s	teted.	
	To the Hospital or Attanding Physician: within 24 hours elfer death. To the Funeral Director: After this certificacompletely filled in by the funeral director.	edical	(Check only one)	Medical Ex	caminer: On the t	basis of exa	minetion end	l/or Inve	stigation,	In my	opinion, dea	th occurr	ed at the t	ime, date	and place	, end due to	the cause(s	;)
	Vithir No th	Me	29b. Signature and t	itie of cartifier					290	. Licen:	se number	321	149	29d	l. Date sign	ed (Month,	Dey, Year)	
			R. I	Scoti	mR							100	741		8	16	96	
			30. Name and address			ise of death	(Itam 23a) (Type P	rint\		. 0	- 1 '	13		AVI	-10.3	16,19	196
									()	4		ma	211	(14	,, - 0	ma (1 4/11	,,,
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State of Maryland / Department of Health and Mental Hygiene 96

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					Cel	lineale	of Death		R	eg. No.			
	940	1. Decedent's Neme (First, Middle,	Last)						2. Dete of Deel	th		3. Time	of Death
Physic		Enrico DiPol							Month August	10. 199	Year 6	8:1	7 P.
/Medi		4a. Fecility Neme (If not institution,	nive street and nu	mhar)			Ab City T	own or l	ocation of Deeth	4c. County			
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Funeral Director		579-01-7947	6. Sex 1⊠M 2□ F	7. Age (In yrs. 82	last birthday) Yrs.	Months D	eys Hours	Min.	8. Dete of Birth (Month, Dey, September	Year) 9,1913	9. Birthp Coun Hung	iaca (Stete stry) gry	or Forei
D .		Usuel Residenca ot Decedent 10a. Stete 10b. County		40- 07		** -							1
72 hours effer death with the Maryland natural", or ttems 23a or 28a-f show Steal Examiner must be notified at	stor	-0.330	Mary's		ty, Town or Lo						1	0d. Inside 1 □ Ye	City Limi
or 28	9	10e. Street and Number				10f. Zip Co	de		1	Og. Citizen of \	Whet Coun	itry?	
23a or	Funeral Director	P.O. Box 146				206	92			United	Stat	es	
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y or ∓		1 Buriel 2 □ Cremetion 3 4 □ Donetion 5 □ Other (Spe		Stete	ze Hil			8-	13-96 H	Free Un	ion.	Virgi	nia
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State of Maryland / Department of Health and Mental Hygiene Q.C.

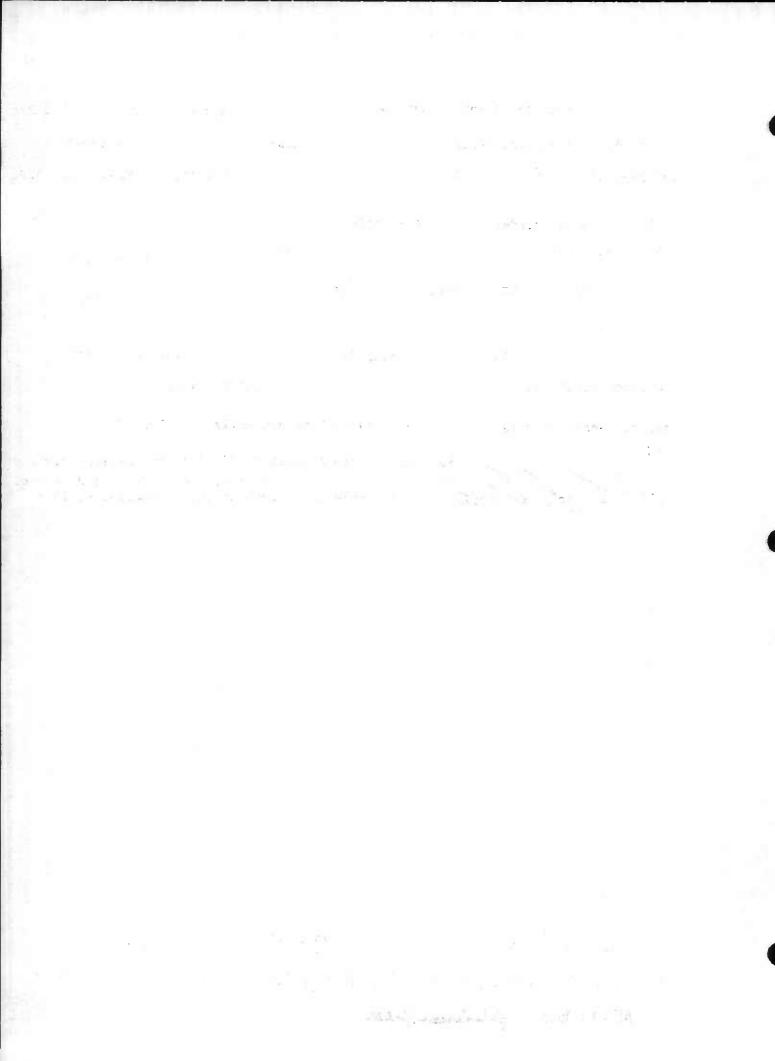
Physi /Med Exam	ician	 Decedent's Nema (First, Middla, Last 	")			2. Date of Death	1		3. Time of Death
		Kenn		onaldson		Month August	Dey 9 19	Yaar 96	7:35PM
		4a. Facility Neme (If not institution, giva	street end number)		4b. City, Town, or Lo		4c. County	of Death	
Funera Directo		Anne Arundel Med 5. Social Security Number 5.78-20-5620 6. Se		lest birthdey) If Under 1 Yaer Yrs. Months Days	Hours Min.	8. Deta of Birth (Month, Day, April 14	Year)	9. Birthple	unde1 ce (Stete or Foreign y) ngton, D.C
ъ	~	Usuel Residence of Decedent	71			кріті 14	1727	wasnii	ngton, D.C
anytan show		10a. State 10b. County	10c. Ci	ty, Town or Location				10	d. Inside City Limits
Pa M	1	MD Anne A:	rundel	Annapolis					1 ☐ Yes 2 XXIvo
with of	ב	2654 Shadow Cove		10f. Zip Coda	21401	10	g. Citizen of V		
permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Introprtant: I fleem 27 is marked other than "natural", or flam 23a or 28a-f show any injury or other traumatic event, the Medical Examination must be notified at	Finaral Director		12. Wes Decedent Ever in U Armed Forces? 1 to Yes 2 Noww I	if Yes, specify Cub	Hispanic Origin? (Spean, Mexican, Puerto	ecify Yas or No- Rican, etc.)	14. Race Blac	ted S e - America k, White, e	n Indien, c.
ral.	200		Yeer or Detes:	1 Tes 20 No	Specify:		Specify	Whi	te
within 72 h ana. Ihan "natu	Completed	15. Decedant's Edu (Specify only highest gred Elementery/Secondery (0-12)	le completed) Collega (1-4or 5+)	18a. Decedent's Usuel Occu (Give kind of work done lifa. DO NOT use retire	petion during most of work d)		16b. Kind of Bu		
Hygie ther ther	ြင်	17. Father's Nema (First, Middle, Last)	5P1us	Economist	18. Mother's Name		J.S. Go		ent
id be lental ked o	To Re	Cleveland Donalds	on			llis Ess		-/	
shou and M	-	19a. Informent's Neme/Relationship (T)	rpe, Print)	19b. Meiling Address (Street				State, Zip (Code)
and 2 halth a 127 ls		Jean M. Donaldson-	-Wife	2654 Shadow (Cove Annap	olis, Ma	ryland	2140	1
of He		20e. Method of Disposition 1 XX uriel 2 ☐ Cramation 3 ☐ F	20b. F	Piece of Disposition (Neme of cematary, cremetory or other ple	ce)		Oc. Location -		
ment tant: I		4 Donetion 5 Other (Specify)	Man	ryland Veterans		8/13/96	Crown	svill	e,Marylan
Separa mport my in	Duce	21. Signature of theral Savice Licens	11/1	22. Nama and Addre	ess of Facility Joh	n M. Tay	lor Fu	neral	Home, Inc
	4	March.	tetu	147 Duke o			-	lis,	MD21401
٥		23a. Pert1. Enter the disaase, or compleshock, or haert failure. List only or	icetions that caused the deat ne ceusa on each line.	 b. Do not enter the mode of dyi 	ng, such es cardiec d	or respiratory arre	st,	1 1	Approximate ntarvai Between Onset and Death
hysiciar /Medica	_	Immediate Cause (Finai		/mphou	NI				
xamine	er 📗	diseese or condition resulting in deeth)	a. Due to (c	or as a consequence of):				i	3 y vs.
3 44	e e		200 10 (1	r as a somosquenos ory.					
physician and ss the burial-transit	i Examiner	Sequentielly list conditions, if any, laeding to immadiata cause. Enter Underlying Cause (Disease or injury that initieled avents	Due to (c	or as e consequenca of):					
	edicai	resulting in deeth) Lest	Dua to (o	r as a consequence of):				-	
attending	N/UE		d						
he att	Physician/N	Part II. Other significant conditions cor	ntributing to death but not ras	ulting In tha underlying cause gi	van In Pert I.	23b. Did tot	pacco use con	itributa to 1	he cause of death?
ned by t	by Phy					1□Ye	8 2 No	3 Probe	ably 4 Unknown
The law requires that tha death cert ata has been signed by the attendin paga 2 should be datached for usa	Completed b					24a. Was an perform	autopsy ned?	com	e autopsy tindings lable prior to pletion of causa eath?
	O LO					1 ☐ Ye	s 20 No	1 🗆	Yes 2□ No
hysician: The law nis certificata has t I director, paga 2 s	Be	25. Was casa referred to medical	A		26. Piece of Deet	h (Check only one	9)		
= m	2	1 Yes 2 No		ER/Outpatient 3 DOA Oth	4 LI Nursing Ho	me 5 Resider			
To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certific complately filled in by the funeral director,	Certification:	27. Manner of Death 1 Naturei 5 Panding 2 Accident investigation 3 Suicide 6 Could not be	28e. Date of injury (Month, Day Year)		Yes 2□No	28d. Describe ho			
s aftar of All Direct	Sertiff	4 Homicide determined	28a. Piace of Injury - At he building, etc. (Specification)	ome, ferm, street, factory, office		28f. Location (Str. City or Town,		er or Rural	Houfa Number,
To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funeral	edical	29a. Certifier (Check only one) 1 Certifying Physical Examination (Check only one)	piclan: To the best of my kno ner: On the basis of examine and menner steted.	wledga, daath occurred at the ti tion end/or investigation, in my o	me, dete end piece, opinion, deeth occurr	end due to tha ce ed at the tima, da	use(s) and ma te and piace, a	nner as sta and due to t	ted. he cause(s)
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		> 7. Jeloung	,co	1019	1838		8/0	1196	
		30. Nema end address of person who co	empieted cause of death (item	1 23a) (Type, Print)	taate, i	1 (1) (1)	alie 11	- d	21401
		Straut E. Seli	OUICU, WID 32. Registrar's Signa		tgate, i	mnup	OLLSIN	au,	21701

Registrar

State

AUG 1 2 1996

32. Registrar's Signature John Davidson Pandelle

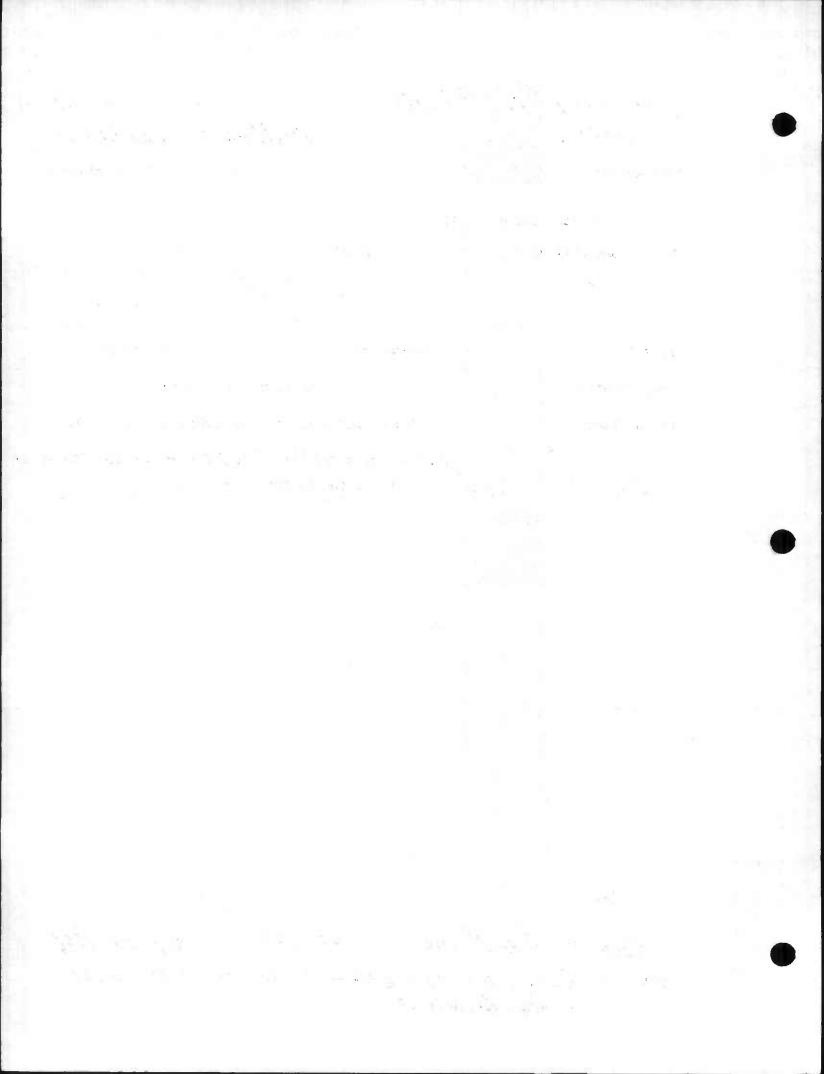


State of Maryland / Department of Health and Mental Hygiene 96

						Cer	tificat	e of	Death			Reg. No.			100
	Dhyois	ion	1. Decedant's Nama (First, Middla, L	ast)							2. Data of Date Month		Year	3. Tir	ma of Death
	Physic /Medi		ROBERT MARIO	NC NC	DYER						August	7	1996	11	.A.M.
	Exami		4a. Facility Nama (If not institution, g							wn, or Lo	cation of Death	4c. Count	y of Death		*******
			St. Mary's Hosp: 5. Social Security Number 6.		the same beat bin	th day 1	If Linda	r 1 Yaar	Leon				. Mar	_	
	Funeral Director		215-32-4153 Usual Rasidance of Decedent	1⊠M 2□F	(In yrs. last bir	Yrs.	Months	Days	Hours	Min.	8. Data of Birt (Month, Da) Jul 26,		9. Birthp Cour Mar		tata or Foraign
	how		10a. Stata 10b. County		10c. City, Town	n or Loc	cation						1	0d. Insi	de City Limits
	a Ma Ba-f s	ctor	Maryland St. Mar	ry's	Calla	way								1 🗆	Yas 2 No
	be filed within 72 hours after death with the Maryland nat Hygiene. Id other than "naturel", or items 23s or 28s-f show event, the Medical Exerther must be notified at	Funeral Director	10e. Street and Number Box 29				10f. Zip	Coda 520				10g. Citizan of U.S	What Cour	ntry?	
	ir daa	une	11. Maritai Status	12. Was Decedant E Armed Forcas?	var in U,S.	13. V	Vas Dece Yas, spe	dant of H	dispanic Ori an, Maxicar	gin? (Spe	cify Yas or No- lican, atc.)		ce - Amaric		an,
21215-0020	rel', or it	þ	1 ☐ Nevar Married 2 🕱 Married 3 ☐ Widowed 4 ☐ Divorced	1 □ Yas 2 ☒ N If Yas, Giva Yaar or Datas:	0		□ Yas					Speci			ll us
5-	natu	ete	15. Decedant's E (Specify only highast g	Education rada complated)	16a.	Giva /	ant's Usu kind of wo	al Occup nk dona	oatlon duning mos d)	t of workir	ng	16b. Kind of E	Businass/In	dustry	
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9	the factor		17. Fathar's Nama (First, Middla, Las	t)	5	LOT	e Cle	SLK	18. Moths	ar's Nama	(First, Middla,				E-7
lan	should be filed within and Mental Hygiena. marked other than imatic event, the M	To Be	Gabriel Tu	mer Mar	ion D	yer			Rut		Ann		Ridge	211	
Maryland	2 should be f and Mental I is marked of raumatic eve	-	19a. Informant's Name/Ralationship	(Type, Pnnt)	19b	. Mailin	g Address	s (Street	and Number	er or Rura	i Routa Numbe	r, Clty or Town	n, Stata, Zip	Code)	
	1 and 2 Haelth a em 27 is		Nancy Louise Dye	er					way,	MD 2	20620				
Baltimore,	permit. Pagas 1 and 2 should Department of Haelth and Mer Important: if Item 27 is marks any injury or other traumatic once.		20a. Mathod of Disposition 1 ☑ Burlai 2 ☐ Cramation 3 (4 ☐ Donation 5 ☐ Othar (Spec			y, cram	atory or o	thar pla		ens 8	Data /10/96	20c. Location Leona			
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0	Physician		shock, or heart failure. List only	ona cause on each lin	a.									Interva	i Between and Death
v	/Medical		Immediata Causa (Finai disaasa or condition	a META	STATI	\mathcal{C}	10	NG	010	ΞΔ	(F		1	T1410	MONTH
н	Examiner	Ļ	rasulting in daath)		Dua to (or as a				0 0		J C			(00	71 1 17
	Sit 9d	line		b. SEVER	RE CH	ROI	VIC	OBS	TRUC	TIVE	PULM	ONARY	i		
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ox 68760,	law requires that the death certificate be associfed as been signed by the attending physician and 1.2 should be datached for use as the burial-transit	n/Medical	rasulting in death) Last	d	Oua to (or as a c	consequ	iance of):								
Bo	death ce a attandi id for us	Physician/	Part II. Other significant conditions	contributing to death bu	t not rasulting in	tha un	darlvino d	ausa oiv	van in Part i	i.	23b. Did t	obacco use co	ontribute to	the ce	use of death?
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	as tha igned be da	by	RESPIRAT	OF F	AILUI	KE									
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	To the Hospital or within 24 hours after To the Funeral Dir complataly filled in	edical	29a. Certifier 1⊠ Certifying P (Check only one)	hysician: To the best of miner: On the basis of and manner stat	axamination and	, daath d/or inv	occurred a stigation	et the tir , in my c	me, deta an opinion, daa	d place, a th occurre	nd dua to tha o d at tha time,	ausa(s) and m data and place	annar as s , and dua to	teted. o the ca	usa(s)
	To th To th	ž	29b. Signatura and titla of certifiar				29	c. Licens	se number			29d. Data sign	ed (Month,	Day, Ye	ar)
			1 Com	PR.M.A	Rahm	an a	100	D	5006	44		Augus	+7.	19	96
			30. Nama and addrass of person who	completed cause of da	ath (Itam 23a) (Type, F		EON4	ኒየከጥቦኒ	JN MD	. 20650				
	Sta Registr	_	31. Data filed (Month, Day, Yaar) AUG - 8 19	32 Ragistra	r's Signatura	1.1		TOTAL	TINTON	141 6 141	• 4003(

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

_					State of N	nai yiai i		tificate of	Death		leg. No.	16 2	25/07
	Physic	ian	1. Decedant's Nama (First, Middla, La	st) A	Eli	SiD			2. Data of Dea Month	th Day 7	Yaaqla	3. Time of Death
	/Medi Examii		4a. Facility Nama (If no	of institution, give	e street and number		0,0		4b. City, Town, or	Location of Death	4c. County	of Opark	1012
	Funeral Director		5. Social Security Num 171-22-533	34	DM OFF	oga <i>(I</i> n <i>yr</i> s. i	last birthday) Yrs.	If Under 1 Yaar Months Days		8. Data of Birth (Month, Day Jan 25	1929	9. Birthpiac Country Penns	ce (Stata or Foreign) ylvania
	yland wow		Usuel Rasidance of Di 10a. Stata 1	acedant 0b. County		10c. City	, Town or Loc	cation				10d.	. Inside City Limits
	e Mar	ctor	MD	Prince	George	Ade	lphi						1 ☐ Yas 2 🕱No
	ath with the 23 or 21 suat be no	Funeral Director	10e. Street and Numb 2905 Powde		Road			10f. Zip Coda 20783		1	USA	√hat Country	7
020	urs after de al', or item Examiner in	by	11. Marital Status 1 ☐ Nevar Married 3 ☐ Widowed 4 [12. Was Decedar Armed Forcas 1 Yas 2 4 If Yas, Giva Yaar or Datas	? \$No		Vas Decedent of Yas, specify Cub ☐ Yas 2 No	Hispanic Origin? (Span, Maxican, Puart	pecify Yas or No- o Rican, etc.)		e - Amarican sk, Whita, atc White	
21215-0020	s 1 and 2 should be filed within 72 hours after death with the Maryland if Health and Mental Hygiene. Item 27 is marked other than "natural; or items 23a or 28a-f show other traumatic event, the Medical Evantrier must be notified at	Completed	(Specity Elemantary/Second	5. Decedant's Econly highast gra ary (0-12)	ducation da complatad) College (1-40	5+)	16a. Deced (Giva I lifa. D	OO NOT usa ratire	pation a during most of wor pd)	king	16b. Kind of Bu	usinass/Indus	
	o filed with Il Hygiene. other than	Be C	17. Fathar's Nama (Fil	rst, Middla, Last)				<u></u>	18. Mothar's Nar	na (First, Middla,			
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Balt	permit. Pa. Departmen Important: any injury.		21. Signature of Fune			1	22. D	Nama and Addr onaldsor	ass of Facility Funeral	Home, P	.A.		
	-	П	23a. Part1. Enter the shock, or heart for	disease or com	pilcations that cause ona causa on aach	ed the death			ott Ave. I				pproximata iterval Between
	Physician /Medical Examiner		Immediata Cause (Fir disaasa or condition rasulting in daath)		Mo	thi-	Sy	stem o	Dyan	Fai	lure	Ö	Inset and Death
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	the atte	Physician/W	Pert II. Other significa	nt conditions o	ontributing to death	but not regu	iting in the un	derly no causa g	ivan in Part I.	23b. Did 10	becco use con	stribute to th	ne cause of death?
Is, P.0	es that the de igned by the be detached	by	Chro	mic	Ken	cl,	tus	MI		1 🗆 Y	2500	3 Probeb	bly 4 ☐ Unknown
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ion of	After fune		27. Manner of Death	5 Pending Invastigation	28a. Data of In (Month, D	ury	28b. Tima of Injury	28c. Inju	iry at ork?	28d. Dascribe h			
Division	교육들	Certification:	3 ☐ Sulcida 4 ☐ Homicide	6 Could not be determined	288. Place of I	njury - At ho	ma, tarm, stre	et, tactory, office		28f. Location (S City or Tow		er or Rural R	louta Number,
	To the Hospital within 24 hours of To the Funeral Completely filled	edical	29a. Certifier (Check only one)	Certifying Ph	ysician: To the bes niner: On the basis and mannar s	ot axaminati	vledge, deeth ion and/or inv	occurred et tha t astigation, in my	ima, deta and piace opinion, daath occu	, and due to the c rred at the time, d	ause(s) end me lete and piaca, e	nner as state and due to th	ed. e cause(s)
	To the Hospital within 24 hours a To the Funeral Completely filled	Me	29b. Signatura and title	a ot certitier	O I I I I I I I I I I I I I I I I I I I	0			sa number	2	9d. Data signed	i (Month, Day	y, Year)
			Ken	is B	Bloch	X,D	.0 .	14:	31298		JULY.	24, 1	1996
	4			B. 6E.	ROLD, D.	0. 2	25.6	RENE	ST., BA	TIMORE	E, MD	2121	91
	Sta Registr	-	31. Data filed (Month,		1996 32. Regis	rar's Signal	Hor Rand	lall					



				State of	Maryland		artment of rtificate o		nd Mental H		96	25108
Physici /Medic		1. Decedent's Na	nme (First, Middle, Li	zabeth	ED	GSTON		Dodin	2. Dete of Month AUGU	Day	, 1996	3. Time of Death 13:56 P
Examir		ST. M	(If not institution, gi	va street a <i>nd n</i> umb				Leona	n, or Location of De	sath 4c. Co	unty of Death	1
Funeral Director		5. Social Security 2.13 - 90 -	-9998	Sax 7. 1□ M 2 ² D F	Age (In yrs. le 28	ast birthday) Yrs.	If Under 1 Yaa Months Day		Min. (Month,	Birth Day, Year) 30, 1968	9. Birth Cot M D	nplace (State or Foreig intry)
the Maryland 28a-f show	tor	Usual Residence 10a. State M D	10b. County	arv's		, Town or Lo						10d. Insida City Limits
ath with the M 23a or 28a-f	Funeral Director	10e. Street and N	lumber	1284	TEO.	119 0	10f. Zip Code 2 0 6 3.			10g. Citizen	of What Cou	intry?
72 hours efter death with the Manyland 72 hours efter death with the Manyland netal Ename of man be notified at	by		s nried 2 Married 4 Divorced	12. Was Decede Armed Force 1 Yes 2 If Yes, Give Year or Data	es? XNo	1	Was Decedent of If Yes, specify Cu 1 ☐ Yes 2 ☑ No		in? (Specify Yas or I Puerto Rican, etc.)		Race - Amer Black, Whita ecify: Bla	, atc.
4	Completed	(Sp Elementery/Se- 9	15. Decedent's E ecify only highest gr condery (0-12)	ducation ada completed)	or 5+)	(Giva life. L	dent's Usual Occ kind of work don DO NOT use retii	upation a during most red)	of working	16b. Kind	of Business/I	
d 2 should be filed within the and Mentel Hygiene. 7 is marked other than traumatic event, the Mentel Hygiene.	To Be Co	17. Father's Nam	e (First, Middle, Less Bernard				посрег	3. 4.5.	's Neme (First, Midda	fle, Maiden Sui	meme)	'n
permit. Pages 1 end Department of Health Important: If Item 27 any Injury or other tr		20a. Method of Di 1 Donetion	Jatherin isposition 2 Cremation 3 D 5 Other (Special Funeral Servica Lice	Removal from Sta	20b. Pla	ace of Dispo metery, cren Les Mem	sition (Name of natory or other parents) orial Gard Name and Add	dens	Date 8/16/96	Leon	on-City or T	own, State wn, MD ne, P.A. yland 206
Physician /Medical Examiner		23a. Pert 1 Enter shock, or he Immediate Cause disease or condit resulting in death	r tha disease, or compart feilure. List only		sed the death.	Do not ente	er tha mode of d	/Ing, such es c	erdiac or respiratory	arrest,	Hat	Approximata Interval Between Onsat and Death
D #	lner			b	Due to (or	as e conseq	uence of):					
ate be executed hysician end the bunal-transit	dicai Examiner	Sequentially list of any, leading to ceuse. Enter Unc Cause (Disease of	conditions, immediate derlying or Injury	C	Due to (or	as a conseq	uence of):					
death certificate be executed e ettending physician end of for use es the burial-transit	an/Medic	that initiated even resulting in death	Last	d	Dua to (or a	as a consequ	uanca of):					
d by th	Physic	Part II. Other sign	ificant conditions o	ontributing to death	n but not resuit	ting in the un	nderlying cause g	iven in Part I.		d tobacco use		to the cause of death
he law requires the has been signe	ompleted by								24a. Wa	as an autopsy formed?	a\ cc	Vere autopsy findings valiable prior to emplation of ceusa death?

To the Hospital or Attending Physician: T within 24 hours effer death.

To the Funeral Director: After this certifical completely filled in by the funeral director, p Division of Vital Be Medical Certification: To

25. Was cese referred to medical axaminer? 26. Piece of Death (Check only one) Yes 2□ No

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury at Work? 28d. Dascribe how injury occurred 28b. Time of

OCME

28a. Date of Injury
(Month, Day Year) 5 Pending Investigation 23CP 1 Yes 2 No 6 Could not be determined

Driven OFGAN

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

281. Location (Street and Number or Rural Route Number, City or Town, State)
PT 243@ WOTHOWN STMDW/SW, HD

AUGUST 10,1996

29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and plece, and due to the cause(s) and manner as steted.

Addical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifian 29c. Licanse number 29d. Data signed (Month, Day, Year)

who completed ceuse of death (Item 23a) (Type, Print)

KONEL W 111 Penn Street, Baltimore, Maryland 21201

State Registrar 31. Dete filed (Month, Dey, Year)
AUG 13 1996

MAKLANION

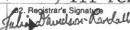
27. Mannar of Death

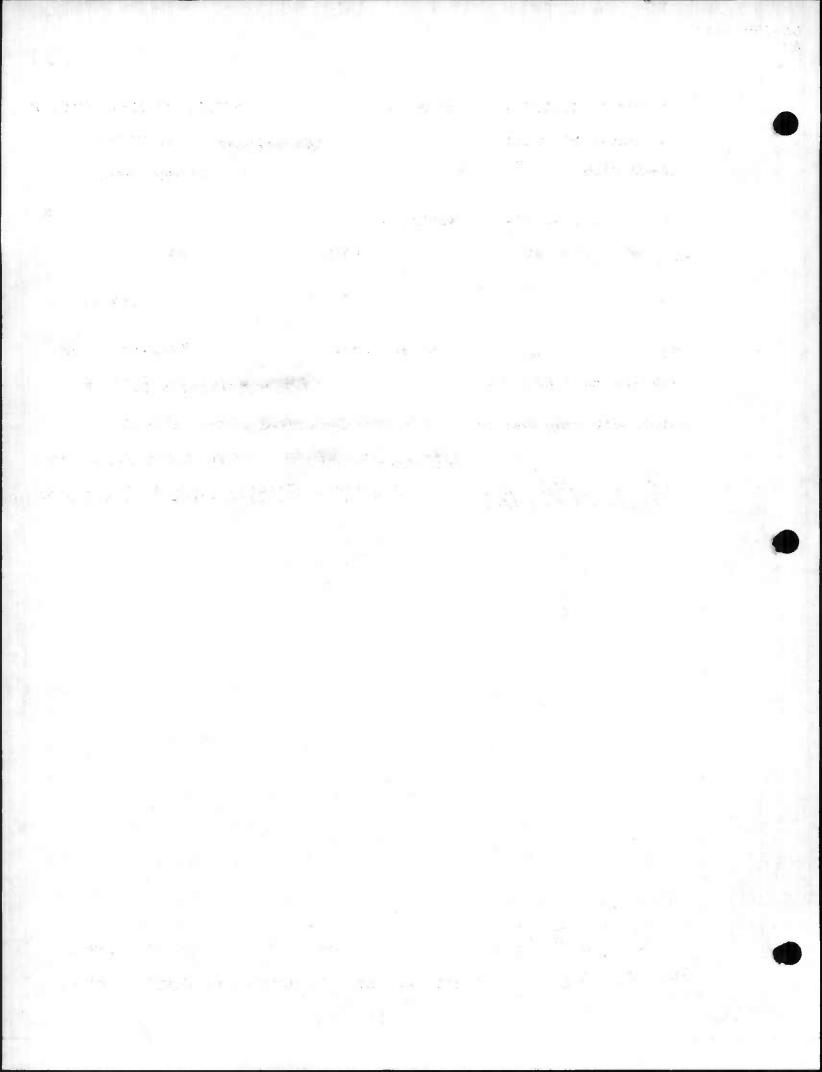
1 Naturel

2 Accident

3 Sulcide

4 - Homicide





State of Maryland / Department of Health and Mental Hygiene

25109

Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Date of Death 3 Time of Death 19,1996 Month Yaar **Physician** James Herbert FOWLER. Jr. July 11:10PM /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Doctor's Hospital Lanham Prince George If Undar 1 Year | If Under 24 Hrs.
Months | Days | Hours | Min. 7. Age (In yrs. last birthday) 5. Social Sacurity Number Birthplaca (State or Foreign Country) **Funeral** 182 M 2□ F 75 Yrs Director 579-16-2284 Maryland Usual Residence of Decedant 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Madical Examiner must be notified at 1 X Yas 2 □ No Director MD Prince George Bowie 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? Herna 23a 20720 USA 12500 Hilltop Lane Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Orlgln? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black, Whita, atc. permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental hygiene. Important: If Item 27 Is marked other than "natural" or iten any Injury or other traumatic event, the Medical Exercites 1 Tayes 2 No
If Yes, Give
Yaar or Dates: WW II 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 XNo Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) College (1-4or 5+) Grade 11 Carpenter Railroad 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middla, Maiden Surname) James Herbert Fowler Ruth Hatton 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 12500 Hilltop Lane, Bowie, Maryland 20720 Ethel M. Fowler wife 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Fort Lincoln Cemetery 7/23/96 Brentwood, Maryland 22. Nama and Address of Facility Donaldson Funeral Home, P.A. 313 Talbott Ave. Laurel, Maryland 20707-4389 23a. Part1. Enter the disease of complications that caused the death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, shock, or heart to the distance of the cause on each line. Approximata Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disaase or condition rasulting in death) Examine as a consaguance of) Examiner ettending physician and for use es the bunal-transit Sequentially list conditions, if any, laading to immediata cause. Enter Underlying Cause (Disaasa or injury that initiated evants rasulting In death) Last Due to (or as a consequence of) P.O. Box 68760, Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing (Nadeath but not resulting in the underlying causa given in Part i. 23b. Did tobecco use contribute to the cause of death? 3 □ Probably Unknown 1 ☐ Yes 2 ☐ No signed l Records. Completed by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Mellity II 2E No 1 □ Yes 2 □ No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completaly filled in by the funeral director; p. 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 2 ER/Outpatient 3 DOA No Other: 4 Nursing Homa 5 Residence 8 Other (Specify) ဥ 1 Yes 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred Naturat 5 Panding investigation 1 ☐ Yas 2 ☐ No 2 Accidant 3 Suicida 6 Could not be Location (Street and Number or Rural Route Number, City or Town, State) 28a. Place of injury - At home, farm, streat, factory, office building, atc. (Specify) 4 Homicida 29a. Certifier Certifying Physician: To the best of my knowledga, death occurred at the tima, date and place, and due to tha causa(s) and manner as stated.

Medical Examines: On tha basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b, Signature(and 29c. License number 29d. Date signed (Month, Day, Year) 5+1 who complated cause of death (Item 23a) (Type, Print)

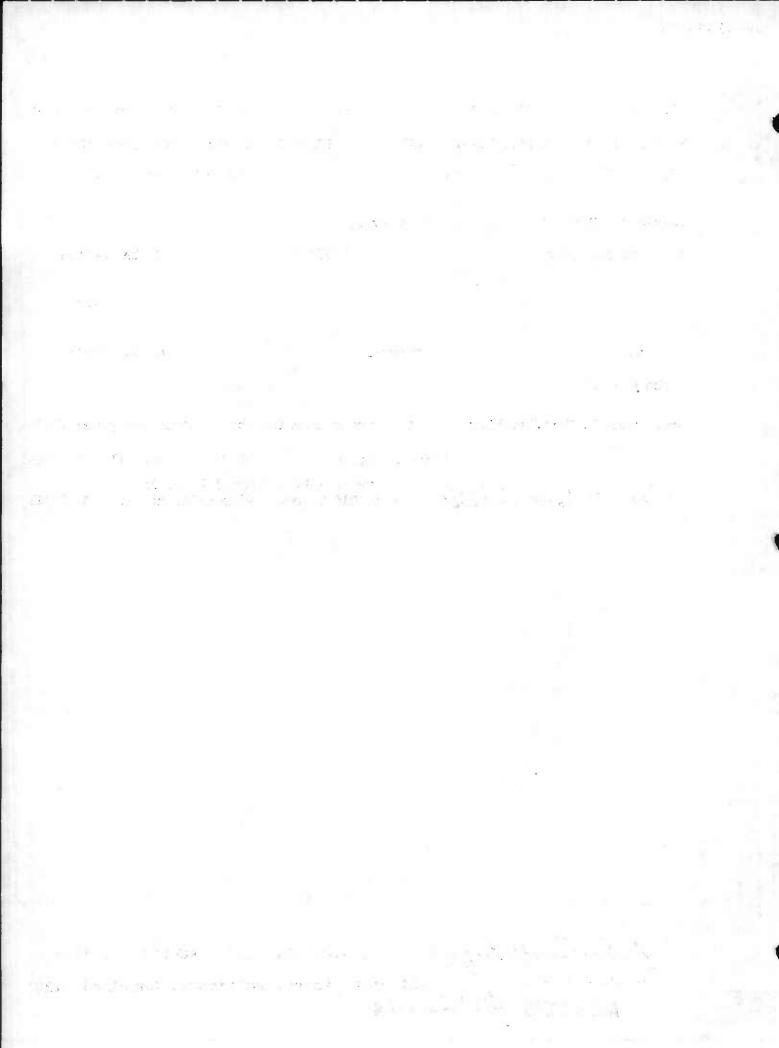
ANAPULIS MJ 31. Date filed (Month, Day, Year)

State Registrar

	_	1 December 1 house (First Addutts 1 and			-	tment ificate					Reg. No.		20110
Physic	ian	Decedent's Name (First, Middle, Less								2. Dete of De Month	eth Dey	Year	3. Time of Death
/Medi	cal		ATHERINE]	FOX	h Ch. Tou		AUGUS			
Exami	ner	4a. Facility Neme (If not institution, give		CD 5	DIV.					cation of Death		ounty of Deat	
Funeral		ROUTE 99 NEAR A 5. Social Security Number 6. Se		GE F		If Under 1		EST I		ENDSHI 8. Dete of Bir	P HO	WARD	COUNTY
Funeral Director			□M 2 Ø F	54		Months	Deys	Hours	Min.	8. Dete of Bir (Month, De Apr 12	y, Year)	2 05	nplace (State or Foreigr untry) 110
0		Usual Residenca of Decedent											
72 hours ener death with the Marylend natural", or flama 23a or 28a-f ahow deat Examine mat be nedfed a	_	10a. State 10b. County			Town or Loca								10d. Inside City Limits
s i end z strouto en tied within 72 hours enter death with the Marylen if Health and Mental Hygiene. If Health and Mental Hygiene in returnity or that we say or 28e-f show other traumatic event, the Medical Experient must be recitied at	Funeral Director	Maryland Carroll	-		Elders	-							1 ☐ Yes 🐉 No
or a	ā	100. Street and Number 1007 Berkley Drive				10f. Zip C		1.4				n of Whet Co	
23	erai	11. Marital Status	12. Was Decedent Ev	ver in II S	12 W		2178		in2 (Cna	oih. Voo or No			States
far far	Fun	1 Never Married 2 Married	Armed Forces?	200		es, specif	y Cuba	n, Mexican,	Puerto I	cify Yes or No Rican, etc.)	14	Raca - Ame Black, White	
Ю	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Dates:		10	Yes 2	⊠ No	Specify:			S	pecify: W	hite
atura Israel	ted	15. Decedent's Edu	cation		16a. Decader	nt's Usual	Occupa	tion			16b. Kind	of Business/I	
than "n	Completed	(Specify only highest gred Elementary/Secondery (0-12)	e com <i>pleted)</i> College (1-4or 5+))	life. DC	NOT use	done d retired)	uring most	of workii	ng			
Hygiene. ther than	Con	12			Manag	er					Pu	blic S	chool
d oth	Be	17. Fether's Neme (First, Middle, Lest)						18. Mother	's Name	(First, Middle,	Maiden Su	imeme)	
ind Mental Hygin marked other umetic event, in	9	John Kreimer							unkr	own			
Is marran		19a. Informant's Name/Reletionship (T)								Route Number			
Health am 27 other tr		Mrs. Donna L. Hart 20e. Method of Disposition	:/Daughter	OOb Blo	6350 H ce of Disposit	anove	er C	rossi	ng V				land 21076
		1 Burial 2X Cremation 3 F	Removal from State	cen	netery, creme	tory or oth	er plece)	1	Date		tion - City or 1	
rtant		4 Donation 5 Other (Specify)		Met	ro Cre					-5-96			e, Marylan
Depertment Important: If sny Injury or once.		21. Signature of Funeral Servica Licens	7- 1110	0	Ha	rry I	H. W	itzke	Fur	neral H	iome,	Inc.	, MD 21043
hysician /Medicai :xaminer	-	23e. Pert1. Enter the disease, or complishock, or heart failure. List only of Immediate Cause (Final disease or condition resulting in death)	Mul	tyl	Do not enter	Just	of dying	, such as c	ardiac o	r respiratory a	rrest,		Approximate Intervei Between Onset and Death
g physician end as the buriel-transit	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause, (Disease or injury	D	ue to (or e	es e conseque	nce of):							
ysicie ne bu	edicai	thet initiated events	Du	ue to (or a	s a conseque	nca of):							
ettending ph I for use as ti	Physician/Med	resulting In deeth) Last											
0 2	sic	Part II. Other significant conditions con	tributing to death but	not resulti	ing In the unde	erlying cau	use give	n In Part I.		23b. Dld 1	obacco us	e contributa	to the cause of death'
igned by the e										10	Yes 2	No 3 Pr	bably 4 Unknow
peen s	Completed by										an autopsy rmed?	a	Vere autopsy findings vailable prior to ompletion of cause
- 6	шс		0							.44	 □		f death?
certificate rector, pa	0	25. Was case referred to medical						OC Diese	of Dooth	1	res 2 l	10	Yes 2 No
	OB	examiner?	lospitel:	ە⊐ ⊏	R/Outpatient	3 DOA	Othe	r.		(Check only one 5 ☐ Resid		Brother (Casa	44 AM COTA
er this	n:T	27. Manner of Death	28a. Date of Injury	28	8b. Time of		. Injury Work			8d. Describe h		Other (Spec courred	M AT SCEN
death. ctor: Aft y the fur	atio	1 Naturel 5 Pending 2 Accident investigation	(Month, Dey Y 8/2/96		1158Pr	0.4	1 Y		0	Subje	it di	rive s	truck pol
er de	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injury building, etc. (- At home			office		2	8f. Location (S City or Tox	Street and N	lumber or Ru	rel Route Number,
led in				-posity)	Stre	et				eides /	Kin	houte	99 new Alph
4 hou funer ely fil	edicai	(Check only 2 X Medical Examir	ician: To the best of mer: On the basis of ex	my knowle	edge, death oc	courred at	the time	, date and	placa, e	nd due to the	cause(s) en	d manner as	stated. May /an
0 0	8	one)	and manner stete	d.		genon, III	y opi		South	- wi trie tillie, t	sate and pli	ave, and due	o are cause(s)/
the state	5	OOL Cinneture and the contract				4-0							
within 24 hours after de To the Funeral Directo completely filled in by the	Σ	29b. Signature and title of certifier				29c. L	License	number			29d. Date s	Igned (Month	, Dey, Year)

State Registrar

111 Penn Street, Baltimore, Maryland 21201



			Pleas	State of		i in Blac ryland / [Оера	artmen	t of F		and N	-	ygiene	9 5		5111
Г			1. Decedant's Nama (First, Middle	. Last)								2. Data of I				. Time of Death
	Physic /Medi		Florence May FR	IESE								Aug U	st s		Year 96	14:20
	Exami		4e. Facility Nama (If not institution, Washington Coun								wn, or L	ocation of De COWN			of Death ington	
	Funeral Director		5. Social Security Number 216-28-6838	6. Sex 1 ☐ M 2 🖾 F	7. Aga ((In <i>yrs. last bir</i> 9	thday) Yrs.	If Undar Months	1 Yaar Days	If Under Hours	24 Hrs. Min.	8. Data of I (Month, March	Birth Day, Year)	1917	9. Birthplaca Country) Penn	(State or Foreign
	Maryland -f ahow	lor	Usual Residence of Decedant 10e. Steta 10b. County	ington	1	10c. City, Tow		cation							10d.	Insida City Limits
	with the	Director	10e. Street and Number East Avenue					10f. Zlp	Coda 217	40				tizen of V	Vhat Country?	
020	2 should be filed within 72 hours after death with the Maryland and Mental tygiene. Is marked other than "natural", or itema 23a or 28a-f show raumatic event, the Medical Examinating the notified at	by Funeral	11. Marital Status 1 Naver Married 2 Married 3 X Widowed 4 Divorced	12. Was Dec Armed Fo ad 1 Tyas If Yes, Gi Year or D	orces? 2≦No iva		1	Was Deced f Yes, spec	lent of H			ecify Yas or l Ricen, atc.)		14. Rec	e - Amarican i k, Whita, atc.	
Š O	72 ho	ted	15. Decedant' (Specify only highest	s Education		18a.	Deced	ient's Usua	i Occup	ation	t of work	ina	16b. K	ind of Bu	usinass/Indust	гу
2121	d within jiene.	Completed	Elemantary/Secondary (0-12)	Coilega (lifa.		sa retired	during mos d)	I OF WORK	ang	ga	rmen	t fact	ory
Maryland 21215-0020	ild be file ental Hyg ked othe ic event,	To Be C	17. Fathar's Nema (First, Middla, L Ray Eshelman	ast)		,						a (First, Midde e Pine	lla, Maiden	Sumam	a)	
lary	s mar s mar	-	19e. Informant's Name/Raiationsh	ip (Type, Print)		19b	. Mailir	g Addrass	(Street	and Numb	er or Rut	al Routa Nun	ber, City	or Town,	State, Zip Coo	da)
	end and m 27 in 27 in the tree		Shirley Ripple/	Daughter						Lane	, C]	lear S	oring	, Md	. 2172	2
altimore,	permit. Pages 1 and 2 should Department of Health and Men Important: If item 27 is marke any injury or other traumatic ance.		20a. Mathod of Disposition 1™ Burial 2 ☐ Cremetlon 4 ☐ Donation 5 ☐ Othar (Sp.		State	20b. Place of cematar	y, crar	natory or o	thar plac		8-	Data -12-96			Own, M	State aryland
Balt	permit. Pages Department of I Important: If ite any injury or of		21. Signature of Funaral Sarvice L	Icensee			M.	INNIC	H FU	ss of Fecili	HON					
	Physician /Medical Examiner		23a. Part1. Entar tha diseese, or c shock, or haart failure. List of Immediata Causa (Final diseasa or condition rasulting in daath)		lati	e deeth. Do n	Fc.	mor	e of dyir	ig, such as	cerdiac		arrest,	II.9 _ EI	App	proximeta arval Between sat and Death
,09/	ite be executed ysician and ne bunal-transit	Ical Examiner	Sequentially list conditions, if any, laading to immadiata causa. Entar Undardying Cause (Disaasa or injury that initieted avants	b		ua to (or es a d										
BOX 68	death certificate I e attending physion of for use es the is	n/Medic	rasulting in daeth) Last	d												
O.	the death by the attendached for	Physician/M	Part II. Other significant condition	s contributing to d	leath but i	not rasulting in	the u	ndarlying co	eusa giv	an in Pert I	l.	23b. Di	d tobacco	use cor	ntribute to the	cause of death?
J.	igned by be detac	by Ph										1(Yes 2	No No	3 Probabl	y 4 🖫 Unknow
Hecords,	w requir	Completed b				_							as an auto rformed?	psy	aveilab	autopsy findings ble prior to etion of ceuse h?
	cate has	Con										10	Yas 2	No No	1 ☐ Ye	s 2 No
VIII A	Physician: The this certificate ral director, page	Be c	25. Wes cesa referred to medical axaminar?	Hospital:					Oth	or:		h (Check onl				
on of	Ing After fune	tlon: To	1 Yes 2 No 27. Manner of Death 1 Natural 5 Panding 2 Accident Investige	28a. Deta (Mon	tnpatiant of Injury oth, Day Y		tpetien Tima of njury		8c. Injur Wor	4 🗆 140		oma 5 Re 28d. Dascrib				
DIVISION	or Attendifier deat	Certification:	2 Accident Investige 3 Suicide 8 Could no 4 Homicide datarmin	ot be 28a. Place	e of Injury ing, etc. (- At homa, fa (Specify)	rm, str						(Straat ar own, State		er or Rural Ro	uta Number,
_	Hospita 14 hours Funeral tely fille	edicai C	29a. Certifiar (Check only one)	Physician: To the kaminer: On the b	a best of reasis of as	camination and	, daath	occurred a	at tha tin	na, data an pinion, dee	d piace, th occur	and dua to th	a ceusa(s a, data and) and ma d place, e	nner as stated and dua to tha	i. causa(s)
	To the Vithin 2 To the comple	Me	29b. Signatury and title of certifier	12		-		29c	. Licens	e number			29d. Da	te signe	d (Month, Day,	Year)
\	- >- 0		· Willy	mi	do	Au			D 4	4,23	31		8	-8.	-96	

State Registrar

30. Name end addrass of person who complated causa of daath (Itam 23a) (Type, Print)

Albert Lai M. D. 370 M. II St. Hag Md. 21740

31. Data filed (Month, Day, Year)

32. Registrer's Signetura AUG 1 3 1996 Sthi Mudear Randell



State of Maryland / Department of Health and Mental Hygiene Q 6

25112

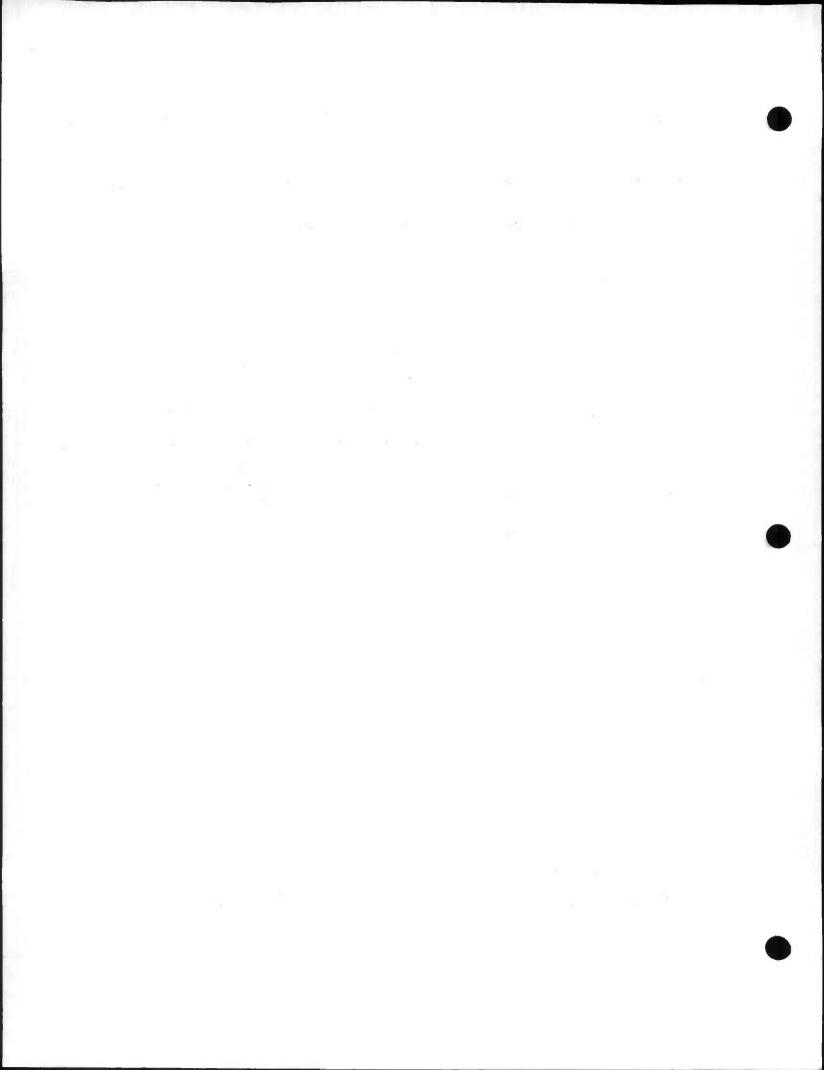
					Certifica	te of	Death		Reg. No.	0 2	1114
	Physic /Medi	cal	1. Decedent's Neme (First, Middle, Las	toley	Foley		4h Cife Tours or	2. Deta of D Month	Dey 1, 1	996 1	Time of Death 2:25 A.W
	Examii Funeral Director	ner	081-18-7671	del Hosp	(ast birthdey) If Und Yrs. Months	er 1 Yaar Deys		SURN	e ANA	re AF	Stata or Foreign
	the Maryland 28a-f show notflied at	Director	Usuel Residence of Decedent 10e. Stete 10b. County Maryland St. Mary		y. Town or Location						nside City Limits
	ath with the 23e or 2	rai Dire	10e. Street end Number 1113 Poplar Wood	Drive	10f. Z	ip Code 2061	19		10g. Citizen of V		
0200	be filed within 72 hours after death with the Maryland tel Hyglene. d other than "naturel", or fleme 23a or 28a-f show event, the Medical Exeminet must be notified at	t by Funeral	11. Meritel Status 1 □ Never Merried 2版 Married 3 □ Widowed 4 □ Divorced	12. Wes Decedent Ever in U, Armed Forces? 1 2 Yes 2 □ No If Yas, Give Year or Detes: 45-83	4□Vaa		Hispanlc Origin? (Span, Mexican, Puerl	pecify Yas or N o Ricen, etc.)	Io- 14. Rac Blac Specify	e-Americen Inck, White, etc. White	
21215-0020	within 72 hours ene. than "naturel", ne Med cal Exe	Completed	15. Decedent's Ed (Specify only highest grad Elementary/Secondery (0-12)	de com <i>pieted)</i> College (1-4or 5+)	'life. DO NOT	ork done use retire	during most of word ad)	rking	U.S. Ai Defe		
Maryland 2	be filed ttel Hygk d other event, t	To Be Co	17. Father's Name (First, Middla, Last) John Foley	2	Commissio	oned			e, Meiden Surnam		
	C/ 60 80 80		19e. informent's Neme/Relationship (7) Patricia I Foley, wil		19b. Meiling Addres))
Baitimore,	Peger nent or int: If i		20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ I 4 ☐ Donetion 5 ☐ Other (Specify,	Removel from State	Plece of Disposition (Nemetary, cremetory or opolitan Cremetory)	othar ple	7	Deta August 5,1996	20c. Location - Alexandria	City or Town, S	
Bail	Departing imports any inju		Michael K. Blanken	ship, 100857			4 - 1114	insfield	Funeral Ho on, MD 2065	-	
	Physician /Medical Examiner	9.	23a. Part1. Enter the disaase, or comp shock, or heart feilure. List only of Immediate Cause (Final disease or condition resulting in death)	e. ExopHA		CA	ing, such as cerdiad	or respiretory	errest,	tritar	roximeta val Between et end Deeth
Box 68760,	death certificate be executed e attending physician end of for use es the buriel-transit	n/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	C	r es e consequence of						
P.O.	requires that the death cer seen signed by the attendin hould be deteched for use	by Physician/N	Pert II. Other significant conditions co	ntributing to death but not rasu	ulting In the underlying	ceuse gi	ven in Pert I.		d tobacco use co	. /	cause of death?
Records,	× 20 00	Completed b	==					24a. We	s en eutopsy formed?	evalleble	utopsy findings a prior to ion of cause ?
Vital	Physicien: The is this certificate he ral director, page	o Be	25. Wes case referred to medical examiner? 1 ☐ Yes 2 ☑ No	Hospital: 1 Inpatient 2	ER/Outpatient 3 D	OA Ot	28. Place of Der	ith (Check only	Yes 2 No	1 ☐ Yes	20 No
Division of	ending eath. or: After the fune	Certification: T	27. Menger of Death 1 Neturel 5 Pending investigation 3 Suicide 6 Could not be	28a. Dete of Injury (Month, Dey Yeer)	28b. Time of Injury	28c. Inju Wo 1 [28d. Describe	how injury occur	red	
Div	무유는드		4 Homicide determined	28e. Place of Injury - At ho building, etc. (Specify	/)			City or T	(Street and Numb own, State)		te Number,
	To the Hospital or within 24 hours effe To the Funeral Dir completely filled in	Medical	29a. Certifier (Check only one) 1 Certifying Phy 2 Medicat Examl 29b. Signetura and title of certifier	sician: To the best of my know ner: On the basis of examinet end mannar stated.	tion end/or investigatio	n, in my	me, dete end ptece opinion, deeth occu	red et the time	e cause(s) end ma e, date end plece, 29d. Data signe	and dua to the d	
	FXF8	117	30. Nama and address of person who co	ompleted cause of death (Item	MD	DU	13977		angris		1996
	Sta		31. Data fled (Month, Dey, Year)	32 Registrar's Signet		DIVE	Glav B	MANIE	. ms	2101	ol
DH	Registr WH 16 Ray 6/9:		AUG - 9 199	Jan armana	a me o me a						

after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

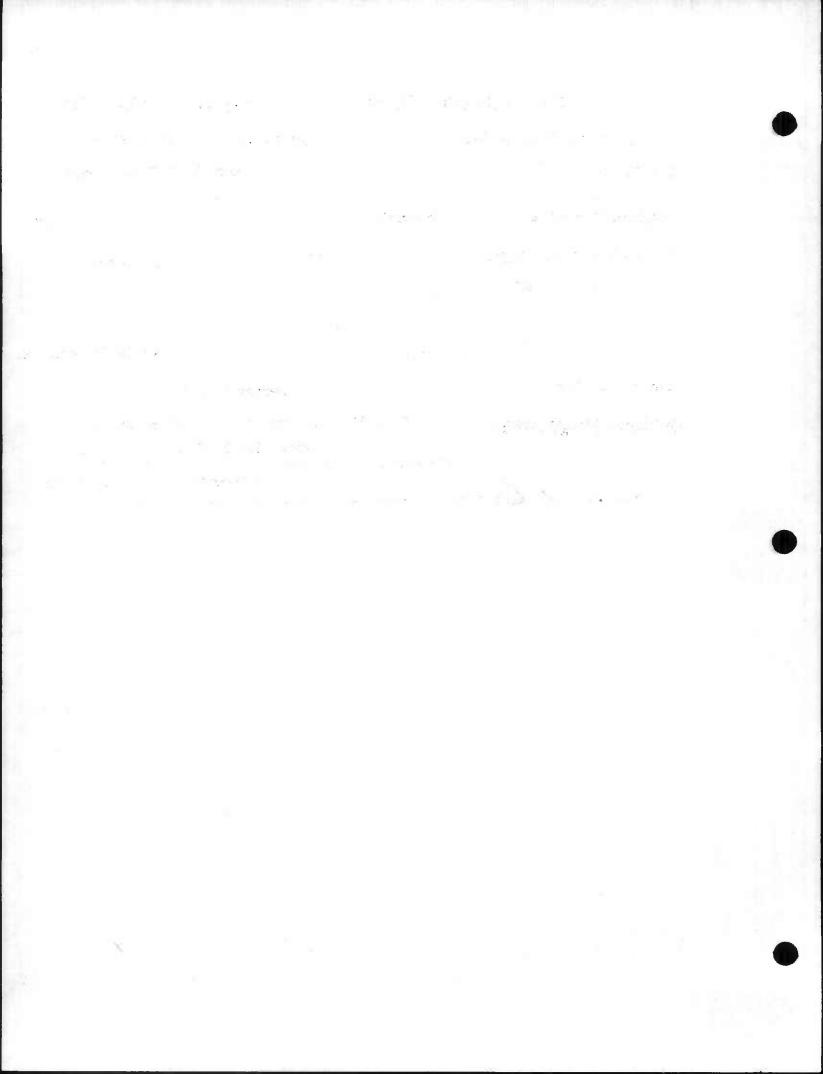
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAI	HYGIEN	E		
,	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		3	. TIME OF DEATH
	Isaac	Byler	Fi	sher, S	R.	ALICI	ust 2.		AR	10:00 PM
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE ((In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE	OF BIRTH	0	DIRTHPL	ACE (State or Foreign
	220-78-2078 9s. FACILITY NAME (If not institution, give str		68 YRS.	MONTHS DAYS	HOURS MIN.		27, 1	928 P		sylvania
DIRECTOR	2605 Mechanicsvil		Road		icsville			St.		
EC	10s. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	ION				11	Od. INSIDE CITY
	Maryland St. M	lary's	Ме	chanicsv:						LIMITS? VES 2 NO
RA		D3		101	ZIP CODE					AT COUNTRY?
FUNERAL	655 Woodburn Hill		ALLIA ADMED	1 40 11110 000	20659			U.S		
BY FU	1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 NO ATES	il yes, sp	ENDENT OF HISPAN ecify Cuban, Mexica 2 NO Specify	n, Puarto I		or No 14.	Black, V Specify: Whi	- American Indian, White, etc.
CE	15. DECEDENT'S EOUC. (Specify only highest grade of	ATION	18a. OECEOENT'S	USUAL OCCUPATION	ON	16b	. KIND OF BUS	SINESS/INDUST	RY	
Ti.	Elamentary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	work done during mo se retired.)	st of working					
MPL	5th Grade		Farm	er			Fan	n		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, I	Viddle, Maiden	Surname)		
BE	John B	5.	Fisher		Mary		L		Sto	ltzfus
6	19a. INFORMANT'S NAME (Type/Print)		1000		and Number or Rural i					
	Sarah M. Fisher		655 W	oodburn 1	Hill Road	d, Me	chanic	csville	e, M	D 20659
	20a. METHOD OF DISPOSITION 1 № Burtai 2 □ Cremation 3 □ Ramo 4 □ Donation 5 □ Other (Specify)	vel from State Cen	netery, cremetory or codburn	OF DISPOSITION (Ne Diber place) Ceme	etery 8	/5/96		cation – city chanic:		le, MD
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE/		22. NAME AI	o adoress of fa	CILITY	. Then	II		D 3
	Miel water	The Vin	.)		80×270					
-	23. PART I. Enter the diseases, or co	omplications that cause	d the death. Do					_	-	Approximata
1	shock, or heart failure. L	ist only one cause on a	ach lina.	nor omer me me	de or dying, ade	TI MM CMI	nac or reap	iatory arrest	,	Interval Between Onset and Death
	iMMEDIATE CAUSE (Final disease or condition		40.41	- 10000	1)					
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE C	FINFAC	11010					5 M/N.
_										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS /	A CONSEQUENCE O	OF):						
CA	cause. Entar UNDERLYING CAUSE (Disease or injury									
	that initiated events	OUE TO (OR AS A	A CONSEQUENCE O	OF):						
ER	resulting in death) LAST	1								
	PART ii. Other significant conditions	s contributing to death it	out not resulting	in the underivin	g cause given in	Part I.	24s, WAS AN	AUTOPSY	24b. V	VERE AUTOPSY FINDINGS
CAL							PERFOR		A	WAILABLE PRIOR TO COMPLETION OF CAUSE
						_	1 TYES 2	NO		OF DEATH?
Σ	DID TOBACCO USE CONTR	ZIBUTE TO CAUSE C	DE DEATH Y	ES I NO D	UNCERTAI	N \square			,	YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	inote to enough		ATH (Check only one)	3 OTTELKIAN					
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inputlant 2 ER/Out	patient 3 DOA	OTHER:	na 5 Realdence	6 Othe	r (Specify)			
Ŧ	27. MANNER OF OEATH	28e. OATE OF INJURY	28b. TII	ME OF 28c. IN.	JURY AT			NJURY OCCUP	ΕO	
ВУ Р	1 Natural 5 Pending	(Month, Day, Year)	II.		ORK? YES 2 NO					
	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY building, atc. (Spe		atreat, factory, offic	:0		CATION (Street or Town, State)	and Number or	Rural Roc	uta Number,
TED	4 Homicide determined		~",			Ony	or lown, state)			
COMPLET	29a. CERTIFIER (Check only	CIAN: To the best of my know	vledga, daath occur	red at the time, date	and place, and due	10 the car	use(a) and me	nner ea stated.		
M	10.000.000	R: On the beels of examination							ause(s) (and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER		29d. DATE S	IGNEO //	Month, Day, Year)
B	VI + 1 K	aug in D				168		D P	15%	91
임	30. NAME AND AODRESS OF PERSON WHO		EATH (ITEM 27) (Typ	e, Print)	21	, - 0		/	7/1	, 4
	Robert J. Baue				anicsvil	le, N	D 206	559		
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGN	NATURE 1					-	-	
	I ΔIIG -6 1996	Julia Davides	x-inarball							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 25 1 14

						Certificate of	Death	Reg. No.	
	Physic /Medi		1. Decedent's Nama <i>(First, Middla, La</i>		ARD	FLYNN	2. Data of De Month AUGUST		3. Time of Death 2135
	Exami		4a. Facility Nama (If not institution, giv 10758 PINEY I	SLAND DR			4b. City, Town, or Location of Death BISHOPVILLE	WORCE	
	Funeral Director		5. Social Security Number 6. S 033-22-9751 1 Usual Rasidanca of Dacadant	Sex 7. Aga M 2□F	a (In yrs. last t 71	yrs. If Under 1 Year Months Days		v (1925 V	9. Birthplaca (Stata or Foraign Country) Vashington DC
	72 hours after death with the Maryland natural, or items 23s or 28s-f show diest Examiner must be notified at	ector	10a. Stata 10b. County Maryland Worcest	er		wn or Location pville			10d. Insida City Limits 1 ☐ Yas 2 ☐ No
	eath with the 23a or 2	Funeral Director	10e. Street and Number 10758 Piney Isla 11. Marital Status	nd Drive	Evar In I I S	10f. Zip Coda 218	313	10g. Citizan of W	States - Amarican Indian,
21215-0020	d within 72 hours after death with the Marylar jiene. Friban "natural", or Hems 23e or 28e-f show The Medical Examiner is ant be notified at	þ	1 ☐ Nevar Married ② Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forcas? XLA Yas 2 1 h If Yas, Giva Yaar or Datas:	∾ WWII		Hispanic Origin? (Specify Yas or Noban, Maxican, Puarto Rican, atc.) Specify:	Specify:	White
5-0		Completed	15. Decedant's Ed (Specify only highast gra		16	a. Decedent's Usual Occu (Giva kind of work done	pation a during most of working ed)	16b. Kind of Bus	inass/industry
121	filed within Hygiene. ther than out, the Me	mp	Elamantary/Sacondary (0-12)	Coliaga (1-4or 5			9d)	Carmot	Con Et T
	€ ₹ \$ €		12 17. Fathar's Nama (First, Middla, Last)		O	wner	18. Mothar's Nama (First, Middla,		Craftsmen, Inc.
Maryland	id be ental ked o	To Be	Daniel J. Flynn						,
ary	d 2 should in and Men 7 is market trsumatic	1-	19e. Intormant's Name/Ralationship (19	b. Melling Address (Stree	Margaret Be		Stata, Zip Code)
	D = 22		Kathleen Flynn Th	nornton	!	9026 Holly A	ve, Waldorf, M	arvland	20601
Baltimore,	8 0 T X		20a. Mathod of Disposition XXIX Burial 2 □ Cramation 3 □ 4 □ Donation 5 □ Other (Specific	Ramoval from Stata	20b. Place cemat	ot Disposition (Nama of eary, cramatory or other pla rection Maus	August 12, 1996	20c. Location - C	City or Town, Stata , Maryland
Balti	pemit. Pag Department Important: h any Injury o		21. Signature of Funaral Sarvice Licen	100		22. Nama and Addr	ass of FacilityLee Funera	l Home, I	nc 6633 Old
	Physician		23a. Part1. Enter the disease, or companies shock, or heart tellura. List only	pilcations that caused ona causa on each lir	tra death. Do	Alexandria o not antar tha moda of dy	Ferry Road, Clir Ing, such as cardiac or raspiratory as	nton, Md rest,	Approximata Interval Batween Onset and Death
	/Medical Examiner	J.	fmmediata Causa (Final disaasa or condition rasulting in death)	a. Colon	Due to (or as a	a consaquance of):			4 (2 413,
,	cate be executed physician and s the burial-transit	Examiner	Sequentially list conditions, if any, laading to immediate causa. Entar Underlying Cause (Disease or Injury	b	Dua to (or as a	consequence of):			
(68760,	5 0 8	Medical	Cause (Disaese or Injury that initiated avents rasulting In death) Last		Dua to (or as a	consequence of):			
Box	attendii for use			d					
P.O.	the ach	/ Physician/l	Part fl. Other significant conditions of	ontributing to death bu	ut not rasulting	In the underlying cause g	ivan in Part I. 23b. Dfd 1		ribute to the cause of death? 3 Probably 4 Unknown
Division of Vital Records,	aw requires is been sign 2 should be	Completed by					24a. Was perfo	an autopsy mad?	24b. Wara autopsy tindings available prior to completion of cause of death?
<u>س</u>	The page	Con					101	as 2 No	1 □ Yas 2 No
/ita	ysician: The secretificate director, pag	Be	25. Was casa refarred to medical axaminar?	4.000000			28. Placa of Deeth (Check only o	na)	
of	5 0 T	2	1 Yas 2 No	Hospital: 1 ☐ Inpatia		Julpatient 3LJ DOA	har: 4 Nursing Homa 5 Hesio		
nc		io	27. Manner of Death 1 ■ Neturet 5 ■ Pending	28a. Data of fnjur (Month, Day	Year) 28b.	Time of Injury 28c. Injury		low injury occurre	d
Division	filer of lines in by	Certification:	2 Accidant Investigation 3 Sulcida 6 Could not be 4 Homicide determined		iry - At homa, :. (Specify)	M 1 [Yas 2 □ No 28t. Location (5 City or Tow		r or Rural Route Number,
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edical C	29a. Certifiar (Check only one)	ysfofan: To the best of niner: On the basis of and mannar sta	axamination a	ga, daath occurred et tha ti nd/or invastigation, in my	ima, data and place, and due to tha opinion, daath occurred at tha tima,	cause(s) and man data and place, ar	nar as stated. nd dua to the cause(s)
	To the within To the comp	M	29b. Streeting and the of certifier	ugan, l	uD	29c. Licen	sa number 4688	_	(Month, Day, Year) 7, (996
			30. Nama and addrass of person who a	140	560	(Type, Print) Riverside	Dr. suite AAC	6 Salist	9, 1996 oury des 21001
	Sta Registr		31. Data filed (Month, Day, Year) AUG 1 4 1	32. Registra	ar's Signatura	x-Rendall	(ι	, ,



Funeral

Director

r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at

other t

2 should be fi end Mental F is marked out

permit. Pages 1 end 2 should be Department of Health end Mental Important: If Itam 27 is marked of any Injury or other traumatic ev

Physician /Medical

Examiner

the Maryland

hours after

Baltimore, Maryland 21215-0020

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3 Time of Death Month **Physician** August 16 - 1996 4AM William Edward Fawcett /Medical 4e. Fecility Name (If not Institution, give street end number, 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Anne Arundel Anne Arundel Medical Center Annapolis If Under 1 Year If Under 24 Hrs. Birthplece (State or Foreign Country) 5. Social Security Number 6 SAX 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Dey, Yeer) 110 M 2□ F Months Days Hours Yrs. March 26 1918 Pennsylvania 188-05-2803 10e. State 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 ☐ Yes 2XXNo Director Riva Anne Arundel 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 3073 Tudor Hall Road 21140 United States 12. Was Decedent Ever In U.S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 11. Meritei Status 1 XXes 2 □ No If Yes. Give 1 Never Merried 2 Married 1 ☐ Yes 2 No Specify: Specify: à 3 ☐ Widowed 4 ☐ Divorced White Yeer or Dates: WWII Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Pennsylvania Eiementary/Secondery (0-12) Coilege (1-4or 5+) Trainman/Conductor Railroad 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Melden Surneme) Be Ruby Irene Shaddock Ralph E. Fawcett 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Riva, Maryland 21140 3073 Tudor Hall Road Carrie I. Fawcett-Wife 20b. Plece of Disposition (Name of cemetery, cremetory or other plece, 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Burial 2 □ Cremetion 3 □ Removel from Stete Maryland Veterans Cemetery 8/14/96 Crownsville, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Facilityohn M. Taylor Funeral Home, Inc. 21. Signature of Funest ice Licensee 147 Duke of Gloucester St. Annapolis, Maryland 23a. PartT. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause on each line. Approximate Interval Batween Onsat and Death tmmediate Ceuse (Fine) RESPIRATORY FAILURE (ARREST) disease or condition resulting in death) Examiner SEVERLE COPD WITH LANGE PUSTRAC Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In deeth) Lest Due to (or es e consequence of): EFFUSION Physician/Medicai Due to (or es e consequence of): Pert tl. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No þ Completed 24b. Were autopsy findings eveileble prior to 24e. Wes en eutopsy performed? completion of cause of deeth? 1 ☐ Yes 2 ☑ No 1 ☐ Yes 2 ☐ No Be 25. Wes case referred to medical 26. Plece of Deeth (Check only one) 1□ Yes 2 No Other: 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) Certification: To 1 ☑ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 28e. Dete of tnjury (Month, Dey Year) 27. Menner of Deeth 28d. Describe how injury occurred 28b. Time of 28c. tnjury at Work? 1 Neturel 5 Pending Investigation 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the cause(s) end menner es steted.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. Medicai 29a. Certifier

29c. License number

B 93140

29d. Dete signed (Month, Dey, Year)

Box 68760 P.O. Records, Division of Vital

physician end s the buriel-transit The law requires that the death certificate be executed 8 page 2 s certificata Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica itely filled in by the funeral director, To the Hospital of within 24 hours at To the Funeral D completely filled

> State Registrar

29b. Signeture end title of certifier

31. Dete filed (Month, Dey, Year) AUG 12 1996

STEPHEN C. HAMILTON, MD 205 RIPGELL ATT, ARMITTOUS, MD 32. Regionar's Signature

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

MANY CONTRACT

State of Maryland / Department of Health and Mental Hygiene 96 25116

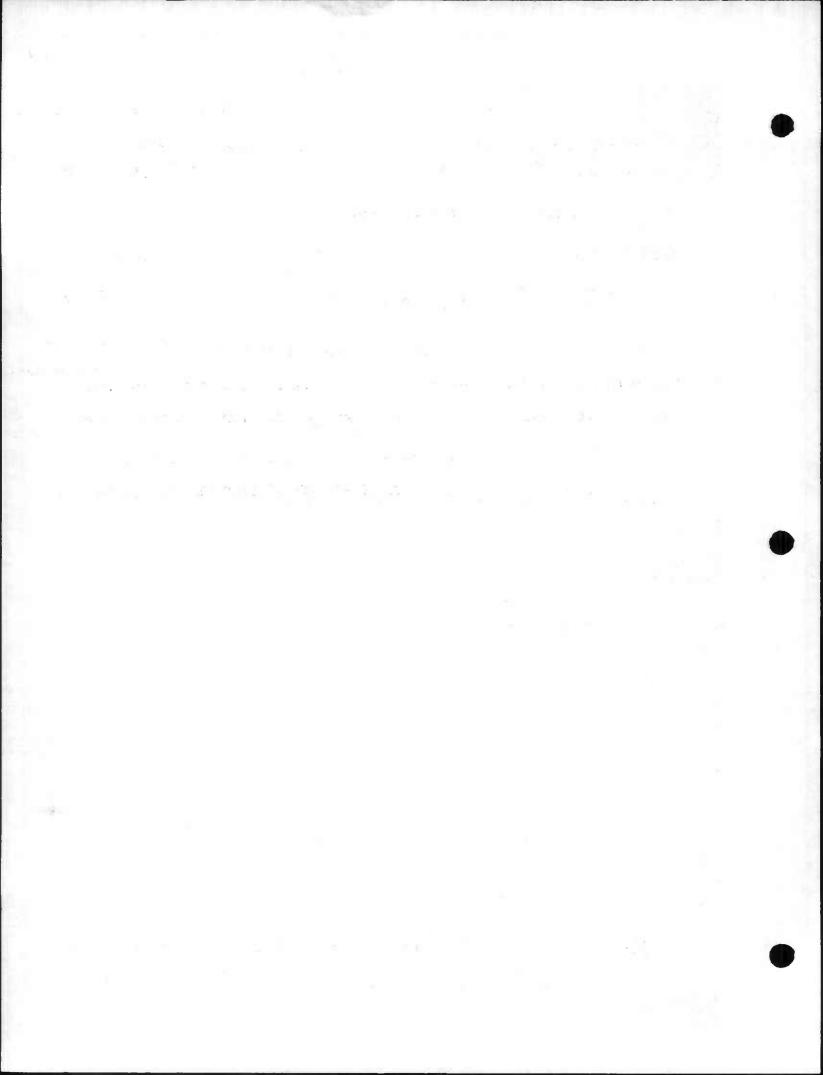
						Certi	ficate c	f Death		Rec	. No.		_0110
	14		1. Decedent's Neme (First, Middla, Las	1)						Deta of Daath		del.	3. Time of Death
	Physic /Medi		Abram Pierce Fox							Month fugest	Dey	996	3:18A1
3	Exami		4a. Fscility Neme (If not institution, giva	street and number)				4b. City, To	own, or Location		4c. County		
			Union Hospital					E1kto	n		Cec	il	
	Funeral Director		5. Social Security Number 6. Security Number 222-24-5266	x 7. Age	a (In yrs. last bir 93		f Under 1 Ye forths Day		24 Hrs. 8. I Min. (Date of Birth Month, Day, Y	(ear) 1902	Coun	lace (Steta or Foreign try) Delaware
	pu .		Usuai Residence of Decedant 10a. Stete 10b. County		10c. City, Tow	n o. I oon	ina						
	fer death with the Merylen fems 23s or 28s-f show from must be motified as	Director	Delaware New Cas	stle	Bear								0d. Inside City Limits 1 ☐ Yes 2 ②No
	th with the		1365 Pulaski High	nway			10f. Zip Code 197			100	U.S.A.		try?
Maryland 21215-0020	e filed within 72 hours after death with the Meryland al Hygiene. other than "natural", or items 23s or 28s-f ahow vent, the Mexical Exercites result be northed	by Funeral	11. Meritei Status 1 Never Merried 2 Married 3XXWidowed 4 Divorced	12. Wes Decedent I Armed Forces? 1 Yes 2 N If Yes, Giva Yaar or Detes:			s Decedent c as, specify C Yes 283 N		igin? (Specity n, Puerto Rica	Yas or No- n, etc.)	Bied	e - Amarico ck, White, o Whi	etc.
5-0	72 ho	Completed	15. Decedent's Edu (Specify only highest grad	ucation (a completed)	16a.	(Give kin	t's Usuei Oco	na during mos	at of working	16	b. Kind of Bu	usiness/Ind	lustry
121	Men .	I du	Elementary/Secondery (0-12)	College (1-4or 5		life. DO	NOT use ret	ired)	, or working				
75	filed v Hygie ther ti		1 1 17. Fether's Neme (First, Middle, Last)		Fa	rmer		10 Math	ar's Neme (Fir		Grain a		airy
an	d be f	Be	Abram Fox						ie Cla				
7	should ad Me mark matic	2	19e. Informent's Neme/Raietionship (T	vne Print)	196	Meiling	Address (Stre		er or Rurai Ro			-	Code)
	Pages 1 and 2 should be filed vinear of Heelth and Mental Hygiciant. If them 27 is marked other lary or other traumatic event,		Herberta Fergusor			83 To	own Po	int Rd	., Che	sapeake		, MD	21915
in o	Pages nent of I ant: If he ury or of		1 ☐ Buriai 2 ☐ Cremetion 3 ☐ F 4 ☐ Donetion 5 ☐ Other (Specify)		Old Dr				Aug		dessa	. Del	aware
Baltimore,	permit. Pa Departmen Important: any injury once.		21. Signature of Funeral/Service/Licens	P ⁰ /	0	22. N Robe	ame and Ade	dress of Fecili	& Foar	rd, Inc	2.	,	awaze
			23a. Flant1. Enter the disease, or comp	ications thet caused	tha death. Do				, Newar				Approximete
À	Physician /Medical Examiner	_	shock, or heert feilure. List only o Immediate Ceuse (Finel disease or condition resulting in deeth)	· Acut	,) COY	died.	Infar	retion				intervsi Between Onset and Death
x 68760,	r certificate be executed anding physician end use as the buriel-transit	/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Undarlying Cause (Disease or injury that initiated events rasulting in death) Last	c	Due to (or es e o							1	
Bo		Physician/											
O.	y the	nysi	Pert ii. Other significant conditions co	ntributing to death bu	it not resulting li	n the unde	rlying cause	given in Pert	1.		M		the cause of death?
۵.	that ned b	by P								1 🗆 Yee	2 2 No	3 Prob	ably 4 Unknown
Vital Records,	lew requires that les been signed t s 2 should be det	Completed b	•							24a, Was en performe		ave	ore autopsy findings ollable prior to expletion of cause death?
æ	0 - 0	MO.								1 🗆 Yes	2. No	1 🗆	Yes 2 No
<u>ta</u>	ysician: The is certificate director, pag	Be (25. Wes case rafarred to medical examiner?					26. Piace	a of Death (Ch	neck only one)			
o	0 0	2	1 Yes 2 No 27. Menner of Death 1 Neturei 5 Pending	1 ☐ inpatia 28a. Dete of Injur (Month, Da)	y 28b.	tpetient Fime of njury	28c. ir		7.5	Resident Describe how)
Division	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	Certification:	2 Accident investigation 3 Suicida 6 Could not be 4 Homicide determined	28a. Piace of Injubuilding, etc	iry - At homa, fe . (Specify)	rm, streat			28f. I	Location (Stre City or Town,		er or Rure	i Route Number,
	To the Hospital within 24 hours of the Funeral completely filled	edical C	29e. Certifier (Check only one) 1 Certifying Physical Exami	sician: To the best of ner: On the besis of end mennar sta	exeminetion en	, deeth oo d/or invest	curred et the tigation, in m	time, date en y opinion, des	nd plece, and o eth occurred et	due to the cau t the time, det	se(s) and me e end piece, (enner as st end due to	eted. the cause(s)
	To the To the Comp	Ě	29b. Signeture and title of certifier		+		29c. Lice	ense number		290	f. Date signer	d (Month, L	Dey, Year)
			Harkes.	MD			DI	531	4	A	ugust	9.1	996
_	12		30. Name and eddress of person who co	ompleted cause of de	eeth (item 23a)	Type, Prin	Hos	pital		Elkt	04	20	2/92/
	Sta Registr		31. Dete filed (Month, Dey, Yeer)	32. Registre	r's Signeture	. 00					,		

DHMH 16 Ray 6/95

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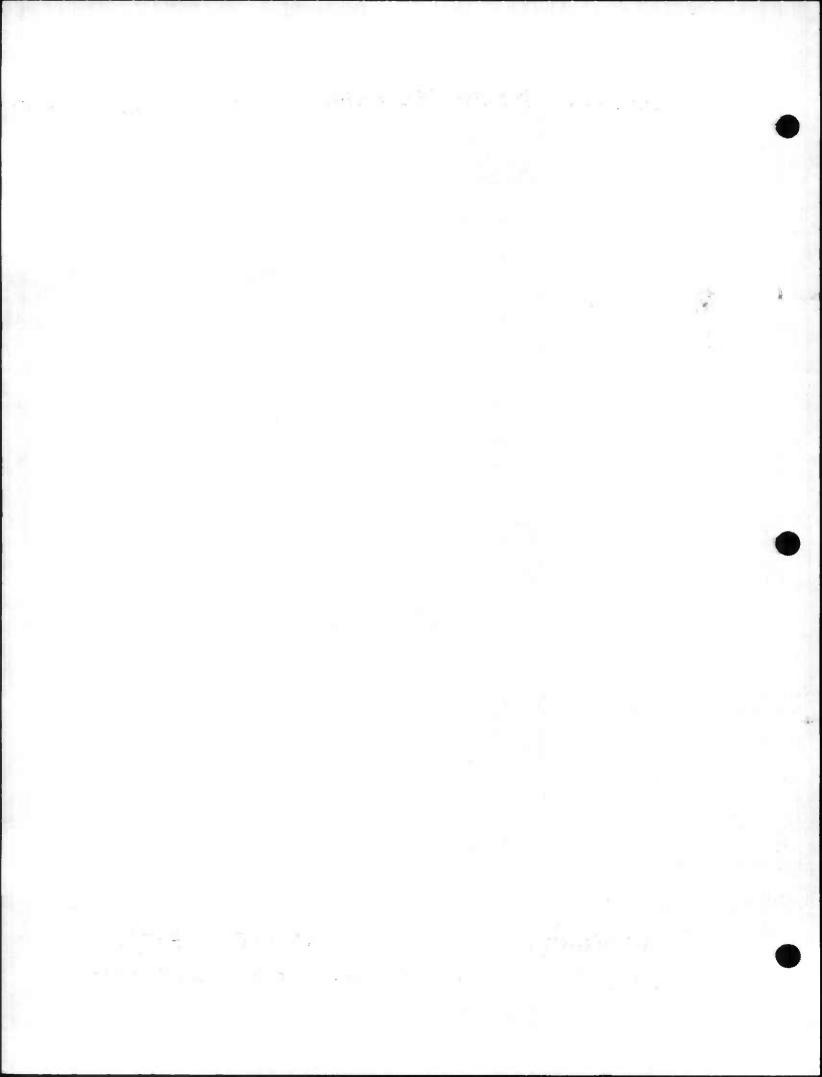
State of Maryland / Department of Health and Mental Hygiene

_						Cen	tificate of	Death	-	Reg. No.		
	Physic	ian	Decedent's Neme (First, Middle, La						2. Date of De		Year	3. Time of Death
	Pnysic /Medi		Winfield Sc		house	er			Augus	t 11,1		6:15 am.
	Examiı	ner	4a. Facility Neme (If not institution, giv					4b. City, Town, or L	ocation of Deet	h 4c. County		
			5950 Bickne 5. Social Security Number 6. S		(In yrs. lasi	t hirthday)	If Under 1 Yeer	Indian I	Head	Cha	rles	
	Funeral Director		216-14-3096 Usual Residence of Decedent	M 2□F	82	Yrs.	Months Deys		June	25 191	9. Birthp Cour	place (State or Foreign htry) WV
	yland		10a. State 10b. County			own or Loc					1	Od. inside City Limits
	the Men 28s-f sh	Director	MD Charl	.es	Indi	lan H	lead			10g. Citizan of 1	Affinat Cour	1 ☐ Yes 2 🗷 No
	s 23a or	eral Dir	5950 Bicknell				206			U.S	S.A.	
020	be filed within 72 hours efter deeth with the Meryland Ital Hygiene. Id other than "natural", or items 23s or 28s-f show event, the Medical Exeminer must be notified at	by Funeral	11. Marital Stelus 1 □ Never Married 2Ñ Married 3 □ Widowed 4 □ Divorced	12. Wes Decedent E Armed Forces? 2 Yes 2 No If Yes, Give Yeer or Deles:	0			Hispenic Orlgin? (Spen, Mexicen, Puerto Specify:	pecify Yes or No Pican, etc.)	Specify	ck, While,	ean Indian, etc. hite
5-0	72 h	eted	15. Decedent's Ed (Specify only highest gra		1	(Give k	ent's Usuel Occupind of work done	during most of worl	kina	16b. Kind of B	usiness/în	dustry
Maryland 21215-0020	filed within Hygiene. ther then "	Completed	Elementary/Secondary (0-12)	College (1-4or 5+	·) F	Iife. D	O NOT use retire	pellant		U.S.	Gove	rnment
bu	al Hygin other	Bec	17. Father's Name (First, Middla, Last)					18. Mother's Nam		, Maiden Suman	10)	Funkhouse
ylaı	2 should be not not not marked or reumatic ever	To	Vance Clevelan		user			Annie H	Elizab	eth Dis	span	et
	2 sh end ls m		19a Informant's Neme/Relationship (Elva Mae Funkh	Type, Print) LOUSET	5	19b. Mailing 5950	Address (Street Bickne	t and Number or Ru.	_{ral Route Numb} Indian	Head, N	State, Zip	0640
Baltimore,	permit. Pages 1 and Department of Heelth Important: If fem 27 any Injury or other ti 2005.		20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif		cem	etery, crem-	ition (Name of atory or other pla	8/14/	Dele / 9.6	20c. Location -		wn, Stete
alti	ortan		21. Signalure of Funeral Service Licer	*			Neme end Addre			1 10 6 41	1,110	
Ö	Depariment of the part of the		Ataril C.	ALL MOO	0945			ECHOLS 1				•
	_		23a. Part1. Enler the diseese, or com shock, or heert failure. List only	piications that caused t	the deeth. I	Do not ente	the mode of dyi	56 / Lating, such es cardiec	or respiretory a	MD 2064 arrest,	16	Approximate Interval Between
1	Physician					,					+	Onset end Death
	/Medical Examiner		Immediate Ceuse (Finel disease or condition resulting in death)	a A CUT	E	Le	WKE	MiA.			1	J Mo.
		Je.		D	Due to (or as	a consequ	ance of):					
,	certificate be executed rding physician and use as the burlel-transit	Examiner	Sequentially list conditions, if any, leading to Immediate	b	Oua to (or as	a consequ	ence of):					
68760,	ysicia ysicia	edicai	if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	c	ue to (or as	a consequ	ence of):					
36	5 0	2	resulting In death) Last	d								
Bo		Physician/	Dest II. Other elections and the con-			or form to over-					1	
P. O.	that the death sed by the etter detached for u	hys	Part II. Other significant conditions of	onthouting to death but	not resultin	g in the und	denying cause gr	ven in Part I.		Yee 2□No		bebly 4 Unknown
	es that igned be del	by P								100 20110		Jacky 4 Olikilowii
Vital Records,	been s	Completed								an autopsy ormed?	ev.	ere autopsy findings ailable prior to mpletion of cause death?
Re	The law ate has page 2	mo:							10	Yes 22 No		Yes 2 No
ā		Be C	25. Wes cese referred to medical					26. Place of Daa				
2	Physician: this certific	To	examiner?	Hospital: 1 ☐ Inpatien		Outpatient	3LI DOA	her: 4 Nursing He	ome Pasi	dence 6 DOth	ar (Specif	y)
Division of	Attending Ph or death. ector: After thi by the funeral		27. Manner of Death 1 ☑ Natural 5 ☐ Panding	28a. Date of Injury (Month, Day	Year) 28	b. Time of Injury	28c. Inju Wo		28d. Dascribe	how injury occur	red	
18	or Attending I after death. Director; After I in by the funer	licat	2 Accident investigation 3 Suicide 6 Could not be		v . At home	farm etro]Yes 2□No	28f Location /	Street and Numb	er or Rura	al Route Number
2	s after	Certification:	4 Homicide datarmined	building, atc.	(Specify)	, 101111, 50101	ar, rectory, omce		City or To		01 11012	riosto ruttisor,
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edical (29a. Certifier 1 Certifying Ph (Check only one) 2 Medical Exam	ysician: To the best of niner: On the bests of e and manner state	xamination	dge, death of and/or inve	occurred at the li estigation, in my o	me, date end plece, opinion, death occur	and due to the red at tha lime,	ceuse(s) and ma date and plece,	anner as si and due to	teted. the ceuse(s)
	To th withir To th comp	Me	29b. Signature end tille of certifier **More Company of the Compa	R. 1	601	v	29c. Licens	se number		29d. Dete signe	d (Month,	Day, Year)
			30. Name and addrass of person who	completed ceuse of das	ath (Itam 23	a) (Type, P			use.	206	46)
	Sta Registr		31. Date filed (Month, Day, Year) AUG1 3 1	32. Registrar	's Signature	or Ro	1.11	,				
				7		a Chill	NOTER					



State of Maryland / Department of Health and Mental Hygiene 96

							Cer	tificate of	Death			Reg. No.		
	Physic		1. Decedent's Neme (First, Middle WILLIA	e, Last)	DAU	IID f	RE	YMAN	V		2. Date of De Month	eth Day	Year 76	3. Time of Deeth
8	/Medi		4e. Fecility Neme (If not institution							wn or lic	ocation of Deeth	4c. County		70-90/11
7	Examir	ner	Carroll Coun				.1					40. County	OI Death	Commell
_			5. Sociel Security Number	6. Sex		HOBPICA Age (In yrs. las		If Under 1 Year	Westn			ele l	O Dish	Carroll
	Funeral Director	г	213-05-1319		2□ F		32 Yrs.	Months Deys		Min.	8. Dete of Bird (Month, Da			olece (State or Foreign ntry)
	_		Usual Residence of Dacedent				32				August	15 1913		Maryland
and	8 m		10a. Stete 10b. County		-	10c. City, 7	Town or Loc	cation					1	0d. Inside City Limits
Man	- 7	Ö	MD	Car	roll		Wes	stminste	r					1 ☑ Yes 2 ☐ No
t ac	28 8	Director	10e. Street and Number					10f. Zip Code				10g. Citizen of V	What Cour	ntry?
5-0020	uminin 72 mous arter descri with the marylar jiene. Than "natural", or items 23a or 28a-f show the Medical Examination and the profitted at	ō	168 Pennsylv	ania :	Avenue			,	21157			United		
4	m 2	Funeral	11. Meritel Stetus	12.	Wes Deceder	nt Ever in U,S.	13 V	Ves Decedent of I	Hispanic Orl	gin? (Spe	ecify Yes or No	14. Bac	e - Americ	can Indian.
ter of	To He	Fun	1 Never Married 2 Man		Armed Forces	s?	lf lf	Ves Decedent of I Yes, specify Cub	en, Mexicar	, Puerto	Rican, etc.)	Bled	k, White,	
5-0020	0,1	by	3 ☐ Widowed 4 ☐ Divorced		H Voc Give	5: WW11 = K	1	☐ Yes 2 No	Specify:			Specify	<i>'</i> :	White
Ö B	The second	pa	15. Deceden					ent's Usual Occu	pation			16b. Kind of Bu	ısinass/In	
212 thin 22	le di	Be Completed	(Specify only highe	st grade co	mpieted)		(Give I	kind of work done OO NOT use retire	during mos	t of work	ing	100.11.10	ioniaoa ni	20017
d 2121	a de	mo.	Elementary/Secondery (0-12)		College (1-4o	r 5+)	Lin	neman				BG&E		
0	TE E	O	17. Fether's Name (First, Middle,	Last)					18. Mothe	r's Neme	(First, Middle,	Maiden Sumam	ie)	
<u>a</u>	Mental Mental arked o	To B	7 1											
aryland	and Mente	-	John E. Frey 19a. Informant'a Neme/Reletions		Print)		19b. Meliln	g Addrass (Stree			na Mae I		State Zir	Codel
, Ma	tra se		Clara M. Fre		,									r, MD 21157
0 -	- 7 5 5		20a. Method of Disposition					sition (Name of			Dete	20c. Location -	_	
Baltimore,	0		1 Buriel 2 Cremetion		ovel from Stet	te cem		netory or other pie			18/96			
	nju		4 □ Donetion 5 □ Other (S 21. Signature of Funerel Sarvice					w Brancl					inst	er, MD
n e	Department of Important: If I any injury or once.		21. Signature of Purieter Sarvice	CIUGIISOO			22.	Name and Addr						
			Katherine	Prices	- Due	itsu						stminste	er, M	D 21157
			23a. Part1. Enter the diseese, or ahock, or heert feilura. List	only one c	ons thet caus euse on eech	ed the deeth.	Do not ente	er the mode of dyl	Ing, such es	cardiec d	or respiretory e	rrest,	- 1	Approximete Intarval Between
	hysician								0)			į	Onset and Deeth
	/Medical xaminer		Immediata Cause (Final disease or condition resulting in death)	Θ	Ac	anel	Can	anoma	y to	tu	CNOS		İ	1 mos.
_		_	resulting in death)			Due to (or e	s a consequ	uence of):	\	1				
20	sit s	lne		b	cl	Will	Lue	toster	9	Mu	ej		1	1 mussi
X 58/50, certificata be assecuted	g physician and as the burial-transit	Examiner	Sequentially list conditions,			Due to (or e				_	· 1			
δÜ,	cian	E	Sequentially list conditions, if any, laading to immediata causa. Enter Underlying Cause (Disease or Injury	0	her	els d	USSE	2los41	•	2	ind	(ou		(year
5875U,	the	edicai	thet initiated events resulting in deeth) Lest		<	Due to (or es	a consecu	uence of):			\wedge		i	
X e	ding s	Me		d			•						i	
oeath o														
j	0 2	Physician	Pert II. Other significant condition	ns contribu	uting to death	but not resulting	ng In the un	iderlying cause gi	iven in Pert I		23b. Dfd	tobacco use co	ntribute to	the cause of death?
r tat	d by	P									10	Yes 2 No	3 Pro	bably 4 Unknown
S, the state of th	pe d	b												
COLOS v requires	ouid	mpieted									24a. Was perfo	an eutopsy ermed?	ev	are autopsy findings eilable prior to
aw G	10 CM	pie											of	mpletion of cause death?
I o	- 6	Соп									ON.	Yes 2□No	14	Yas 2 No
VITAI	certificate rector, pag	BeC	25. Was case referred to medical						26. Place	of Deeth	(Check only o	one)		
> 10	s cer	0	examiner? 1 ☐ Yes 2 ☐ XNo	Hosp	ital: 125mpa	tient 2□ER	/Outpetient	3□ DOA Ot	har			dence 6 □Oth	as (Specif	v)
P Py	araf	Ë	27, Menner of Death		8a. Dete of In	jury 28	b. Time of	28c. Inju Wo				how Injury occur		,
or Attending	fr. Aft	atio	1(Naturel 5 ☐ Pandin 2 ☐ Accident investig		(Month, E	Day Year)	Injury		ork?]Yes 2.⊟	No				
Afte A	r dea	fice	3 ☐ Sulcide 6 ☐ Could	not be 2	8e. Plece of I	njury - At home	, ferm, stre	et, fectory, offica					er or Rura	I Route Number,
5 8	Dir	Certification:	4 Homicide		building,	etc. (Specify)					City or Tov	wn, State)		
apita	neral y fille		29a. Cartifier PS Certifyin	g Physicia	n: To tha bes	t of my knowle	dga, daath	occurred at tha ti	ima, data en	d place,	and dua to tha	causa(s) and ma	nnar as s	tated.
₩ 9	within 24 hours after death. To the Funeral Director: After this certificate completely filled in by the funaral director, pa	edicai	(Check only 2 Medical one)	Examiner:	On the basis end menner s	of exemination	and/or inv	estigetion, in my	oplnion, dea	th occurr	ed at tha time,	date and place,	and due to	the cause(s)
5	re th	M	29b. Signeture and title of certifie	3			-	29c. Licens	se number			29d. Dete signe	Month,	Dey, Year)
	20		Khaif	1>)	MI		1	38	91	2	8/2	190	
			30. Nema and eddress of person.	who comple	ated cause of	death (item 25	Re) (Tune E	Print)		0		8/5		_
			FREIJ	1		295	8	town		Ko	V	wetn	uns	a,
	Sta	te	31. Dete filed (Month, Day, Year)		32. Regis	trans, Signatur	0.	d						
	Registr		AUG 8	1998	John	المهالتان والأو	-elanola	ц						



State of Maryland / Department of Health and Mental Hygiene

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				Certificate of	of Death		Reg. No.		-0112
Di		1. Decedant's Nama (First, Middla, L.	est)			2. Data of De		Yeer	3. Tima of Death
Physic /Med		Eugenia	V	Grkovic		August			3:17PM
Exam		4a. Facility Neme (If not Institution, gi	ve street and number)		4b. City, Town, or L			of Death	
		Anne Arundel Me	edical Center		Annapol		Ann	e Aru	ındel
Funera			Sax 7. Age (In yrs.	Months De		8. Date of Birt (Month, Da	th y, Year)	9. Birthp	lace (Stata or Foreign
Directo	r	234-38-4440	75	Yrs.			29 1921	Chi	na
pue *		Usual Rasidance of Decedant 10a. Stata 10b. County	10c. Cit	v. Town or Location				1	0d. Inside City Limits
Varyi 4 sho	ŏ	MD Anne A	rundel	Edgaratas					1 ☐ Yes 2 ◯XNo
h the Marylener 28a-f ahow	Joe C	10e. Street and Number	Ididel	Edgewater	le		10g. Citizen of V	What Cour	ntry?
23a or	ō	2801 Deepwater	Trail		21037			ed St	
	by Funeral Director	11. Marital Status	12. Wes Decedant Evar in U.	S. 13. Wes Decedant	of Hispanic Origin? (Sp Cuban, Maxican, Puert	pecify Yes or No		e - Amaric	an indian,
d within 72 hours after desplace. If then "netural", or items. In Medical Exertines.	3	1 Navar Married 2 Merried	Armed Forcas? 1 ☐ Yas 2 ☐ No	1 □ Yas 2XX		o Hican, etc.)		ck, Whita,	atc.
raf,		3 Widowed 4 Divorced	If Yes, Give 25 Year or Datas:	1 ⊔ Yas 2ALM	No Specify:		Specify	Whi	te
72 hours "natural",	Completed	15. Decedant's E (Specify only highest gr		16a. Decedent's Usual Oc (Giva kind of work do lifa. DO NOT usa ra	cupation one during most of wor	king	16b. Kind of Bu	usinass/Inc	dustry
C	du	Elamantary/Secondary (0-12)	Collaga (1-4or 5+)						
Hygie ther t	ပိ	17. Fathar's Name (First, Middla, Las.	۷	Housewif		no (Final Middle	Hon		
ave	Be	Madison H. Varn	'		18. Mothar's Nan	essie Ma		a)	
2 should be filed v and Mental Hygie is marked other ti sumatic avent, th	2	19a. informant's Name/Ralationship		40h Mailine Address (Ou				0	0.41
ges 1 and 2 should be filed within to Heelth and Mental Hygliene. If Item 27 is marked other than or other traumatic avent, Inc. M.				19b. Mailing Addrass (Str 2801 Deepwa					
s 1 end 2 I Heelth a tem 27 is		Geogre-Grkovic- GEORGE 20a. Mathod of Disposition	20b P	lace of Disposition (Neme of	1	Deta	20c. Location -		
Peges nent of nnt: If its		1 Buriai 2 Cramation 3 4 Donation 5 Other (Speci	JHamoval from State	emetery, cramatory or other		06			
		21. Signature of Funeral Service Cice	1 6 6	Lincoln Crem	latory 8/9/	96 m			Maryland
permit. Departmingures Imports any Inju		1/2/	1151		of Glouces				
_		23a, Part1. Enter the disease of con	polications that caused the death					rrs,	Approximata
Physician		23a. Part1. Entar tha disaasa, or con shock, or haart failure. List only	ona causa on each lina.	Do not antal that mode of	dying, such as cardiae	or raspiratory at	1031,	1	intarvai Between Onset and Death
/Medical	_	Immediata Causa (Finai	RESNIA	Varm h	EAU 111	AF			- 45
Examine		diseese or condition rasulting in daath)	a RESPIRI	r as a consequence of):	FAILU			- 1	s wes
	ner		CORD /	EMANYSEL	eA			1	YEARS
icete be executed physician and the buriel-transit	Examiner	Sequentially ilst conditions,	D	r as a consequance of):				-	,
flicete be exe g physician a es the buriel-		Sequantially list conditions, if any, leading to immadiata causa. Entar Undarlying Causa (Disaese or injury	. SMOKIA	IG				i	YEAKS
ete b hysic the b	Medical	that initiated evants resulting in deeth) Last	C	r es e consequance of):				1	
T 00			d	V				ŀ	
eath cert ettendin	lan		0.		-			1	
es that the death ce igned by the ettend be detached for us	Completed by Physiclan/	Part ii. Other significant conditions	contributing to death but not rask	ulting in the underlying cause	givan in Part I.	23b. Did 1	lobacco use cor	ntribute to	the cause of death
hat the ed by detac	P	POST-TRAVHATI	c FRACTUL	165 of WA	151 7	120	Yee 2 No	3 Prot	bebly 4 Unknow
sign and p	dby	4- 10		1		24a Maa		24h We	ara autopsy findings
v require been si should	ete	ARW				perfo	an autopsy med?	cor	ailable prior to mpletion of cause
has b	m								death?
sician: The lew certificate has t lirector, page 2 s							ras 2X No	10]Yas 2□ No
Physician: The lew requires the this certificate has been signed rail director, page 2 should be to	Be C	25. Wes casa rafarrad to medical axaminar?	Hospital: .w.		26. Place of Dea				
> 00 0	1. 70	1 ☐ Yas 2 ☒ No 27. Mannar of Death	Hospital: 1 inpatiant 2 2	Ervoulpatient 3D DOA	4 Li Nursing H	ome 5 Resid	dance 6 Other		y)
Attending I or death. octor: After by the fune	Certification:	1 X Netural 5 ☐ Panding	(Month, Day Year)		njury at Work? I □ Yas 2 □ No	agg. Dagging .	ion injury occurr		
or Attendi after death. Director: A I in by the fu	fica	3 Suicida 6 Could not b	e con Plans of Lainer, Anha	oma, farm, street, factory, offi		28f. Location (5	Street and Numb	er or Rura	I Route Number.
after Dire	ert	4 Homicide	building, atc. (Specif)			City or Tov			
To the Hospital or Attending Phyminin 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edical C	29a. Certifiar (Check only one) Certifying Pi Certifying Pi Certifying Pi	yelclan: To the best of my knowniner: On the basis of examinat	wledga, death occurred et the	a tima, data and place ny opinion, daath occu	, and dua to tha rred at tha tima,	cause(s) and ma data and place,	innar as st and dua to	tated.
othe othe	Mec	29b. Signature and the of certifier	and manner stated.	29c. Lie	ense number		29d. Dete signed	d (Month. i	Dey, Year)
⊢≯⊬ŏ		1/4/	min	(4)	D23142		August		
		30. Nama and addrass of person who	complated causa of death (Itam	23a) (Type, Print)					
			, M.D. 900 Best		nnapolis,	MD 21401	(410-2	24-00)40)
St	ate	31. Data filed (Month, Day, Year)	32 Registrar's Signa	tura					
Regist	rar	AUG 1 2 1996	Jethia Davidson	n-Handalle					
HMH 16 Bev 6/	95								

Registrar DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 96

						Cer	tificate d	of Death	h		Reg. No.		
			1. Decedent's Neme (First, Middle, La	est)						2. Dete of De	eth		3. Time of Deeth
H	Physic		Clarence W	allace Gri	ffith					Month	5, 1996	Year	0730
Ý	/Medi Examii		4e. Facility Nama (If not Institution, gir		111011			4b. City,		cation of Deat			0730
	LAGIIII	161	215 East Ce	cil Avenue				No	rth E	aet	C	ecil	
1	Funeral				a (In yrs. last b	irthday)	If Under 1 Ya	ar if Unde	ar 24 Hrs.	8. Data of Bir	th		lace (State or Foreign
	Director		221-03-9143 Usuel Residence of Decedent	1ŒM 2□ F	85	Yrs.	Months De	ys Hours	Min.	July 2!	y, Year)		yland
	yland		10a. Stata 10b. County		10c. City, To	wn or Lo	cation					1	Od. Insida City Limits
	Mar	ō	Maryland Cecil		Nort	h Ea	ast						1 □ Yes 2 □ No
	r 28	Director	10e. Street and Number		1		10f. Zip Cod	е			10g. Citizen of	Whet Coun	itry?
	within 72 hours after death with the Maryland ene. than "natural", or Nems 23a or 28a-f show the Medical Exercited at		215 East Cecil	Avenue			21	901			Unit	ed Sta	ates
	deatl	Funeral	11. Marital Status	12. Wes Decedent		13. V	Vas Dacedent	of Hispanic C	Origin? (Spe	ecify Yes or No		ce - Americ	
0	r Re		1 Never Married 2 Married	Armed Forces? 1 ☐ Yes 2 ☐			Yes, specify C			Rican, etc.)	Ble	ck, White,	alc.
Maryland 21215-0020	urs e	b	3 ☐ Widowed 4 ☐ Divorced	If Yas, Giva Yeer or Detes:		1	I□Yes 2⊡XI	No Specif	y:		Specif	by: W	hite
9	2 ho	Completed	15. Decedent's E	ducation	160	a. Deced	ent's Usuel Oc	cupetion			16b. Kind of B	lusiness/inc	dustry
21	hin 7	pje	(Specify only highest grant Elementery/Secondary (0-12)	Gollege (1-4or 5	i+)	life. E	kind of work do OO NOT use re	ne during mo tired)	ost of work	ng			
2	d withir	NO.	12			st	ore ma	nager			Groce	ery	
pu	al Hygid	Be (17. Fether's Neme (First, Middle, Last)				18. Mot	her's Neme	(First, Middle,	Maiden Sumer	me)	
yla	should be and Mental amarked or urmatic eve	10	James Miller	Griffith					Corde	lia Ke	rn Toucl	hton	
an	d 2 should th and Mer 7 is marke traumatic		19e. informent's Neme/Reletionship		19	b. Mellin	g Address (Str	eet and Num	ber or Run	al Route Numb	er, City or Town	, State, Zip	Code)
	C = 0 -		Evelyn T. Griff	ith	2	15 E	East Ce	cil Av	enue,	North	East, l	Maryl	and 21901
ore			20e. Method of Disposition	30	20b. Plece cemate	of Dispos	sition (Neme or	plece)	1	Dete	20c. Location	- City or To	wn, Stata
Ĕ	Peges nent of int: If its iry or o		1 Burial 2 □ Cremetion 3 □ Donetion 5 □ Other (Special Control Con		Frie	nds	Burial	Groun	d	1996	Calver	t, Ma:	ryland
altimore,	permit. Peges Department of important: If it any injury or o		21. Signatura of Funerel Service Lice	nsaa		22	Nama and Ad	drass of Fac			D 4		-
m	90 5 9			0 H'L	7						Elkton	MD	21921-552
	-		23a. Part1. Enter tha disease, or com	plications that caused	the deeth. Do	not ente						, 1110	Approximate
Ų.	Physician		shock, or heert feilura. List only	one cause on eech lii	na.			55					Interval Between Onset and Death
	/Medical		Immediete Ceuse (Finel		1110-		,	. C. a.		/		į	
	Examiner		diseesa or condition resulting in deeth)	е	TYOCA			JANK	- 170	N		i	
	4 6 6 6	e			Due to (or es e	conseq	uence of):					i	
	icete be executed physician end s the burial-transit	Examiner	Serventially list and disease	b	Due to (or es e	000500	uence of):					1	
ć	exec tr en rial-tr	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury		Due to (0) es e	CONSEQ	derice orj.					1	
68760,	certificate be executed nding physician and use as the burial-transit	cal	thet initieted events	C	Due to (or es e	consequ	ience of):						
	E D 6	Medical	resulting in death) Last									İ	
Box	attendin	Ž		d								<u> </u>	
-	death e atter ed for u	Physician/	Pert II. Other significant conditions of	contributing to death b	ut not resulting	In the un	nderiving cause	given in Per	t I.	23b. Dld	tobacco use co	ontribute to	the cause of death?
0	by th	hys						g			Ŷes 2□ No		pably 4 ☐ Unknown
D.		by F								1			, –
ğ	requires	Da Da									an autopsy	24b. We	ere autopsy findings
000	> M (0)	Completed								репо	ormed?	COI	elleble prior to mpletion of causa deeth?
Re	The law ate has b page 2 s	E C								10	Yes 2 No		Yes 2□ No
a			25. Wes case raferred to medical					00 81-				1	Tes ZLINO
5		o Be	examiner?	Hospitel:				Other		(Check only o			
o	Physical d	.: To	27. Menner of Deeth		nt 2 ER/O	Time of	JEI DOA	4 🗆 1	-		dence 8 Oth		/)
on	Attending or death. ector: After by the fune	to	1 Neturel 5 ☐ Pending	28e. Dete of Inju (Month, De)	Year)	Injury		njuryet Work? I∐Yes 2[
S	uttendii death. ctor: A y the fu	fica	3 ☐ Suicide 6 ☐ Could not b	O One Disco of Init	iry - At home, f	erm stre				28f. Location (Street and Num.	her or Rure	I Route Number.
Division of Vital Records,	D HE D	Certification:	4 ☐ Homicide determined	building, etc	(Specify)	01111, 0111	, 100(01 y ; 0111	ou.		City or To			, , , , , , , , , , , , , , , , , , , ,
	Hospital 24 hours Funeral stely filled	_	29a. Certifier 1 Certifying Ph	ysician: To the best of	of my knowledg	o dooth	occurred at the	time date	and alone	and due to the	eauso(s) and m	20001 00 St	Interd
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edicai	(Check only 2 Medical Exar	niner: On the basis of and manner ste	axaminetion a	nd/or inv	astigetion, in m	y opinion, de	eth occurr	ed et the time,	date end placa,	and dua to	tha cause(s)
	To the within 2 To the comple	Me	29b. Signature end title of certifiar	and manner ste	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		29c. Lic	ense numbe	,		29d. Data signe	ed (Month.	Dav. Year)
	F 3 F 8		10	7									
			C RZ	XI				32	395		8-	7.96	
	8		30. Neme end address of person who	completed cause of d									
	-			ve, Non	Th Er ar's Signature	ST	mo	2190					
				22 Modelete	ars Signature								
	Sta Registr		31. Dete filed (Month, Dey, Year) AUG 0 7 1996	Julie Day									

DHMH 16 Rev 6/95

NATION OF THE RESIDENCE OF THE SECOND Application of the second

State of Maryland / Department of Health and Mental Hygiene

25121

					Cei	rtificate	of D	eath		Reg.	No.		60 V	161
Dh!a	!	1. Decadant's Nama (First, Middla, L		/	,	4			2. Data Mon	of Daath	Day	Year	3. Tir	ma of Deeth
Physic Medi/		GENTRY	,	10 1+ A	A.	4.					996	8:	40 PM	
Exami		4a. Facility Neme (If not institution, gi					4b.	City, Town,	or Location of		4c. County	of Deeth		
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Funeral Director		225-32-4527	Sax 7. A 1⊠ M 2□ F	ige (In yrs. Ies 67	t birthdey) Yrs.	If Under 1 Y Months D	eer Days	f Under 24 h Hours N	Hrs. 8. Data Nin. (Mor 3/3	8. Data of Birth (Month, Day, Year) 3/30/1929			piaca (Si ntry) gini	tate or Foreig .a
and **		Usual Rasidance of Dacedent 10a. Stete 10b. County 10c. City, Town or Location									1	10d Insi	da City Limits	
2 should be filed within 72 hours after death with the Maryland and Mental Hygiene. Is marked other than "naturel", or items 23a or 28a-f show reumatic event, the Medical Examiner must be notified at	ō	DE New Ca	stle											Yas 210 No
the rott	9	DE New Castle New Castle 10e. Street and Number 10f. Zip Coda								10a.	10g. Citizen of What Country?			
3a o	Funeral Director	30 Dryden Rd.,	19	720				USA						
deatl	nera	11. Marital Status	12. Was Deceden	t Ever in U,S.	13. \	Was Dacedant f Yes, specify		enic Origin?	(Specify Yas		14. Red	e - Amaric		an,
d 2 should be filed within 72 hours after death with the Maryfan th and Mental Hyglene. 7 is marked other than "naturet", or flems 23s or 28s-f show traumatic event, the Medical Examiner must be notified at	F	1 Nevar Merriad 2 Married	Armed Forcas 1 ☑ Yes 2 ☐ If Yas, Giva] No	1	r Yes, specily 1 □ Yes 2 ဩ		Maxican, Pt Specify:					, Whita, etc.	
ref.	1 by	3 ⊠ Widowed 4 □ Divorced	If Yas, Giva Yaar or Detas	1952		IL Tes ZE	1140	эреспу.			Specif	Wh	ite	
72 h	Completed	15. Decedent's E (Specify only highest gi	ducation ede com <i>plated</i>)	1	6a. Deced	dant's Usual O kind of work d DO NOT usa r	ccupati	on ing most of	working		. Kind of B		dustry	
vithin han	E E	Elemantary/Secondery (0-12)	College (1-4or	5+)		<i>DO NOT usa n</i> caulic		ster			bber		1	
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ntal h	Be	Andrew Gentry	'/				'		Shupe		en sumen	14)		
houk d Me mark martic	2	19a. Informant's Name/Reletionship	(Type Print)		10b Maille	ng Addrass (S	troot on				hi or Town	Ctata 7in	Code)	
alth an 27 is or trau		Linda L. Parisi				Piano						State, Z.J.	, 0000)	
of He item		20a. Mathod of Disposition	7-	20b. Plac	e of Dispo	sition (Name onatory or other	of r plece)		Date	20c.	Location -	City or To	own, Sta	ita
Page nent int: If		20a. Mathod of Disposition XXX Buriai 2 Cramation 3 Ramovel from Stata 4 Donation 5 Other (Specify) 20b. Place of Disposition (Name of cematary, cramatory or other place) Gracelawn Mem. Park 8/9/96 New Cast									stle:	, DE		
permit. Pages 1 and Department of Health Important: If Itam 27 i any Injury or other tr once.		21. Signature of Funeral Service Lice	negmouso	a a	22	. Name end A	ddrass	of Fecility		77	т.			
88258		Frank C. May	ver, Jr	c, 001	10	icer-M	DuPo	nt Hw	uneral	w Cas	s, in tle,	DE :	1972	0
		23a. Part1. Entar tha disease, or con	nplications that cause	ed the deeth. I					-				Approx	kimate
Physician		23a. Part1. Entar tha disease, or complications that caused the deeth. Do not antar tha mode of dying, such es cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death												
/Medical Examiner		Immedieta Causa (Final diseese or condition and the Christian August Aug												
LAdminici	L	rasulting In death)		Dua to (or es				1 550						
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icate be executed physician and s the burial-transit	Examiner	Sequentially list conditions, Dua to (or as a consequence of):												
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eath certifica attending ph for use as t	₹	•	d									1		
death e atte d for	icia	Part II. Other significant conditions	contributing to death	but not resultin	o in the ur	ndarlying caus	e civen	in Part i	231	Did tobac	CO 1186 CO	ntribute t	o the ce	use of death
law requires that the death certificate be executed as been signed by the attending physician and as been be datached for use as the burial-transition.	Physician	,	on a document		ig iii ala ai	rounying occur	a givan		201	1 ☐ Yes				4 Munknov
phed pe da	by F								_					
v require been si should 1	Ped								24a	. Was an au	itopsy	24b. W	ara auto ellebte p	psy lindings prior to
has be	pie												mplation daath?	n of cause
0 - 0	Completed									1 🗆 Yas	25ENO	1[☐ Yas	2□ No
ysician: The s certificate director, pag	Be (25. Was casa referred to medicat axaminar?					2	6. Placa of I	Death (Check	only ona)				
5 00	2	1 ☐¥es 2 ☐ No	Hospitel: 1 Inpat	ient 201EA	/Outpatien	it 3□ DOA	Other:	4□ Nursin	g Home 5	Residance	8 DOth	ar (Specif	fy)	
		27. Manner of Death 1 Natural 5 □ Panding	28a. Data of inj (Month, D	ury 28 ay Year)	b. Tima of Injury	28c.	Injury e Work?	t	28d. Des	cribe how in	njury occur	red		
Attending ir death. ector: After by the fune	cati	2 ☐ Accident Invastigation				М	1 ☐ Ya	s 2 No						
5 # 5 E	Certification:	3 ☐ Sulcida 8 ☐ Could not 1 4 ☐ Homicide datermined	288. Placa of Ir	njury - At home tc. (Spacify)	e, ferm, str	aet, factory, of	ffice		28f. Loca City	ation (Street and Number or Rural Routa Number, or Town, Stata)				
To the Hospital within 24 hours a To the Funeral C completely filled	edical C	(Check only 2 Medical Exa	hystcian: To the best minar: On the basis	of axamination	dge, deeth	occurred et th	he time, my opin	deta and pli	ace, and dua ccurred et the	to tha causa lime, dete	a(s) and ma	annar as s	itated.	use(s)
mple	Med	one) 29b. Signature and title of certifier	and mapmer s	taleo.		29n 11	icense n	umber		294	Dete signe	d (Month	Dev Y	ar)
CIVA		1 hand	2 times	MD		1		06	6		8/4			, and the same of
6 t I VI		30. Nama and address of person who	complated causa of	death (ttam 23	Ba) (Type,	Print)	ER I	Octor Berli	at At	lanti 2181		eral	Hos	pital
Sta	ite	31. Dete filed (Month, Day, Year)		trar's Signeture	1									
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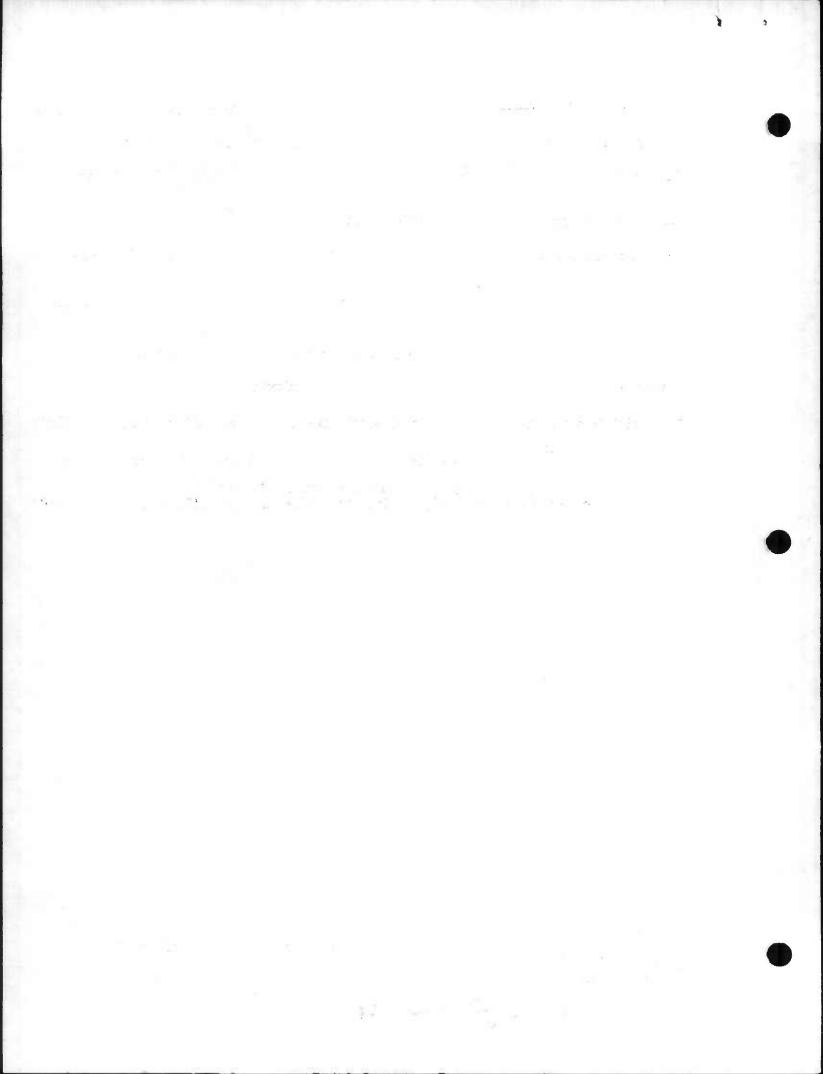
State of Maryland / Department of Health and Mental Hygiene 96

				UE	rtificate o	Death		Reg. No.					
Physi	cian	Decedent's Neme (First, Middle, La: VIRGINIA BURCH GC					2. Dete of D	9, Dey 199	Year	3. Time of Death			
/Med	lical	4e. Facility Neme (If not institution, give				4b. City, Town, or L		. 1		6:00 PM			
Exam	ıner	WALDORF HEALTH CA		WALDORF	.ocanon or boo		4c. County of Deeth CHARLES						
Funera	ı	5. Sociel Security Number 6. S		rs. last birthdey	If Under 1 Ye		8. Dete of B	rth	9. Birthp	blece (Stete or Foreign			
Directo	r		□M 27 F 73	Yrs.	Wionans Dey	75 FIOUIS WIII.	8. Dete of B (Month, D JAN. 3	1, 1923	MĂR	YLAND			
land w		Usuel Residence of Decedent 10a. Stete 10b. County	10c.	City, Town or L	ocation				1	0d. inside City Limits			
1215-0020 within 72 hours after death with the Menyland ene. then "natural", or items 23s or 28s-f show then Andrea Experience must be notified at	ģ	MARYLAND CHARLES	WA	LDORF						1 ☐ Yes 2 No			
	Director	10e. Street end Number			10f. Zip Gode		10g. Citizen of	of Whet Country?					
ath w		3875 PINE CONE CIF			20602	2	U.S.A.						
tar de Herm	Funeral	11. Maritai Stetus 1 ☐ Never Merried 2 ☐ Merried	12. Wes Decedent Ever in Armed Forces?	U,S. 13.	Wes Decedent of If Yes, specify Co	f Hispenic Origin? (Spuban, Mexican, Puerto	pecify Yes or N Rican, etc.)		ce - Americ eck, White,	American Indian, White, etc.			
and 21215-0020 be filed within 72 hours after dea tall hygiena. d other than "natural", or items event, the Medical Examines in	by		1 ☐ Yes 2XXNo If Yes, Give Yeer or Detes:		1□ Yes XX N	lo Specify:		Spec	y: WH	ITE			
5-0 72 ho	pet	15. Decedent's Ed (Specify only highest gra	ucation	16a. Dece	dent's Usuel Occ	cupation ne during most of work	kina	16b. Kind of	Business/In	dustry			
Par digital	Completed	Elementery/Secondery (0-12)	Coilege (1-4or 5+)	life.	DO NOT use reti	ired)	wig	FEDERAL GOVERNMENT					
N PBE		12 17. Fether's Neme (First, Middle, Last)	4	KEG.	NURSE	URSE DEPT. OF IMMIGRATION 18. Mother's Name (First, Middle, Meiden Surneme)							
Maryland d 2 should be file th and Mental Hy 7 le marked othe traumatic event	To Be	ň											
Maryla Maryla d 2 should th and Men 7 ie marke	-	19e. Informent's Neme/Reletionship (7	ral Route Numi	Number, City or Town, State, Zip Code)									
1 and 1 Health Health other tr		JOHN T. GOGUL / SC				ANE, LUSBY			657				
Baltimore, Permit. Pages 1 ar Separtment of Hea mportant: if item; mny injury or other		20e. Method of Disposition 1 Buriel 2 Cremetion 3	Removei from Stete	cemetery, cre	osition (Neme of metory or other p	1	Dete	20c. Location					
Iting it. Pg infame infame infamy		4 □ Donation 5 □ Other (Specify 21. Sig(ature of Funerat-Service Licen	11 1 1		EMATORY 2. Name end Add	AUGUST 1	3, 1996	WALD	ORF,	MARYLAND			
Baltimore, M permit. Pages 1 and 2 Department of Health a important: if New 27 is		Dansami "	Practices	T	HE HUNT	T FUNERAL	HOME, I	NC.					
		BENJAMIN M. MATTHEWS M-00658 P.O. BOX 156, WALDORF, MARYLAND 20604 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, interval Between interval Between											
Physician /Medical Examiner		shock, or heart failure. List only one cause on each line.											
		immediate Cause (Final disease or condition resulting in death)											
LAUITITIE		resulting in death) Due to (or es a consequence of):											
uted d ansit	Examiner												
O, a axec an an irial-tri													
68760, ificata be ax g physician as tha bunal	dica	Cause (Disease or injury that initiated events resulting in deeth) Les! Due to (or es e consequence of):											
OX 68760, certificate be assecuted nding physician and use as the buriel-transit	n/Medical	d											
Boath atten	clan	Pert II. Other elgnificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute											
res that the death signed by the atter	Physicia	Pert II. Other arginiticant conditions co	gven in Pert I.	23b. Did tobacco use contribute to the cause of dec									
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I RECORDS, P.O. Bo The law requires that the death the has been signed by the atter paga 2 should be datached for								en eutopsy omed?	ev	ere eutopsy findings alleble prior to			
Hec has b	Completed								of	mpletion of cause deeth?			
f Vital Re ysicien: Tha is cartificate he director, page		05.14				_		Yes 2 X No	10	Yes XXNo			
Of VITa Physicien: this cartific ral director,	To Be	25. Wes cese referred to medical examiner? 1 Yes X No	Hospitel: 1 ☐ Inpatient 2	☐ ER/Outpatie	nt 3 DOA	26. Piece of Dee		one) idence 6 🗆 Ot					
9 Phys arthis naral di		27. Menner of Death	28e. Dete of Injury (Month, Dey Year)	28b. Time o				how injury occu		V)			
Attending Fir death. Cotor: After by the funer	atio	1 Neturel 5 Pending 2 Accident investigation		injury		☐ Yes 2☐ No							
2 4 5 5 5	Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Piece of injury - At building, etc. (Spec	home, ferm, st	reet, fectory, offic	×8		ation (Street end Number or Rural Route Number, or Town, Stete)					
Hospital or At 24 hours after o Funeral Direct ataly filled in by		29e. Certifier Certifying Phy	sician: To the best of my ki	nowledge door	h occurred at the	time data and place	and due to the	cource) and n	anner en "	teled			
To the Hospital or within 24 hours after To the Funeral Dir completally filled in	edicai		Iner: On the best of my ki end menner steted.	netion end/or in	vestigetion, in my	opinion, deeth occur	red et the time	date end place	, end due to	the ceuse(s)			
To the To the comp	Me	29b. Signeture end title of perulier			29c. Lice	nse number		29d. Dete sign	ed (Month,	Dey, Year)			
		TAN.			107	7348		AUGUST	13, 1	996			
			ieted cause of deeth (It			E MADVI AN	ח מחכם	2					
9	ate	HOWARD M. HAFT, 7	32 Begistrar's Sin	natura		, MAKTLAN	D 2060						
Regis		AUG1 3 19	96 Juliadre	volen-Ran	Call								

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	Amend	ed	#1, 7/22/96,PCT,		naryian		ficate of	lealth and Death	Mental Hy	giene 9	6 2	5123		
	Physici	an	1. Decedant's Nama (First, Middla,	Last) HUYNH	2. Deta of De		Yeer	3. Time of Deeth						
	/Medi		Sang Thi		July	20 1	996	8:00AM						
	Examir	ner	4a. Fecility Neme (If not Institution,		r)		4	lb. City, Town, or						
-	Funeral		3636 Joycin Cour 5. Sociel Security Number		iga (In vrs. i	vrs. lest birthday) If Under 1 Year if Under 24 F				HOW		ace (State or Foreign		
	Director		220-33-2860 Usuel Residence of Decedent	56 Yrs. Months Deys Ho			Hours Min	Jan 10	1940	Vietr	ce (Steta or Foraign y) nam			
	enylend ehow		10a. Stete 10b. County 10c. City, Town or Location						10d. inside Cit					
	r 28a-f show	ctor	Maryland Howar	rd		Ellicot	t City					1 ☐ Yes 2 No		
	or 2	Dire	10e. Street and Number				10f. Zip Coda		-	10g. Citizen of 1				
	a 23a	erai	3636 Joycin Cou		. Francis III	0 40 104	21042			Unite				
020	72 hours efter deeth with the Merylend natural', or flems 23a or 28a-f show dired Examiner must be notified at	by Funeral Director	11. Marital Status 1 Never Merried 2 Marrie 3 Widowad 4 Divorced	12. Wes Decedan Armed Forces ed 1 ☐ Yas 2 X If Yes, Give Yaar or Dates	? No	U.S. 13. Wes Decedent of Hispenic Origin? (Sr if Yes, specify Cuban, Maxicen, Puerto 1 □ Yes 22 No Specify:			Specify Yas or No to Rican, atc.)	pecify Yas or No- o Rican, atc.) 14. Race - Amaric Bleck, Whita, in Specify: Viet				
2-0	72 hours "natural", edical Ex		15. Decedent's	s Education		16a. Deceden	t's Usuei Occup	etion		16b. Kind of B				
21215-0020	- 3	Completed	(Specify only highast Elementery/Secondery (0-12)	Coilege (1-4or	5+)			etion during most of wo	nking					
2	Hygier ther the	Col	5 17. Fether's Neme (First, Middle, L	acti		Laundr	y Attend	me (First, Middle	Hotel	201				
Maryland	should be filed within and Mental Hygiene. I marked other than umatic event, the Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Men	To Be	Unknown					Unknow		, imalogii Surrigii	ion comoney			
ary	shou and M marra	-	19e. informent's Neme/Reletionsh	ip (Type, Print)		19b. Msiling	Address (Street	end Number or R	ural Route Numb	er, City or Town,	Stete, Zip (Code)		
	and 2 ealth n 27 li		Tan Trinh/Son in	n law				ourt El	licott C	ity, Mar	ryland	21042		
aitimore,	permit. Peges 1 and 2 should be filed Department of Health and Mental Hyg Important: If item 27 is marked other any injury of other traumatic event, once.		20e. Method of Disposition 1 ☑Buriei 2 ☐ Cremetion	3. ☐Removel from Stete	20b. P	leca of Dispositi emetery, cremet	on (Neme of ony or other plea	e)	Dete	20c. Location -	City or Tow	m, Stete		
Itim	it. Pe rtant: njury		4 Donetion 5 Other (Sp.		Bac	lieu			7-29-96	Baclie	u, Vie	etnam		
Ba	Depar Impor any ir		21. Signeture of Funarel Sarvice Licensee 22. Name and Address of Fecility Harry H. Witzke Funeral 4112 Old Columbia Pike H								Ellicott City, MD 21043			
			23e. Pert1. Enter tha disease, or c shock, or heart feilura. List o	complications that couse only one couse on each	ed the baath lina.	. Do not anter t	ha moda of dyin	g, such es cardie	c or raspiratory a	rrast,	1 1	Approximata Interval Between Onset and Deeth		
	Physician /Medical		Immediate Cause (Finel Meta Static Cenicel Concert									/ 4 /		
	Examiner		Immediate Cause (Finel disease or condition resulting in death) e. The tast tic Cenicel Concerts (gy) Due to (or es e consequence of): (ung)											
	sit s	iner		- b		,		ung			1	O		
	deeth certificate be executed e ettending physicien and of for use es the buriel-transit	Examiner	Sequantially list conditions, if sny, leeding to immediate cause. Enter Underlying Cause (Disease or injury	0.	Due to (or	es a conseque	nce of):	//						
68760,	e be e	edicai E	thet initiated events	C. ————	Due to /or	as e consequer	on of).	0			<u> </u>			
			resulting in death) Lsst		00 01 000	as a conseque	ice ory.							
Box	thet the deeth certified by the ettending deteched for use e	Physician/M		d							i			
P.O.	he de	ysic	Pert II. Other significant condition	s contributing to death	but not resu	Iting in the unde	orlying cause give	en in Pert i.	23b. Did	tobacco use co	ntribute to 1	the cause of death?		
	es thet the	by Ph	N/41						10	Yes 2 No	3 Probe	ably 4 ☐ Unknown		
of Vital Records,	requir been s should	Completed b							24a. Was	an autopsy omed?	avai	e eutopsy findings lable prior to pletion of cause seth?		
Re	The law ate hes page 2	ошо							10	Yas 20 No	1 🗆			
ta	certificate rector, pag	BeC	25. Wes case referred to medical					26. Plece of De	eth (Check only			100 22/10		
> >	Physician: this certific ral director,	P.	axaminer?	Hospitel: 1 ☐ inpat	ient 201	ER/Outpetient	3□ DOA Oth	4 U Nursing t	Home SERes	denca 6 □Oth	er (Specify)			
N C	ling P. After ti funera	ion:	27. Menner of Deeth 1 ☑ Neturel 5 ☐ Pending		ury ey Year)	28b. Time of injury	28c. Injury Work		28d. Dascribe	how injury occur	red			
Division	Attending or death. ector: After by the fune	ficat	2 Accident investige 3 Suicida 6 Could no	ot be				Yes 2 □ No	28f. Location (Street and Numb	er or Rural	Route Number.		
Ö	al or / s efter al Dire ed in b	Certification:	4 Homicide	building, e	28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)						cation (Street and Number or Rural Route Number, y or Town, State)			
	To the Hospital or Attending Physician: The Is within 24 burs sider death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edical	29s. Certifier (Check only one)	Physicisn: To the best xaminer: On the bests of end menner s	of exemineti	viedge, deeth oc ion end/or invest	curred et the tim tigetion, in my o	ne, dete end pleca pinlon, deeth occu	a, end due to the urred et the time,	ceuse(s) end me dete end plece,	end due to t	ted. he ceuse(s)		
	To the To the compl	Me	29b. Signeture and title of certifier				29c. License	number		ey, Year)				
			Da Thin	L mi			24	1139		7/22/96				
(2) 6		30. Neme end address of person w	the completed cause of	deeth (Item	23e) (Type, Prin	of Dra	R. Knight) ₂	10144	L			
	Sta Registr		31. Dete filed (Month, Day, Yeer)	2 1996 32. Regist	rar's Signat	War Rand	alf							

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96

							Ce	rtificate of	f Death		Reg. No.		LUILI		
			1. Decedent's Nan	ne (First, Middle, La	est)					2. Date of D	eath	selli.	3. Time of Death		
	Physician Carley W. Hines									July	29 1996		750 PM		
	/Medical Examiner 4a. Fecility Neme (If not institution, give street and number)								4b. City, Town, o	r Location of Dee		y of Death			
	EAGIIII		Howard C	County Ger	eral Hos	nital			Columbia Howard						
	Funeral		5. Social Security I			Age (In yrs. I	ast birthdey	If Under 1 Yee	r If Under 24 H				olace (Stete or Foreign		
	Director		579-03-5	680	IM M 2□F	81	Yrs.	Months Day	s Hours Mi		8. Dete of Birth (Month, Day, Year) Dec 1, 1914 9. Birthplace (Stete or Country) Maryland				
		Usual Residence of Decedent									. 1/ 1914 Maryland				
	yland How		10a. State	10b. County		10c. City	, Town or L	ocation					10d. Inside City Limits		
	Ma to	to	MD	Howard		Lau	rel						1 ☐ Yes 2 No		
	the the	e e	10e. Street and Nu			200		10f. Zip Coda			10g. Citizan of	What Cou	ntry?		
	3a o	ā	10504 5		Dead			20723			USA				
	Seath The 2	Funeral Director	11. Meritel Stetus	aggsville	12. Was Decede	nt Ever in U.S	S. 13.		Hispenic Origin?	Specify Yes or N	ce - Americ	can Indian.			
0	far.	F	1 Never Man	ried 2 Merried	Armed Force	s? √No		If Yes, specify Cu	ban, Mexican, Pue	irto Rican, etc.)	Bla	ick, White,	etc.		
21215-0020	72 hours after death with the Maryland natural; or Hems 23a or 28a-f show free Examiner pust be notified at	by	3 2 Widowed	4 Divorced	If Yes, Give Yeer or Date:			1 ☐ Yes 2 🕱 N		Specia	w. Whi	to			
9	2 ho	Completed		15. Decedent's E	ducation		16a. Dece	dent's Usual Occ	upation	100.00	16b. Kind of B				
215	d n	pie	(Spe Elementary/Sec	cify only highest gra	ade completed) College (1-4d		(Give	kind of work don DO NOT use retii	orking						
21	filed within Hygiene. Wher then "	E	Grade 8	oridery (0-12)	College (1-40) 5 +)	Pain	ter			House Painting				
	a the fi	Be C	17. Father's Name	(First, Middle, Last,)	,			18. Mother's N	ame (First, Middle					
<u>a</u>	Mental Mental arked o	To B	Arthur H	Hines					Edna W	arner					
Maryland	2 should and Men is marke	-	19a. Informant'a N	lame/Ralationship (Type, Print)		19b. Maili	ing Address (Stree	et and Number or i	Rural Route Numb	per, City or Town	State, Zic	o Code)		
	and 2 saith a 127 is er trai		Mary E.			ghter			ire Driv						
ē,	ges 1 and 2 should be filed within 72 hours after death with the Marylan to of Health and Mental Hygiene. It is them 27 is marked other than "natural", or frems 23a or 28af show or other traumatic event, the Medical Examples I was be notified as		20a. Mathod of Dis			20b. Pl	aca of Disp	osition (Name of		Dete	20c. Location	•			
Baltimore,				☐ Cremation 3 ☐ 5 ☐ Other (Specification)		10	_	matory or other pi		0 /7 /06					
皇	Semit. Pa Departmen moortant: any injury	9				Emn		Cemeter	-	8/1/96	Scaggs	ville	, Maryland		
Ba	Depu		22. Name end Address of Facility Donaldson Funeral Home, P.A.												
		_	1 Kei	Willy	andre	_	3	13 Talbo	tt Ave.	Laurel,	Maryland	207			
			shock, or her	the disease or com art failure. Idst only	one ceuse on each	sed the deeth I line.	. Do not en	ter the mode of d	ying, such as cardi	ac or respiratory	arrest,		Approximete Interval Between		
	Physician		immediate Cause Pline									Onsat and Deat			
7	/Medical Examiner		immediate Cause Final disease or condition resulting in death) a. CATTHUCK COUNCEY												
Due to (or as a consequance of):							quance of):				1	10 months			
_	b ii	Examiner			, Pulmo	NK(V)	med	MASTINSIS				1	lmouth		
	and -tran	Хап	Sequentially list co	onditions,		Due to (or	as a conse	quenca of):							
50,	cian cian		cause. Enter Und	equantially list conditions, eny, leeding to immediate ause. Enter Underlying ause (Disease or injury at initiated events Due to (or as a consequence of):											
68760,	icate be executed physician and s the bunal-transit	edicai	that initiated event resulting in deeth)	that initiated events Due to (or as a consequence of):											
8 8	leath cartifica attending ph	2		L											
Box	ath c	Physician/		_	d							1			
	the a	sic	Part II. Other signi	ficant conditions o	ontributing to death	but not resu	lting In the u	ındarlying cause ç	given in Part I.	23b. Did	1obacco use co	ontributs t	o the cause of death?		
P.0	that the de ed by the detached	P _T								12	Vea 2□No	3 Probably 4 Unknown			
	signed be dat	þ								-					
Records,	The law requires that the death cardificate be executed at has been signed by the attending physician and page 2 should be datached for use as the burish-transit	Completed									an eutopsy ormed?	SV	ere autopsy findings reliable prior to		
OG.	has be	pie											ompletion of cause death?		
Œ	The its he	E O								10	Yes 20 No	1.0	□Yes 2□No		
Vital		Bec	25. Was case refe	rred to medical					26. Place of D	eath (Check only	one)				
>	Physician: The is this cartificate he ral director, page	To B	examinar?	No	Hospital:	ntient 2 🗆 F	ER/Outpatie	nt 3 DOA	ther:	Home 5□ Res		her (Snaci	fu)		
ō	5 5 8		27. Manner of Deat		28a. Date of Ir (Month, L		28b. Time o	1		7	how injury occu		77		
Division	or Attending Phaltar death. Director: After th	Certification:	Natural 2 Accident	5 Pending investigation		Day Year)	Injury		ork? ⊒Yes 2∐No						
is!	or Attendi	fice	3 Suicide	6 Could not b	28e. Placa of I	Injury - At hor	ne, farm, st	reet, factory, office	9	28f. Location	Street and Num	ber or Run	al Route Number,		
S		ET.	4 Homicide	dotominod	building,	etc. (Specify,)	,,,		City or To	wn, State)				
	epita sours serai		29a. Certifier	→ Certifying Ph	ysician: To the bes	st of my know	/ledoa. daat	h occurred at the	tima, data and pla	ce, and due to the	cause(s) and m	enner as s	tated		
	24 h Fur ataly	edicai	(Check only one)	2 Medical Exam	niner: On the basis and mannar	of examinati	on and/or in	vestigation, in my	opinion, daath oo	curred at tha tima	data and place,	and due to	o the cause(s)		
	To the Hospital or within 24 hours after To the Funeral Dirticomplately filled in	Me	29b. Signature and	title of certifier	,)	/		29c. Licer	nse number		29d. Date signe	ed (Month.	Day, Year)		
	- > - 0		> 7/.	1.1.11	11. 1 1.	An	W	1/3	XCAA						
	6		20 Name and 1	111450	10 huluk		00-1 00	100	0009		July	30 /	0		
	V		30. Name and add	ress of person who	completed causa of	daath (Itam	23a) (Type,	14 Partes	8509 cent Ph	re lolus	when m	10 >	202111		
1	200		31. Date filed (Mon	oth Day Year	CIRCLIFEC	trare Simot	617	TR VALUE	CUTIN	100101	717/14	0 0	~79		
	Sta Registr			AUG 0 7 1	996 41	strar's Signat	A Pin	f.st							
	ricgisti	-		HOU V I I	220	THE BUT THE PARTY OF		-area							

DHMH 16 Rsv 6/95

FOR STATE REGISTRAR 1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

						91		n 4	п	EG. NO.			
- 8	1. DECEDENT'S NAME (First, Middle, Last)	Λ 1	10-01	,					2. DATE OF D		Y	YEAR	3. TIME OF DEATH
	GENEVIEVE		HOECK	`					AUGUST 4 1			1996	0130 AM
	4. SOCIAL SECURITY NUMBER	5. SEX	5. SEX 6. AGE (In yrs. Ia.			YEAR DAYS	IF UNDER 24	4 HRS.	7. DATE OF B (Month, Day	HPTH (Year)	BIRTHPLACE (State or Country)		PLACE (State or Foreign
	215-24-6151	YAS.	MONTHS DAYS HOURS MIN.				March 17,1907			Maryland			
	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF						NTY OF D	EATH		
6	Lorien Nursing Ho		Columbia					Howard					
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			10c CIT	10c. CITY, TOWN OR LOCATION								
5	Maryland Ho	100.011				_			10d. INSIDE CITY LIMITS?				
	Maryland Ho		CITIC	_	t City	Υ			10- 017	TEN OF W	1 YES 2 X NO		
FUNERAL	2128 Mt. Hebron D					1		0.40					The state of the s
ž I	11. MARITAL STATUS	12. WAS DECEDENT	FVED IN ILC A	PMED	12 14	NO DEC		042	C ORIGIN? (Sp	и и			States
	1 Never Married 2 Merried	FORCES? 1	YES 2 X		If y	yes, sp	ecify Cuban,	Mexican	, Puarto Rican	, etc.)	or No-		— American Indian, , White, atc.
3 ★ Widowed 4 □ Divorced IF YES, GIVE WAR OR DATES 1 □ YES 2 NO Specify											Speci	White	
	15. DECEDENT'S EDUC				USUAL OCC				16b. KIN	D OF BUS	INESS/INE	DUSTRY	
(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 10 17. FATHER'S NAME (First, Middle, Last) (Give kind of work done during most of wife. Do NOT use retired.) HOMEMARY 16. II													
MP	10		H	Iomema	ker					wn I	lome		
8	17. FATHER'S NAME (First, Middle, Lest)						16. MOTHE	R'S NAM	NE (First, Middle	, Maiden	Sumame)		
BE	James Murphy							lma	Webbe				
2	19a. INFORMANT'S NAME (Type/Print)								oute Number, C				
- 1	Mr. James Hoeck/S	on	2	128 M	It. H∈	ebro	on Dri	ive	Ellic	ott	City	, MD	21042
	20a. METHOD OF DISPOSITION 1 Burlel 2 □ Cremetion 3 □ Remo	val from Stata	20b. PLACE	AND DATE O	OF DISPOSITI	ION /Na	ime of		DATE 20c. LOCATION — City or Town, State				
	4 Donation 5 Other (Specify)		Garde	ns of	Fait								aryland
1	21. SIGNATURE OF FUNERAL SERVICE LIC				Har	AME AN	H. W	of fac Ltzk	e Fune	eral	Home	. In	c.
	Them a Gl	lino - W			411	12 (old Co	olum	bia Pi	ke I	Ellic	ott	City 21043
	23. PART i. Enter the diseases, or c	omplications that	caused the d	eath. Do n	ot enter th	ha mo	da of dylng	g, euch	as cardlec	or reapi	ratory an	rest,	Approximate
	ahock, or heart failure. List only one cause on each lina. IMMEDIATE CAUSE (Finel Onset and Daeth												
	esuiting in death) - e. (Meether Keart Failure 3 dec.)											3 dec. 5	
	DUE TO (OR AS A CONSEQUENCE OF):												
Z	Sequentially list conditions,	Cun	conce CITT										Chone
CERTIFICATION	If any, laading to immediate cause. Enter UNDERLYING	OULO DUE TO (OH AS A CONSE	'O O):	_	Par	+					11 .
윤	CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONSE	QUENCE OF	0720	- 4	gerac	M	ae	ree	lei		emenic
	resulting in death) LAST				,								
빙											-	-	
4	PART II. Other significant conditions	contributing to	deeth but not	resulting i	n the unde	eriying	g ceuse giv	ven in P	Part I. 24a.	WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL	STROKE:								_ 10	YES 2			COMPLETION OF CAUSE OF DEATH?
≝∥									_				1 YES 2 NO
SICIAN:	DID TOBACCO USE CONTR	IBUTE TO CAL	USE OF DEA	ATH YE	S N	0 [UNCE	RTAIN	4				
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLA	CE OF DEAT	H (Check onl	ly one)							
HYS	1 YES 2 19 NO	1 Inpetient 2		_	4 Nursin				Other (Spe				
<u> </u>	1 Natural 5 Pending	28e. DATE OF I		28b. TIMI	URY	WO	URY AT		28d, DESCRIB	E HOW IN	JURY OC	CURED	
à l	2 Accident Investigation	28a PLACE OF	INJURY — At he	ama tawa			/ES 2 🗌 I	-	and in comment				
	3 Suicide 6 Could not be 4 Homicide determined	building,	etc. (Specify)	ome, rem, s	treet, rectory	у, опис			281. LOCATION City or Tox	l (Street al vn, State)	nd Number	or Rural R	oute Number,
	29a. CERTIFIER			_	_	_					_		
OMPL	(Check only												
ဗ္ဗ		. On the bests of ax	amination and/or	investigatio	n, in my opir	nion, d	eath occured	1 at the ti	lme, deta and	place, and	due to th	e cause(s)	and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER										(Month, Day, Year)			
2	20 NAME AND ADDRESS OF STREET	mue	yu				US	15	+5		TO	Lyn	ot 5, 1926
	KOLODAUBET	_Z C	PF DEATH (ITE	M 27) (Type,	Print)		1 - W	1 1	(1)	, ,	40	4	244 2.3
	31. DATE FILED (Month, Day Year) 1000	22 /5 U	U.C.	M	inay	20/	is K	u	211	rcot	4 C	ty	NO Slage
	AUG 0 6 1996	Jalia do	S SIGNATURES	Neth									

BALTIMORE, MARYLAND 21215-0020 HWO'PET

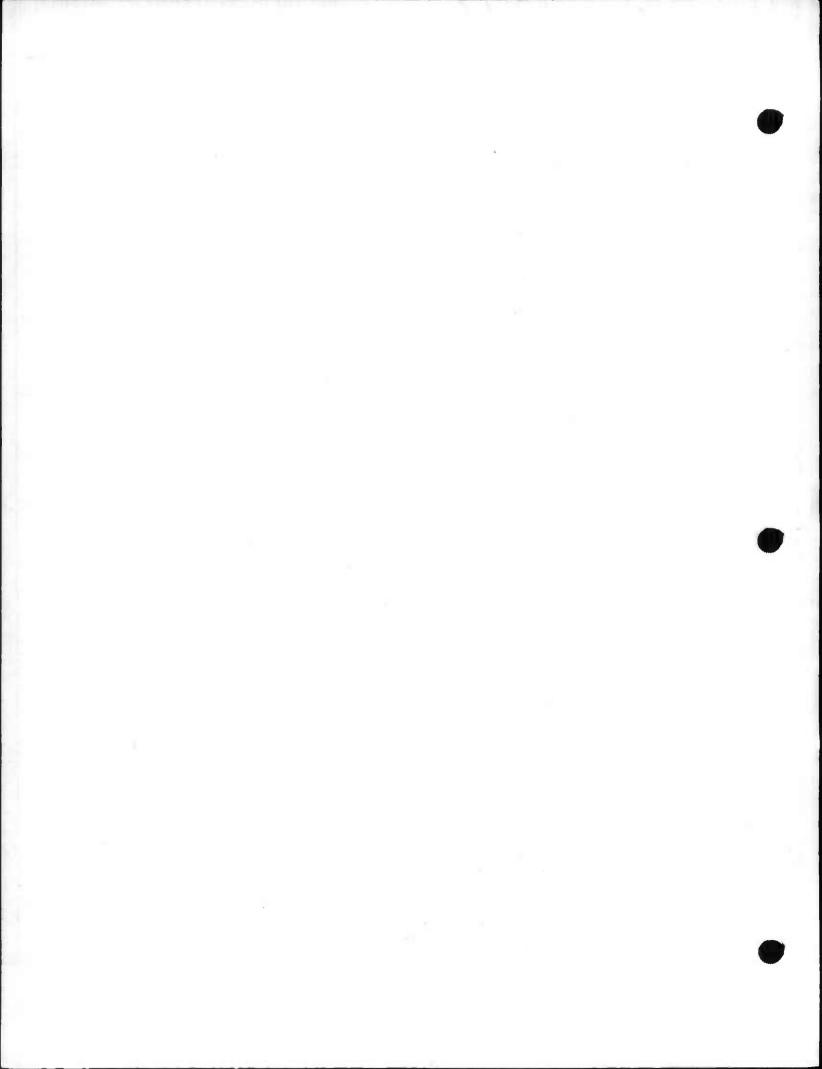
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

3



Pleas

e Type or	Print ii	n Black Inc	delible	Jni	c. Assure Al	II Copies	Are Leg	gible.	
State	of Maryl				Health and M Death	lental Hy	rgiene Reg. No.	96	25126
Last)						2. Dete of De		Voce	3. Time of Deeth
W.		HOLD!	EN	Jr.	•	August	I O	1996	3:15 A.M.
giva street and nu pital	ımber)				4b. City, Town, or Lo Leonardto			Mary	
3. Sex 1120 M 2□ F	7. Age (In)	yrs. lest birthdey) Yrs.	If Under	Days		8. Dete of Bi (Month, Di May 27	ay, Year)	Co	hpiaca (Stete or Foreign unity) aryland
Mary's	100	City, Town or Lo							10d. Inside City Limits 1 ☐ Yes 2 No
	· · · · · · · · · · · · · · · · · · ·		10f. Zip (Code			10g. Citizen o	of What Co	untry?

Funeral Director

Physician

/Medical

Examiner

1. Decedent's Nema (First, Middle,

4e. Facility Name (If not institution,

St. Mary's Host

BASIL

with the Meryland

þ

item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Madical Examiner must be notified at death permit. Peges 1 and 2 should be filed within 72 hours efter Department of Heelth and Mentel Hygiene. Important: If item 27 is marked other than "natural", or ite I Hygiene. any injury or c

altimore, Maryland 21215-0020

Physician /Medical **Examiner**

Examiner

Physician/Medical

þ

Completed

Be

9

Certification:

Medicai

physician end the buriel-transit 93 980 ò detached the page 2 should be certificate hes Hospital or Attending Physician:
 24 hours after death.
 Funeral Director: After this certific. funeral To the Hospital or Attendin within 24 hours after death.
To the Funeral Director: Af completely filled in by the fu

requires that the deeth certificate be executed

Division of Vital Records, P.O. Box 68760,

5. Sociel Security Number 215-16-6830 Usuel Residence of Decedent 10a. Stete 10b. County Maryland St. N 10e. Street and Number Box 84 20674 U.S.A. 13. Wes Decedent of Hispanic Origin? (Specify Yas or No-II Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritel Status 12. Wes Decedant Evar in U,S. 14. Race - American Indian, Armed Forces Bleck, White, etc. 1 Tayas 2 No
Il Yes, Give
Yaar or Datas: 1942-1943 1 Nevar Marriad 2 Merried 1 Yes 2 No Specify: Specify: 3 ☐ Widowad 4 ☑ Divorced White Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) 10th Grade House Painter Painting 17. Fethar's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Basil Holden Gertrude Smith 19e. Informant's Name/Reletionship (Type, Print) 19b. Malling Address (Straet end Number or Rural Route Number, City or Town, Stete, Zip Code) Robert A. Holden 43785 Blake Creek Rd., Leonardtown, MD 20650 20b. Place of Disposition (Name of cemetery, crametory or other place) 20a. Mathod of Disposition Deta 20c. Location - City or Town, Steta 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel Irom State 8/14/96 MD Veterans Cemetery Cheltenham, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 22. Nama and Address of Facility Mattingley-Gardiner Funeral Home, P.A. hall Jardiner P.O. Box 270, Leonardtown, Maryland 20650 23a. Part. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Immediate Causa (Final disease or condition rasulting in daath) FAILYRE RESPIRATORY Due to (or as a consequence of):

ASPIRATION PHEYMONIA

Due to (or es e consequence of): 3.5 DAYS Sequentially list conditions, if eny, leeding to immedieta cause. Enter Underlying Cause (Diseese or injury that initieted events resulting in deeth) Last ALCOHOLIS M Pert II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? CARDIOMYOPATH SEVERE 24a. Was an autopsy

1 Yes 2 No 3 Probably 4 Unknown 24b. Ware autopsy lindings available prior to completion of cause of death? 1 ☐ Yas 2 ☑ No 1 Yes 2 No 25. Wes case referred to medical examiner? 28. Place of Death (Check only one) Hospital: Othar: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 1 Yes 2 No 1₺ Inpatient 2☐ ER/Outpatient 3☐ DOA 28e. Date of Injury (Month, Day Year) 27. Menner of Deeth 28b. Time of Injury 28d. Describe how injury occurred 28c. Injury et Work? 5 Pending investigation 1 Neturei 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Plece of Injury - At home, lerm, street, fectory, offica building, etc. (Specify) 4 Homicida

29e. Cartifier (Check only one) 1 Certifying Physician: To tha best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mennar as stated. 2 Medical Examiner: On the basis of exeminetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated.

29b. Signatuy and title of perimer 29c. Licensa number 29d. Date signed (Month, Day, Year)

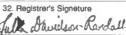
30. Nema and address of parson to completed cause of deeth (Item 23a) (Type, Print)

ANIL K. SHAH

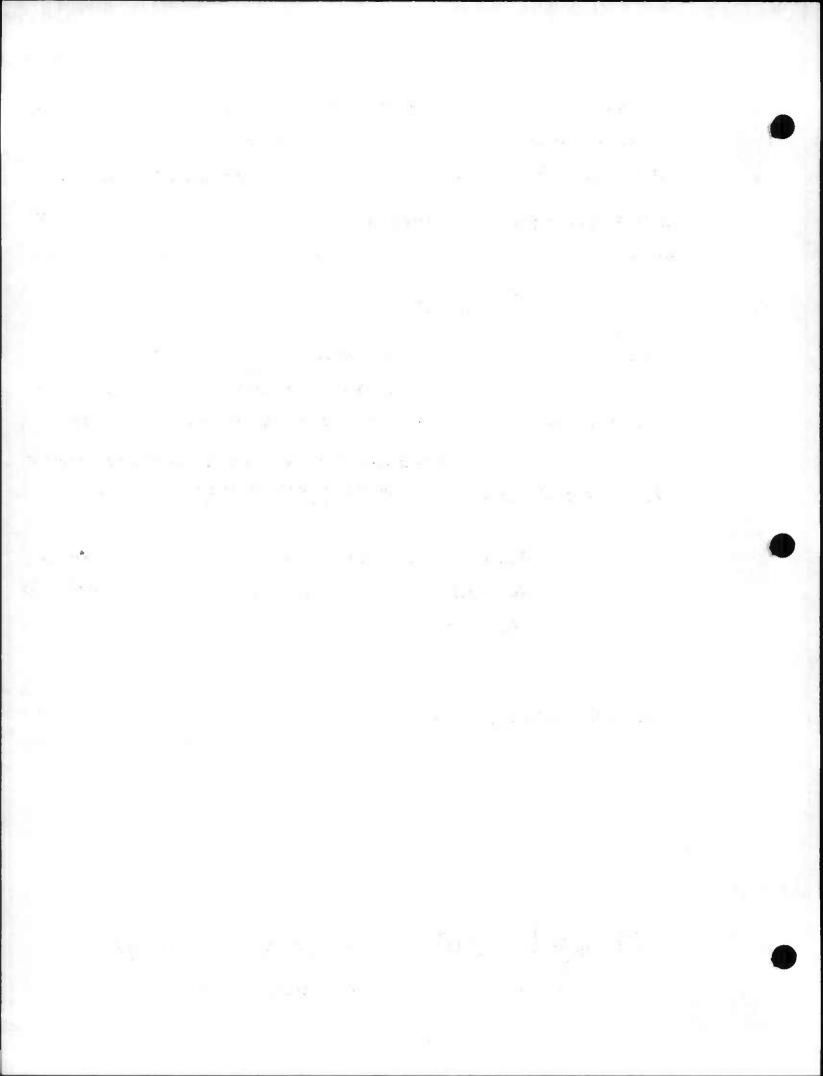
LEONARDTOWN, MD. 20650

State Registrar

31. Dete filed (Month, Dey, Year)



DHMH 16 Rev 6/95



				State of Ma	-	Department Certificate			HQ IV	ленан пу	Reg. No.	0 2	5121	
	Physic /Medi		Decedent's Neme (First, Middle, Last, John Ra	aymond		Hartman				2. Dete of De Month Augus	Day	996	3. Time of Death 11:40AM	
	Exami		4a. Fecility Neme (If not Institution, give Montgomery General		1.		4	b. City, Tow Olne		ocation of Deet	Mont	y of Deeth gamer	Y	
	Funeral Director		0.5 00 2.5.	x 7. Ag ☐ M 2☐ F 78	e (In yrs. last bir B	thday) If Under 1 Months I	Yeer Deys	If Under 2 Hours	4 Hrs. Min.	8. Dete of Bi	18,1918	9. Birthpla Countr New	Birthplace (State or Foreign New Jersey	
	with the Maryland a or 28a-f show be notified at	ctor	Usuel Residence of Decedent 10a. Stete 10b. County Maryland Prince Ge	eorge's	10c. City, Town	or Location p Springs	S					100	1. Inside City Limits 1 ☐ Yes 2 ☐ Yes	
5-0020	s after death or items 23	by Funeral Director	10e. Street end Number 4415 Hargrove Roa 11. Meritel Stetus 1 □ Never Merried 2 □ Merried 3 ☒ Widowed 4 □ Divorced	ad 12. Wes Decedent I Armed Forces? 1 ∰ Yes 2 □ N If Yes, Give Yeer or Detes:	10/12	13. Wes Deceder If Yes, specify	207 nt of H Cube		in? (Sp Puerto	ecify Yes or No Rican, etc.)	o- 14. Ra- Ble	Whet Countr S.A. ce - American ck, White, et	n Indien, c.	
21215-0	yiena. r than "	Be Completed	15. Decedent's Edu (Specify only highest gradi Elementary/Sepondery (0-12)	cation e completed) College (1-4or 5	i+)	Decedent's Usuel (Give kind of work life. DO NOT use ales Rep.	done d	durina most	of work	ing	16b. Kind of B		stry try Sales	
Maryland	should be flied nd Mental Hygid marked other imatic event, to	To Be C	17. Father's Neme (First, Middle, Last) John Ra	aymond	Hartm	ıan		18. Mother		e (First, Middle Rache	, Meiden Sumai el St	ephen:	5	
Baltimore, Mary	l and 2 sh laalth and om 27 is m		19e. Informant's Neme/Reletionship (Ty William J. Hartma 20e. Method of Disposition 1 Peurial 2 Cremetion 3 F 4 Donetion 5 Other (Specify)	an (Son)	20b. Piece of cemeter	Meiling Address (5 7230 Kino Disposition (Neme y, cremetory or othe nd State	of er plea	r Road	d Co	olumbia 1690	Marylar 20c. Location	nd 210	46 n, Stete	
Baltin	permit. Pagas Department of Pimportant: If He sny Injury or of once.		21. Signeture of Funerel Service License		n	22. Neme end	Addres	s of Fecility	m. Le	e Fune	ral Home	e, Inc	Md20735	
	Physician /Medical Examiner	er	23a. Part. Enfor the disease, or compile hock, or heert feliure. List only of Immediate Cause (Finei disease or condition resulting in deeth)	Pul	MM WZ	ensequence of):	_			or respiretory e	errest,	1 1	Approximete nterval Between Onset end Deeth	
Box 68760,	death certificata be executed a attanding physician and of for usa as the burial-transit	an/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last	Chr	Due to (or es a c	consequence of):	m-	retor	e	Ruln	nonaj			
P.O.	that tha ed by th detache	y Physician/M	Pert II. Other significant conditions con	500	_	`	se giv	en in Pert I.					he cause of death	
Records,	been s	Completed by	Hypoth	poid	ism	-				24e. Wes	s en eutopsy ormed?	evei	e autopsy findings lable prior to pletion of cause eeth?	
of Vital F	Physician: Tha lav this cartificate has ral director, paga 2	To Be Cor	25. Wes case referred to medical exeminer?	lospitel:	nt 2□ER/Ou	tpatient 3□ DOA	Oth	er.		h (Check only	Yes 2 No one) idence 6 □Oti		Yes 2□ No	
Division o	or Attending ifter death. Nrector: After in by the fune	Certification:	27. Menner of Death Setural 5 Pending Accident 3 Suicide 4 Homicide Homicide Homicide Pending 10 10 10 10 11 12 13 12 13 13 14 14 15 15 16 16 17 17 17 17 17 18 18 19 19 10 19 11 19 12 19 13 19 14 19 15 19 16 19 17 19 18 19 19 19 19 19 19 19	28a. Dete of Injur (Month, De) 28e. Plece of Inju- building, etc	y Year) In	m, street, fectory, o		/ et ⟨? Yes 2□N	lo	28f. Location	how Injury occu (Street and Num wn, State)		Route Number,	
	To the Hospital within 24 hours a To the Funeral Completely filled	Medical C	29a. Certifier (Check only one)	pician: To the best of ner: On the besis of end manner sta	exemination and	d/or investigation, in	my o	olnion, deeth	plece,	end due to the red et the time,	dete end piece,	end due to t	he cause(s)	
	or X or or or or or or or or or or or or or	-	29b. Signeture and title of certifier William	- J.	Vinal	290. [-528	35		Avgus	13,	1996	

State Registrar

31. Dete filed (Month, Day, Year)

AUG1 4 1996

30. Name end eddress of person who completed cause of deeth (item 23a) (Type, Print)

Neme and address of person who completed cause of death (item 23a) (Type, Print)

Wilkinson Ninala MD 18111 Prince Philips Drive Olney Maryland 20832 Jalin Studior Randall

	aft	
	hours	
J	hin 24	
760	ed wil	
9	execut	
a.	2	
O. B(certificate	
D.	death	
õ	the	
OH	that	
KEC	requires	
_	AR.	
A	The	
DIVISION OF VITAL RECORDS, P.O. BOX 68760	SPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours afti	
Z	G P	
2	NON	-
2	ATTE	-
	DR	
_	SPITAL	

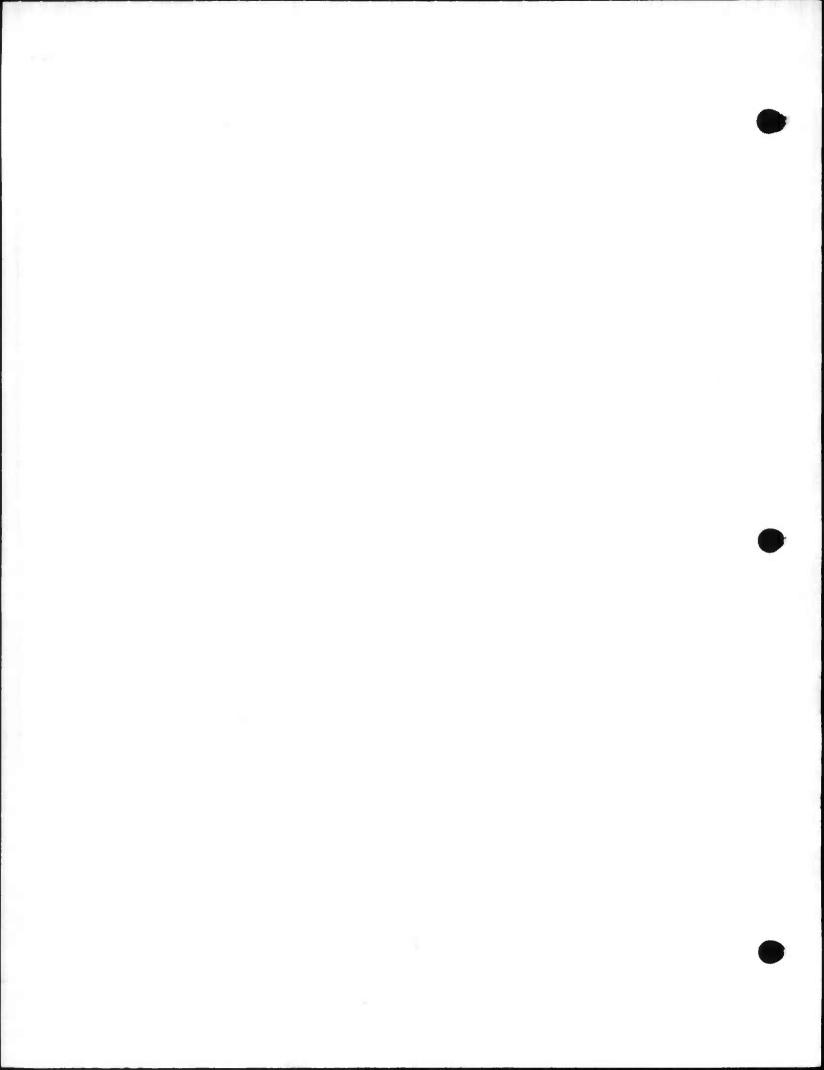
8+1VA

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit p	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit or	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAR		CE	:KIIIF	ICATE	OF DE	ATH		REG. NO),		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF MONTH	DEATH	AW	VEAD	3. TIME OF DEATH
	Arthur C. Hu							Augu	st 7	, 199	6 YEAR	0945 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 Y		IDER 24 HRS.	7. DATE OF (Month, D	BIRTN		6. BIRTH	IPLACE (State or Foreign
	292-24-8129	1 □XM 2 □ F	75	YRS.	MONTHS D	AYS HOU	RS MIN.	April	22,	1921	Countr	Ohio
	9a. FACILITY NAME (If not institution, give a	street and number)			9b. CITY, TO	WN OR LO	CATION OF D			_	NTY OF O	EATH
OR	Laurelwood Healt	h Care C	enter		E11	kton				Ce	cil	
5	RESIDENCE OF DECEDENT											
DIRECTOR				18c. CITY	Y, TOWN OR I	OCATION						10d. INSIDE CITY LIMITS?
0	Maryland Cec	il			Elkto:	n						1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER					101. ZIP (ODE			10g. CIT	IZEN OF V	VHAT COUNTRY?
ÿ.	212 Locust Lane						21921			Uni	ted	States
5	11. MARITAL STATUS 1 Never Married 2 X Merried	12. WAS DECEDEN FORCES? 1	Y YES 2 N					NIC ORIGIN? (or No-	14. RACE	— American Indian, t, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES				NO Speci		mi, acc.,			w White
	15. DECEDENT'S EDU		K/II									
	(Specify only highest grade	completed)	(GI	ve kind of w	USUAL OCCU vork done durii e retired.)	ng most of w	orking	16b. KI	ND OF BU	SINESS/IN	DUSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5 +	•) """		odian			B/	nard	of	PA.	cation
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				.	44.4					Edu	Cation
ŏ						10-0		AME (First, Mide				
뮒	Arthur Chalme	er nugnes	1	***				s Mari				
2	7.5 (5.5)	177.6	190					Route Number,				1
	Hester L. Hughes	s/wire					e, El	kton,	_	_	_	
	1 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	cemetery, cres	netory or of	FDISPOSITION Her place)			879		CATION —	•	
d	21. SIGNATURE OF FUNERAL SERVICE LIC		- Elkt	on C	emete			96	El	kton,	Mar	yland
	THE OF TORILINE SERVICE CA	I -	_		22. NAI	LCKS	Home	for Fu	nera	ls. P	. A .	
	Donald -	8- Hu	chs)					ton St				21921
	23. PART I. Enter the diseases, or c shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition	Liet only one cau	se on each line.						or respi	iratory sri	rest,	Approximate interval Between Onset and Death
	resulting in death)	a. AThouse	(OR AS A CONSEC	CONT UENCE OF	horas	cula	dia	loce				>1 yr
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO	(OR AS A CONSEC	UENCE OF):							
	CAUSE (Disease or injury that initiated events	c. DUE TO	(OR AS A CONSEO	HENCE OF	١.							
Ē	resulting in deeth) LAST		(02.102 01	,.							
		d										
	PART ii. Other significant condition	s contributing to	death but not re	scuiting in	n the under	iying ceu	e given in	Part i. 24	a. WAS AN		24b.	WERE AUTOPSY FINDINGS
EDICAL	Diabetes Mellit	10 - Type	11:					_	PERFOR	-		AMILABLE PRIOR TO COMPLETION OF CAUSE
ME								_ '	100 0			OF GEATH? 1 YES 2 NO
	DID TOBACCO USE CONTI	RIBUTE TO CA	USE OF DEAT	TH YE	s \square NC	ПП	VCERTAL	N				T TES 2 NO
Ž	25. WAS CASE REFERRED TO MEDICAL				N (Check only		TOLKINI	1 620				
S I	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	Nome 5	Residence	6 Other (S	on all a			
PHYSICIAN:	27. MANNER OF DEATN	26e. DATE OF		28b. TIME	OF 280	. INJURY AT		26d. DESCRI		NJURY OC	CURED	
BY	1 Natural 5 Pending	(Month, Da	ту, төаг)	INJU		WORK?	2 NO					
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF	F INJURY — At hor	no, farm, st	treet, tactory,	office		261. LOCATIO	ON (Street a	and Number	or Rural R	loute Number,
巴	4 Homicide determined	building,	etc. (Specify)					City or To	own, State)			
	29a. CERTIFIER 1 CERTIFYING PNYSH	CIAN: To the best of	mu bassula da contra									
COMPLETED	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of ex										and manner se stated.
w II	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. l	ICENSE NU	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
8	Monte Makon	,00				[-44	783		D /	14945	T 8, 1996
۹ ا	30. NAME AND ADDRESS OF PERSON WHO		E OF DEATH (ITEM	27) (Type,	Print)							
	MONTE MAKONS	111 h	JEST MI	5h 59	reet	; 6	LKT	N, M	40	2/92	1	
	31. DATE FILEO (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE									
	AUG 0 9 1996	Lilia Da	idson-Pon	della								

DHMH-16 Rev 1/89



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Tima of Death Month Day Vaar **Physician** Luella Heidbrink Aug 7 1996 1855 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Laurelwood Nursing Center E1kton Cecil If Undar 1 Yaar 5. Social Security Number 7. Aga (In yrs. last birthday) If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foraign Country) **Funeral** Months Days Hours 1□M 2ਊF 96 Yrs Director 478-80-2604 Iowa Dec 11 1899 Usual Rasidence of Dacedeni with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. inside City Limits item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be notified at 1 Nas 2 No Director Sioux Towa Ireton 10e. Street and Number 10f. Zip Code 10g. Citizan of Whet Country? permit. Pages 1 and 2 should be filed within 72 hours efter death 1 Department of Heelth and Mental Hydrens. Important: If fear 27 is marked other than "natural", or items 23s any injury or other traumetic avant Funerai 116 6th St 51027 USA 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Ricen, atc.) 11. Marital Status 14. Race - American Indian, Black, Whita, atc. 1 ☐ Yas 2 ☐ No It Yas, Giva Yaar or Datas: 1 Navar Married 2 Married Saltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: þ 3 □\Vidowed 4 □ Divorced White Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Elamantary/Sacondary (0-12) Coilege (1-4or 5+) 8 Homemaker Home 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nema (First, Middla, Maldan Sumama) Be Henry H. Dittmer Ida Aulwes 2 19a. Informent's Neme/Ralationship (Type, Print) 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Ruth Tallman 24 Thruway Dr Colora MD 21917 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Pleasant View Aug 14 1996 Ireton Iowa 21. Signature of Funaral Service Licensee 22. Nama and Addrass of Facility R T Foard Funeral Home, P.A.
111 S Queen St. Rising Sun MD 21911

de death. Do not entar tha moda of dying, such as cerdiac or raspiratory arrest, Park. Enter the disease, of complications that caused the death. Enter the disease, or heart failure. List only one cause or heart failure. uchana Approximata intarval Betw Onset and Death **Physician** accident /Medicai Immadiata Causa (Final disaasa or condition resulting in daath) anulas days Examiner Dua to (or as a consequence of) Examiner physicien and s the burlal-transit Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or injury thet initiated events resulting in death) Last Due to (or as a consequence of) Box 68760. that the death certificate be Physician/Medicai Dua to (or as a consequance of): 88 attending jo signed by the a P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown Records. by 24b. Wara autopsy findings available prior to completion of causa of death? been si 24a. Was an autopsy performed? Completed page 2 has 1 Yas 2 No 1 □ Yas 2 □ No cartificate Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this cartific. director, Be 25. Was cesa referred to medicei axaminar? 28. Placa of Death (Check only one) Hospital: Othar: 4☐ Nursing Homa 5☐ Rasidence 6☐ Othar (Specify) To 1 Yas 2 No 1 Inpatient 2 ER/Outpatient 3 DOA funeral 27. Mannar of Death Certification: 28a. Data of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 1 Maturai 5 Pending 1 ☐ Yas 2 ☐ No Invastigation 2 Accident the 6 Could not be datarmined 3 Suicida 28e. Place of Injury - At homa, term, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 3 4 Homicida filled in 112 Certifying Physician: To the best of my knowledge, death occurred et the time, deta and piace, and due to the ceuse(s) and manner as stated.
2 Medical Examiner: On the basis of a samination and/or invastigation, in my opinion, death occurred at the time, data and piace, and due to the ceuse(s) and magner stated. ca 29a, Certifian pletaly Medic 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Data signed (Manth, Day, Year) 30. Nema and addrass of person who completed ceusa of death (Itam 23a) (Type, Print) 3 William F Renzulli MD 901 Warburton Rd North East MD 21901 32. Registrar's Signatura 31. Data tiled (Month, Day, Year) State lia Vavidson Registrar AUG 0 8 1996

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

1. Decedent's Name (First, Middle, Lest) 2. Date of Death 3. Time of Death Month **Physician** EARLE SPENCER HENDERSON II AUGUST 18, 1996 0220AM /Medical 4a. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner ROUTE 45 AT FREELAND ROAD FREELAND BALTIMORE COUNTY Under 24 Hrs. 8. Date of Birth North, Day, Year) 5 5 6. Sex 1 M M 2 □ F If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** Months Davs Hours Maryland 217-64-4970 40 Director Usual Residence of Decedent with the Maryland 10b. County ahow 10c. City. Town or Location 10d. Inside City Limits r than "natural", or items 23a or 28a-f ahov the Medical Examiner mast be notified at Director 1 ☐ Yes 2 XNo DΑ York Stewartstown 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 17363 U.S.A. 1613 Ridge Rd. Ext'd death Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 White 1 Yes 2 No Specify: λq 3 ☐ Widowed 4 ☐ Divorced Year or Dates: Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b Kind of Business/Industry other than Elementary/Secondary (0-12) College (1-4or 5+) Heavy Equipment Operator Construction 17. Father's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Malden Sumeme) Be Pages 1 and 2 should be nent of Health and Mental Is marked Charlotte E. Golaner Earle S. Henderson 2 19e. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2: Department of Health at Important: If item 27 Is any injury or other trat 1613 Ridge Rd. Ext'd, Stewartstown, PA 17363 Earle S. Henderson 20b. Place of Disposition (Neme of 20a. Method of Disposition 20c. Locetion - City or Town, State cemetery, cremetory or other plece)

New Bethel

Baptist Cemetery 1 Buriel 2 □ Cremation 3 ▼Removal from State 4 □ Donetion 5 □ Other (Specify) Aug. 22, Stewartstown, PA 17363 1996 21. Signapore of Po neral 9 22. Name and Address of Facility .J. Hartenstein Mortuary, 19 S. Main St., Stewartstown, turn e disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, heart failure. List only one ceuse on each line. 23a. Partif. Ente Approximete Interval Between Onset end Death **Physician** /Medicai Immediate Cause (Final diseese or condition resulting in death) Examiner Examiner physician and s the burial-transit certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initieted events resulting in death) Lest Due to (or as a consequence of) Physician/Medical Due to (or es a consequence of): 8 for use as ed by the a detached f Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown been signed t þ The law requires 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? page 2 s 1 Yes 2 □ No 1 XYes 2 □ No certificate director Be 25. Was cese referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) AT SCENE 70 1 ¥Yes 2 □ No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Menner of Death 28a. Date of Injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred from After 0 144 Attending 5 Pending Investigation auto accide erecte 1 Natural death. 18-96 1 Tyes 2 Accident Director: / 3 ☐ Sulcide 6 ☐ Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, State) RR 45 (MO-PA Lime) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) or A after 4 Homicide in 24 hour. The Funeral Directified in Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and placa, end due to the cause(s) and manner stated. 29a. Certifier To the Hosp within 24 hou To the Fune completely fi Medical 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 0 O.C.M.E. AUGUST 18, 1996

State Registrar 31. Dete filed (Month, Dey, Year) AUG2 6 1996

RON

Locke

111 Penn Street, Baltimore, Maryland 21201 32 Registrar's Signeture

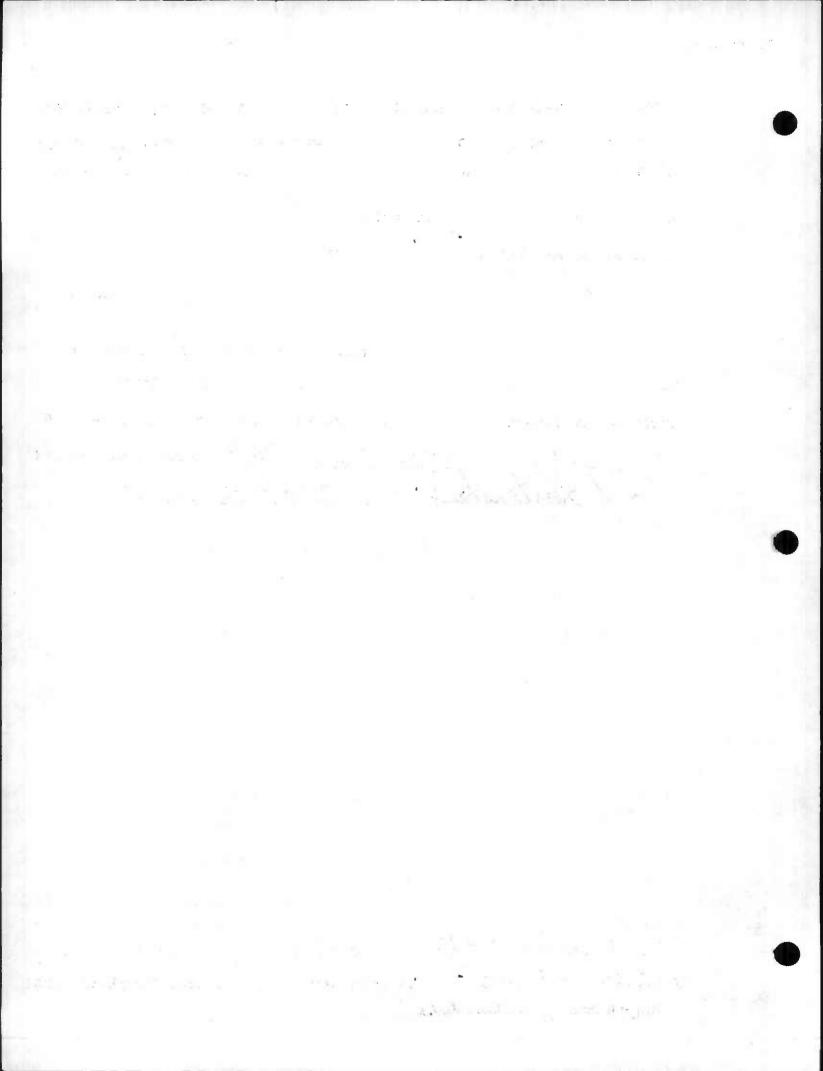
who completed ceuse of death (Item 23e) (Type, Print)

P.O. Box 68760.

Records,

of Vital

Division



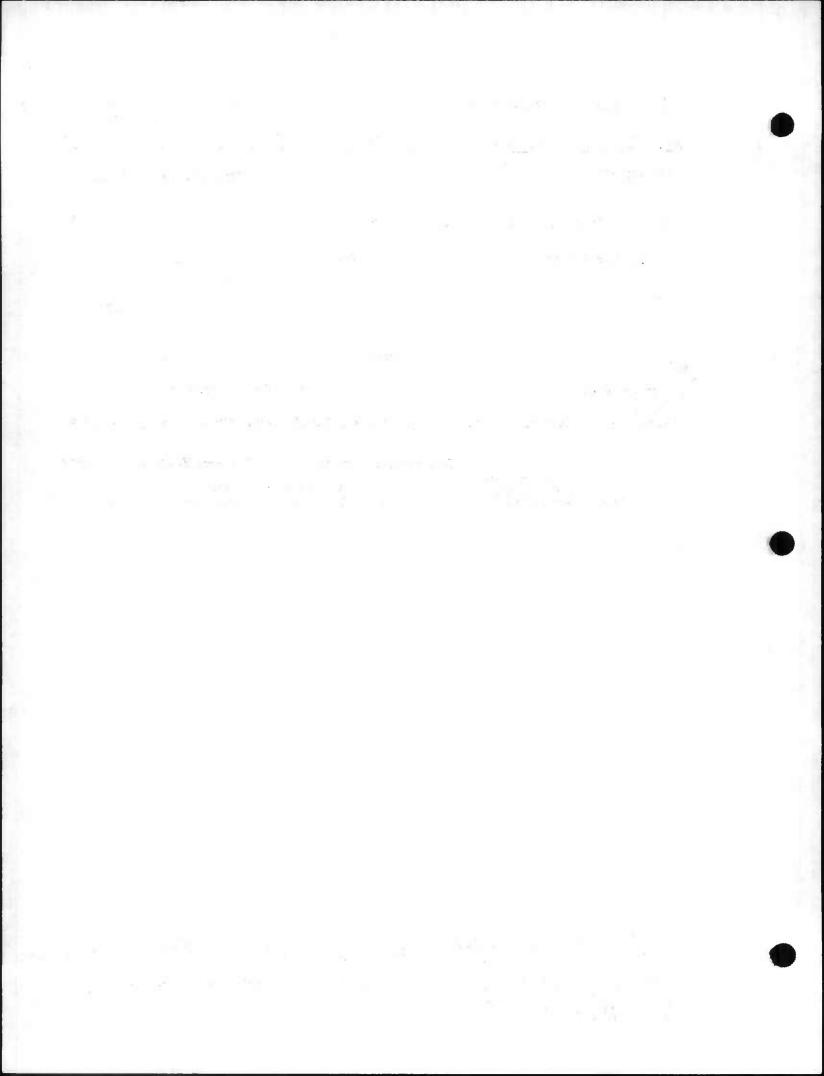
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth JENKINS **Physician** LLA UGUST /Medical 4c. County of Death 4a. Fecility Neme (If not Institution, give street end number, 4b. City, Town, or Location of Deeth Examiner Jen Burnie
If Under 24 Hrs. 8. Dete Anne Arundo North Arundo Hospital 7. Age (In yrs. last birthdey) Birthplece (State or Foreign Country) **Funeral** 1□M 2AF Months Deys Hours Yrs 90 402-48-9472 Director Oct 18, 1905 Kentucky Uauel Residence of Decedent Pages 1 and 2 should be filed within 72 hours after death with the Maryland nant of Haaith and Mental Hygiene. nt: If frem 27 is marked other than "natural", or items 23s or 28s-f show 10e. State 10b. County 10c. City, Town or Location 10d, Inalde City Limits ral', or items 23a or 28a-f shore Examiner must be notified at 1 XYes 2 ☐ No Director Anne Arundel Glen Burnie 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 704 Radner Court 21061 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 ☐ Never Merried 2 ☐ Merried 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: Saltimore, Maryland 21215-0020 "natural", or Specify: White by 3 Widowed 4 □ Divorced Completed traumatic event, the Medical 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent'a Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Buainess/Industry Elementery/Secondery (0-12) College (1-4or 5+) Grade 12 Homemaker Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumame) Be Pete Jackson Elizabeth Byassee 19e. Informent'a Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Martha Sue O'Conner daughter 704 Radner Court, Glen Burnie, Maryland 21061 Department of Haall Important: If item 2: any injury or other once. 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetion 3 🖫 Removel from Stete 4 Donetion 5 Other (Specify) 8/22/96 Fulton, Kentucky Greenlea Cemetery 21. Signature of Funeral Service Licenses 22. Name and Address of Facility
Donaldson Funeral Home, P.A. 313 Talbott Ave. Laurel, Maryland 20707-4389 23a. Part1. Enter the dispute, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart funders. List only one cause on each line. **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) RUPTURED DIVERTICULUM Examiner WALDENSTAUMS MACRUGLOBUINEMIA

Due to (or ea e consequence of): law requires that the death certificate be asscuted physician and tha burial-transit Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last Records, P.O. Box 68760, CONGESTIVE HEART FAILURE signed by the a Part ti. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown FAILURE, INTERSTITIAL 24b. Were autopsy findings aveilable prior to completion of cause of death? 24a. Wes an autopsy FIBNOSIS, CONONANY ANTENY 1 Yes 2 No 1 Yes 2 No Division of Vital or Attending Physician: 25. Wes cese referred to medical exeminer? 28. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpetlent 3 DOA 27. Menner of Death 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. tnjury et Work? 28d. Describe how Injury occurred 1 Netural 2 Accident 5 Pending investigation after death. Director: After 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide 24 hours a Hospital 12 Cartifying Phyeiclan: To the best of my knowledge, deeth occurred et the time, dete and plece, and due to the cause(s) and menner as atlated.
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, dete and piece, and due to the cause(s) end menner steled. edical 29a, Certifier (Check only one) To the I within 2 To the I 29b. Signeture and title of certified 29c. License number

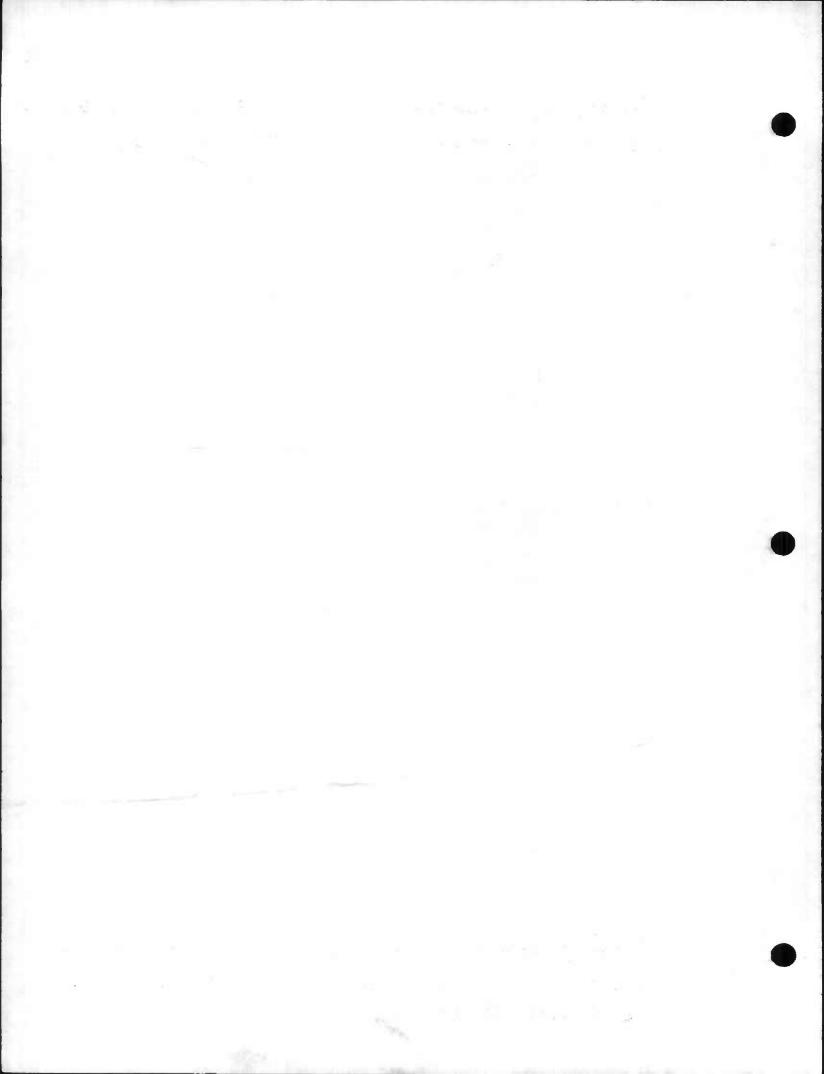
AUG 2 0 1996 Registrar

301 HOSPITAL DRIVE, GLEN BURNE MANYLAND 32. Registrer's Signeture

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)



				State of	Marylan		partment of Fertificate of		and Mental H	ygiene G	16 2	25132
			1. Decedent's Name (First, Mid-	dle, Last)					2. Dete of D	eath		3. Time of Death
	Physici		PAME	LA JA	RMA	11			AUGUS	T 10 1	996	5:34PM
	/Medic Examir		4a. Facility Neme (If not instituti					4b. City, Tov	vn, or Location of Dea		,	
			JOHNS HO	PKINST	OSPIT	AL	21	BAR	TIMORE	CITY		
	Funeral		5. Social Security Number	6. Sex	. Age (In yrs. I	ast birthda	y) If Under 1 Yeer Months Days	If Under 2	24 Hrs. 8. Dale of B Min. (Month, D	irth	9. Birthpled	ce (State or Foreign
	Director		076-30-2464	1□M 2MF	59	Yrs.	World Days	110013	January	24, 1937	Engla	nd
	pur *		Usuel Residence of Decedent 10a. Stete 10b. Count	v	10c. City	, Town or	Location				104	I. Inside City Limits
	/anyli	5	Delaware Susse	•	Dags						100	1 ☐ Yes 2X No
	the N	Director	10e. Street and Number		Lags	WLO .	10f. Zip Code			10g. Citizen of V	What Country	0
	J within 72 hours after death with the Maryland jiene. Than "naturat", or Itema 23a or 28a-f show the Modeal Example must be notified as		R.D. 2 Box 724	<u>.</u>			19939			USA	That country	
	death	Funeral	11. Meritel Stetus	12. Wes Deced	dent Ever in U.	S. 13	3. Was Decedent of F	lispenic Orig	nin? (Specify Yes or N Puerto Rican, etc.)	lo- 14. Rec	a - American	
0	or its		1 ☐ Never Married 2X Me		ces? 2∰ No				, Puerto Rican, etc.)		ck, White, etc	è.
002	raf.	l by	3 ☐ Widowed 4 ☐ Divorce	d If Yes, Give Yeer or De	tes:		1 □ Yes 2 No	Specify:		Specify	"White	
21215-0020	72 h	Completed	15. Decede (Specify only high	ent's Education est grade completed)		16e. Dec	edent's Usuel Occup ve kind of work done	pation during most	of working	16b. Kind of B	usiness/Indus	atry
121	within ene.	du	Elementery/Secondery (0-12)	-	4or 5+)		e kind of work done DO NOT use retire			Daily Ti	mes	
75	filed with Hygiene. rther ther		12 17. Fether's Neme (First, Middle	/ cot)		News	paper Courie	1	r's Neme (First, Middl	n Afairles Coman	-01	
Maryland	d 2 should be filed th and Mentel Hygi 7 Is marked other traumatic event, I	Be	Gerald Haden Fer						S Yvonne Wils	•	10)	
Z	2 should be and Mentel is marked o	10	19a. Informent's Neme/Reletion			19h Me	lling Address (Street		r or Rural Route Num		State Zin C	orde)
	d 2 state of trace		Ralph E. Jarman	(7),50,774.1)					a Delaware	-	Olate, Esp Ol	300)
ē,	- I 5 5		20a. Method of Disposition		20b. P		position (Name of rematory or other ple		Dete	20c. Location -	City or Town	ı, Stete
OE.	0 0 - 2		1 ☐ Burlel 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (1816		-Washington		rv 8-12-96	Laurel,	Marylar	nd
altimore,	구투현증		21. Signeture of Funeral Service	Licensee			22. Name and Addre				1	
m	Depariment of the concession o		W. O.K.	M0054	4		Slack Funera Ellicott Cit	al Home,	P.A.			
г			23a. Part1. Enler the disease, of shock, or heert feilure. Lis	or complications that ca	used the death					arresi,	A	pproximale iterval Between
я	Physician		SHOOK, OF HOOK CONDICE. EX	-	OT III 6.						Ö	nsel and Death
1	/Medical Examiner		Immediate Cause (Final disease or condition	CIT	2RHO	212					12	MONTH
П	LAGIIIIIICI	L.	resulting In death)	-	Due to (or	es e cons	equence ot):					
-	p #	al le		. He	PATI	TIS	C				12	MONTHS
	cate be executed chysician and the burief-transit	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury		Due to (or	as e cons	equence of):					
8760,	siclar burie	dical E	cause. Enter Underlying Cause (Disease or injury that initiated events	C								
9	ficate g phy as the	pe	resulting in death) Last		Due to (or	as e cons	equenca of);					
Box	leath certifice attending pl	2		d								
. B	death	sicie	Pert II. Other significant condit	ions contributing to dea	ith but not resu	iting in the	underlying cause git	ven in Pert i.	23b. Die	d tobacco use co	ntribute to th	he cause of death?
P.O.	law requires that the death certific es been signed by the attending p to 2 should be datached for use as	Physician/Me	SEPSIS,	ACUTE	2014	, 0	21100	_	10	Yes 2 No	3 Probel	bly Winknown
	es the	by					HIVAK					
orc	v require been si should t	Completed	RESPIRAT	DRY FAIL	URE	•				s an eutopsy formed?	avalia	autopsy findings able prior to detion of cause
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of Vital Records,	Page 1								12	kofes 2□No	101	res 2200
V it	Physician: The this certificate rel director, pag	Be	25. Wes case referred to medic examiner?	Hospital:			CHI	26. Place	of Deeth (Check only	one)		
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Division	ding I h. After funer	tlon	1 Natural 5 ☐ Pend	ing 28e. Dele of (Month	, Dey Year)	Injury	Wo	rk? IYes 2 □ N		non injury coosi	.00	
/isl	or Attending after death. Director: After In by the fune	Ifica	3 ☐ Sulcide 6 ☐ Could	not be 28e. Pleca o	ot Injury - At ho	me, ferm,	street, fectory, office			(Street and Numb	per or Rural F	Route Number,
ā	al or A	Certification:	4 Homicide	building	g, etc. (Specify)			City or 1	own, State)		
	To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fune		29e. Certifier Certify	ing Physician: To the b	esi ot my knov	viedge, de	eth occurred et the the	me, dete end	pleca, end due to the	e cause(s) and me	enner as state	ed.
	the H hin 24 the Fi	ledical	one)	end menne	er stated.	on end/or			TI OCCUITED OF THE THINE			
	N V V	Σ	29b. Signeture end tille of certifi	1.	0 0-		29c. Licens		,	29d. Dete signe		
	ıt.			Momasm						AUGUST		
	10		30. Neme and address of person		ot death (Item	23a) (Typ	e, Print)	n m	HWS HOP	VIAIS H	57 (01)	DA1
	Sta	to	31. Dete filed (Month, Day, Yea	HOMAS 32. DO					11103 11081	-1105/1	031-11	,,,,
	Registr	-	AUG 1	3 1996	gistrer's Signal	or-Ren	leth					



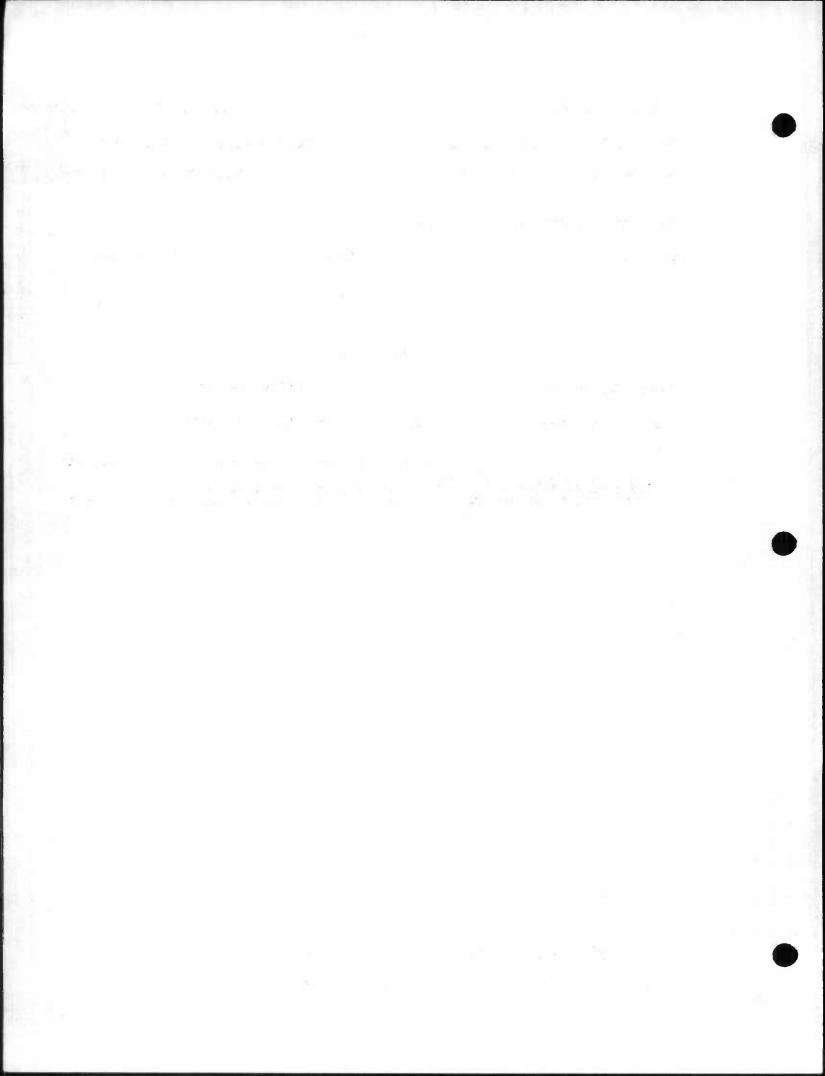
State of Maryland / Department of Health and Mental Hygiene 25133 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Dey 1996 Month Yeer **Physician** Wilhelmina Jones 11:48 AM July 31, /Medical 4a. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Patuxent River Naval Hospital Patuxent St. Mary's River If Under 1 Yeer | If Under 24 Hrs. Months Days Hours Min. 8. Dete of Birth (Month, Dey, Year) January 3, 1910 9. Birthplace (State or Foreign Country) North Carolina 5. Social Security Number 7. Age (In yrs. last birthdey) 6. Sex **Funeral** 1□M 2⊠F Yrs 242-14-5812 Director 86 Usuel Residence of Decedent with the Marylend 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits ral', or items 23a or 28a-f show Examiner must be notified at 1 ☐ Yes 2 ☐ No Maryland St. Mary's Ridge Direct 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? Box 416 20680 United States permit. Pages 1 and 2 should be filed within 72 hours efter death 1 Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural, or items 23 any injury or other traumstic event, the Medical Examine Fraumstic events and Medical Examine Fr Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritel Stetus 14. Rece - American Indien, Bieck, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 🛣 No þ Specify. 3 X Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) 12 Homemaker N/A 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be Lilly Spencer Thomas Walton Lee 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Box 416, Ridge, Maryland 20680 Ruby Virginia Lee 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) 8-5-96 Suffolk, Virginia Cedar Hill Cemetery 22. Name end Address of Fecility Brinsfield Funeral Home, P.A. chael Blankenship P.O. Box 279, Leonardtown, Maryland 20650 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feiture. List only one cause on each line. Approximate Intervel Between Onset and Deeth **Physician** /Medical tmmedlete Ceuse (Finel diseese or condition resulting in deeth) Addison's Disease Examiner Due to (or es a consequença of): Examine Hyperkaliemia requires that the death certificate be executed physician and the buriel-transit Sequentielly list conditions, If eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760. Renal Failure Physician/Medicai Due to (or es e consequence of): 88 957 jo signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 HUNknown ð 24e. Was an autopsy performed? 24b. Were sutopsy findings available prior to completion of cause of death? The lew certificate has b director, page 2 s 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No or Attending Physician: director. 25. Wes case referred to medical exeminer? Be 28. Piece of Deeth (Check only one) Hospitel: 1 ☐ Inpatlent 2 ☑ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No After this 28a. Dete of Injury (Month, Day Year) funeral Certification: 27. Manner of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 1 Neturel 5 Pending after death. 1 ☐ Yes 2 ☐ No Investigation 2 Accident 8 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) filled in by 4 Homicide Hospital 24 hours a Funeral C edical 29e. Certifier 1 💆 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner as steted. To the Hosp within 24 ho To the Fune completely f (Check only one) 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29b. Signeture and title of cartifier 29c. License number 29d. Dete signed (Month, Dey, Year) 5 480 40 D50123 8-2-96

State Registrar

wildenson center Colifornia Mo 2050 32. Registrar's Signeture 31. Dete filed (Month, Dey, Year) AUG - 9 1996

30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

D. ~ S. ITT



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

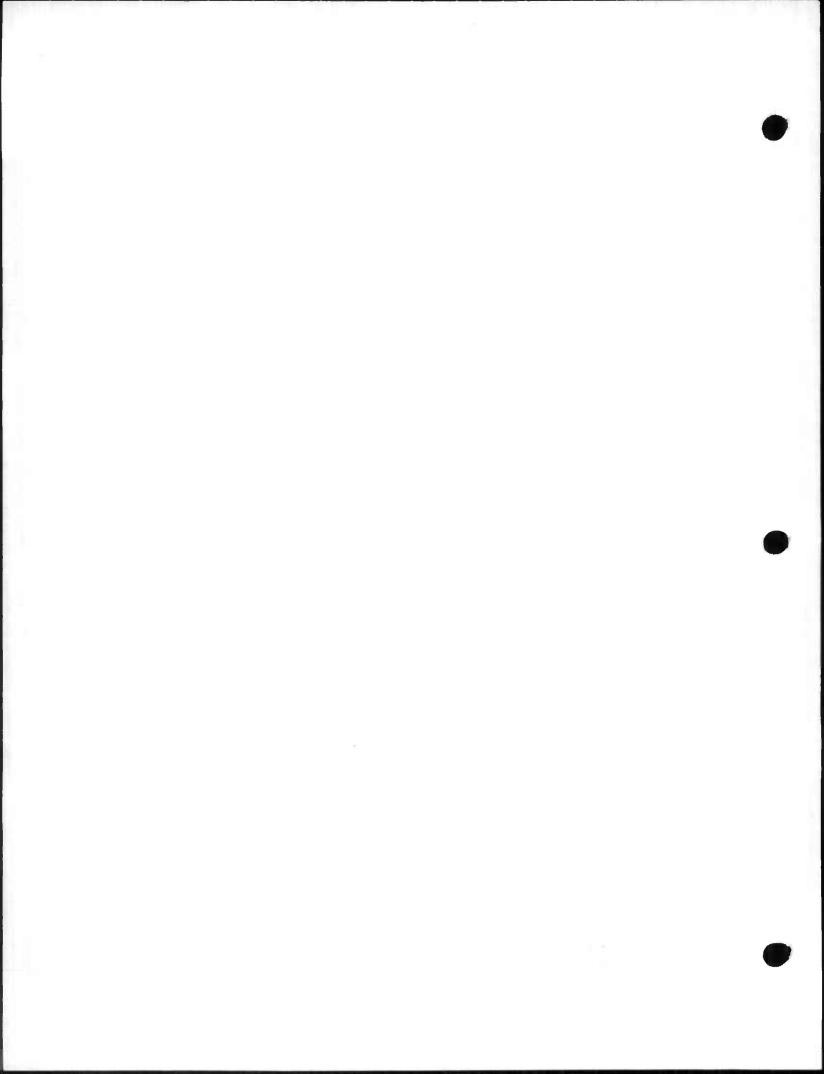
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	FOR 1 - STATE REGISTRAR		STATE OF I	MARYL					EALTH DEAT		MENTAL HYGIEN	_			
	1. DECEDENT'S NAME (First	, Middle, Last)						- 0.	D L, / 1		2. DATE OF DEATH			3. TIME OF DEATH	-
	Ann	- E1:	zabeth	T 0 10	CI (2.12						MONTH DA		996		M
	4. SOCIAL SECURITY NUME	BER	5. SEX		In yrs. lest	birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	b 1	V	2:50 P	_
1	212-30-3506		1 🗆 M 2 💢 F	93	yrs	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	0.3	Country)		
	9a. FACILITY NAME (If not in	stitution, give s	street end number)	75	yrs	•	9b. CIT	Y. TOWN C	R LOCATION	ON OF DE	July 5, 19		NEW NEW	Jersey	-
Œ	0414														
18	Citiz	ens N	ursing	Hom	<u>e</u>		_ Ha	vre	de	Gra	ace	Н	arfo	ord	_
DIRECTOR	10a. STATE	10b. COUNT	-					OR LOCAT						10d. INSIDE CITY LIMITS?	
	Maryland	Ceci	<u>1</u>			Port	Dep	posit						1 TES 2 NO	
FUNERAL	10e. STREET AND NUMBER							101	. ZIP CODI	E				WHAT COUNTRY?	Т
Ü	51 Remingto	n Road	<u>d</u>					2	21904			US	A		
5	11. MARITAL STATUS		12. WAS DECEDEN				13.	WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No-	14. RACI	E — American Indian, k, White, etc.	
BY	1 Never Married 2 3 . Widowed '4 Divo		IF YES, GIVE Y			•			2 NO				Spec		
	/-	EDENT'S EDU	1										Whi	te	_
H	(Specify onl	y highest grade	completed)		16a. DEC	VEDENT'S Ve kind of a Do NOT us	Work done	during mo	ON st of workin	g	16b. KIND OF BUS	SINESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (6 8 yrs.)-12)	College (1-4 or 5	+)		ısew									
O	17. FATHER'S NAME (First, M	liddle, Last)							18. MOTI	IFR'S NA	ME (First, Middle, Maiden	Sumama)			_
E C	Wallace	B1	oomfield									row			
0	19a. INFORMANT'S NAME (7	ype/Print)			196	MAILING	ADDRES	S (Street a			Route Number, City or Tow		in Code)	_	-
2	Meyer W. Je	nsen	- SON								rt Deposit			904	
	20a. METHOD OF DISPOSIT	ION		20b	PLACEA	ND DATE	OF DISPOS	SITION /Na	me of		DATE: 20c.10	CATION -	- City or To	nun State	-
	1 Burial 2 Crematic		lovel from State	St	etery, crer	ark s	ther place)	urch	Ceme	ter	y 39/9/2 Per	ryvi	lle.	Md.	
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE			1	22.	NAME AN	D ADDRES	SS OF FA	CILITY				_
	Mande	16	1944	1	10	/	F2 F				son & Son				
	23. PART i. Enter the d	lainean or	complications the		4/		<u> 1 P</u>	.0.Bo	31 xc	38, Pe	erryville,	Md.	2190		_
	shock, or h	eart fallure.	List only one can	se on e	nch line.	otti. Du i	iot ente	r the mo	ae or ayı	ng, suc	n ss cardiec or respi	ratory at	rrest,	Approximata interval Between	
	iMMEDIATE CAUSE (Fir disease or condition		Cereb	10-		1	٠,			KI	us.			Onset and Death	h
	resulting in death)	-	a. Decelor	(OR AS A	CONSE	JOUR C	LCCid	ent s	THY	PET TE	PERVE			10001 40	7
-			Hans	1	1	0 -	1	- 0	/	4	Cordios	100.	/_	1	
CERTIFICATION	Sequentially list conditi if sny, leading to imme-		DUE TO	(OR AS A	CONSE	UENCE O	F): ,	1011 6	1520	110	COPOLOS	10>4	100	0126000	
CAT	cause. Enter UNDERLY	ING	a Chron		01	tri	0/	fit.	27110	tre	1-7			14	_
Ē	CAUSE (Disease or inju that initiated events		DUE TO	(OR AS A	CONSE	UENCE O	F):	7		-				17	-4
E	resulting in death) LAS	T (d											0	
1	PART II. Other significa	nt condition	ns contribution to	death b	ut not n	eulting	In the w	nderhine		alson In	Part.I. 24a, WAS AN	ALFTOREY		MEET HITTORY CHIPMION	_
MEDICAL	0.1	7.1	.5	10			- P	7	Cause	, /-	PERFOR		240	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	A
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	5/1	VDI	Wo Finds		mp	Tok	m	9	219	L	7 9			1 TES 2 NO	
AN	25. WAS CASE REFERRED TO	D MEDICAL	_				-()	-	0						_
PHYSICIAN:	EXAMINER?	O MEDICAL	HOSPITAL:	1 5000	11/2/2 E.		OTHE	PY:			eck ghly one)				_
Ě	27. MANNER OF DEATH		1 Inpetient 2		attent 3	28b, TIM	_	28c. INJ		sidence	6 Other (Specify) 28d. DESCRIBE HOW I	M ILION OC	CHBED		_
		Pending	(Month, E	lay, Year)	- 1		IURY M	WO	RK7	NO	Tea. DESCRIBE NOW P	NOON! OC	CONED		
) BY	2 Deviates	Investigation Could not be	28e. PLACE C	F INJURY	— At hor	ne, farm,	street, fac				28f. LOCATION (Street of	and Numbe	or or Runal I	Route Number,	_
COMPLETED		determined	building,	atc. (Spec	ту)						City or Town, State)			AND CHE	
1	29a. CERTIFIER	TIFYING PHYS	ICIAN; To the bast of	my knowl	edge, des	ith occur	ed at the	time, date	and place	and due	to the cause(e) and mar	nner ne ste	atad		
×														e) and manner as stated.	
	296. SIGNATURE AND TITLE							1		NSE NUR		_			_
H	1646 1	7	15	17.	8				11	(-17	7	≥ d. DA	TO SIGNED	(Month, Day, Year)	

DRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pri

Lulia Davidson

2

AUG 0 9 1996



State of Maryland / Department of Health and Mental Hygiene 96

25135

						Certifi	cate of	Death		Reg. No.	50	0 1 0 0
	Dhusia	ion	1. Decedent's Nama (First, Middle, L.	- 1 1					2. Data of I		Year	3. Time of Death
	Physic /Medi		Peter	T. Kutze	era				July	1 29	1996	7:19 PM
)	Exami		4a. Facility Nama (if not institution, gi	iva streat and number)				4b. City, Town, o	r Location of De	ath 4c. Cou	inty of Death	
			Laurel Regional 1	Hospital				Laurel		Pri	ince Ge	eorge
	Funeral			Sax 7. Age ((In yrs. last	Mo	Under 1 Yea			Birth Day, Year)	9. Birthp	place (State or Foreign
	Director		Usual Residence of Decedant	8		Yrs.			Dec 2	21,1908	North	'Dakota
	ahow Let		10a. State 10b. County		10c. City, T	own or Location	n				11	Od. Inside City Limits
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	1 th	Die	10e. Street and Number			1	Of. Zip Coda			10g. Citizan	of What Coun	itry?
	ath v	ia.	704 Montgomery S				20707			USA		
	er de	Funeral Director	11. Marital Status	12. Was Decedent Ev Armed Forcas?		13. Was	Decedant of s, specify Cu	Hispanic Origin? ban, Maxican, Pus	(Specify Yes or I arto Rican, atc.)	No- 14. I	Race - Americ Biack, Whita,	
20	s 1 and 2 should be filed within 72 hours after death with the Maryland I Health and Mental Hyglene. If Health and Mental Hyglene. Item 27 is marked other than "natural", or items 23e or 28e-f show other traumatic svent, the Medical Experient must be notified at	by F	1 ☐ Navar Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yas 2 🛣 No If Yas, Giva Year or Dates:		10	res 2 🔀 No	Specify:		Spe	ecify: Whit	-0
21215-0020	2 hou	Pe	15. Decedani's E	ducation	1	6a. Decedant's	Usual Occi	pation		16b. Kind o	f Businass/Inc	
215	n "n	Completed	(Specify only highest gi Elementary/Secondery (0-12)	rade completed)		(Giva kind lifa. DO N	of work done IOT use retir	e during most of w ed)	rorking			,
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	be filed tal Hygle d other svsrrt, to	Bec	17. Fathar'a Nama (First, Middle, Las	t)				18. Mothar's N	ama (First, Midd	lle, Maidan Sur	nama)	
/lai	should be filed with nd Mental Hyglene. marked other than umatic svant, the	10	Peter Kutzera			-		Anna M	iemietz			
Maryland	and las me	ľ	19a. Informant's Name/Raiationship		- 1	_		at and Number or i				
-	Health em 27 other tr		Joanna Kutzera	spous				ry Street	, Laure	1, Mary	rland 2	20707
Baltimore	00-		20a. Method of Disposition 1 AB Burial 2 ☐ Cremation 3 €	Ramoval from State	20b. Piace ceme	a of Disposition etery, cramato	n (Nama of ry or othar pl	ace)	Data	20c. Locati	on - City or To	wn, Stata
Ē	E E E E		4 Donation 5 □ Other (Spec		St.	Mary's	Cemet	ery	8/2/96	Laure.	l, Mary	yland
Salt	semit. Pag Separtment mportant: I my injury o		21. Signature of Futeral Service Lice	nsee /	/	DODA	ne and Add	Funeral	Home, F) A .		
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	-		23a. Part1. Enter the dispelse, or our shock, or heart failure. List only	replications that caused the	death. D							Approximate Interval Batween
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di.	/Medical Examiner		Immediata Causa (Final diseesa or condition	14140	CAH	LDIA	2 /	NFAG	LCT70	\sim	1	Smin
1	Examiner		resulting in death)	Di	ua to (or as	a consequen	e of):				i	
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	cate be executed physician and s the burial-fransit	Examiner	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	Du	ua to (or as	a consequand	e of):				i	
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687	ing phy	Medical	rasulting in daath) Last	Du	a to (or as	a consequand	a of):				1	
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m	death ce a attendii d for use	icla	Part II. Other significant conditions	contribution to death but i	not recultin	a in the under	vina couce a	iten in Part I	22h DI	d tobecco use	contribute to	the cause of death?
P.0	res that the de igned by the a be detached f	Physiclan/	Tarti. Other organicant conditions	Contributing to doubt but I	THOU TOO DILLET	g in the under	ying causa g	ivati iii i ait t.		Yes XIN		bably 4 Unknown
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Records,										as an autopsy	24b. Wa	ara autopsy findings allable prior to
000	sw requisites speed	Completed							.	nonneg r	COI	mpiation of cause death?
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of Vital		ToE	axaminar? 1 ☐ Yas 2⊠ No	Hospitel:	2 3 ER	Outpatient 3	DOA O	ther	Homa 5□Ra		Other (Specifi	(v
0	g Ph ter th		27. Manner of Death 1 Netural 5 □ Pending	28a. Data of Injury (Month, Day Y	(ear) 281	b. Time of Injury	28c. tnje			e how injury oc		
Ö	Attending or death. actor: After by the fune	atic	2 Accident Invastigation	977		A		Yes 2□No				
Division	or Attendi after death. Director: A i in by the fi	Certification:	3 Suicida 6 Could not to datermined		- At home (Specify)	, farm, straet,	actory, office			(Street and No	ımber or Rura	i Routa Number,
	Ital or											
	To the Hospital or Attending Physician within 24 hours after death. To the Funeral Director: After this completely filled in by the funeral directors.	edicai	29a. Certifiar 1 Certifying Pl (Check only one) 2 Madical Example 1	hyalclan: To the best of r minar: On the basis of a and mannar state	kamination	dge, deeth occ and/or investig	urrad at tha t pation, in <i>m</i> y	tima, data and pla- opinion, daath oo	ce, and due to the curred at the time	e ceusa(s) and a, data and pia	mennar as st ce, and due to	ated. tha cause(s)
	To the Withir To the	Me	29b. Signature and titia of cartifiar	· 1) /11	0		29c. Licer	se number		29d. Data si	gned (Month, I	Day, Year)
			Megaza	(Guph ()			02	4942		Jul	7 30	5 1996
	10		30. Nama and addrass of person who	complated causa of daa	th (Itam 23	a) (Type, Print		11-00/			. 10	
	(-		ENTONAIN	(USDA / (DTD)	1 01/1	0 05	17 Ci	Herry L	-N. LA	VNEZ!	405	0 1996
	Sta		31. Data filed (Month, Day, Year)	32. Registrar's	Signature	P. P.	11	-				
	Registr	ar	AUG 0	7 1996 Sulv	SO KINE	ABOUT IN TO A CO.	14					
DHM	IH 16 Rav 6/9	5										

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State of Maryland / Department of Health and Mental Hygiene

						Cert	tificate of	Death		Reg. N	No.		
			1. Decedent's Neme (First, Middla, La	ist)		Π,	4		2. Date of	Death		Vana	3. Time of Death
l.	Physic /Medi		Franci	es M. E	Korma	an/	K		Month		Day 5	Year 1946	7:48 pm
j	Exami		4a. Fecility Name (If not institution, giv		21 -1				n, or Location of D	eeth 4	c. County	of Death	
			Howard Count	1 General	Hospita	1		Colur				war	d
	Funeral Director		210-09-7375	Sex 7. Ag	e (În yrs. lest bii	rthdey) Yrs.	Months Deys		4 Hrs. 8. Date of (Month) OCT	Birth Day, Yes 12,	1917	9. Birthpl Coun Penn	lace (State or Foraign try) nsylvania
	and w		Usual Residence of Decedent 10a. State 10b. County		10c. City, Tow	m or Loc	ation					10	0d. Inside City Limits
	4 sho	ō	Marana II II II II II II II II II II II II II		7713.		L 0:1						1 ☐ Yes 2 No
	the the	90	Maryland Howard 10e. Street and Number		EII.	LCOT	t City			10g (Citizen of W	hat Coun	tn/2
	Nith Se or	Funeral Director	3144 Emerald Vall	ev Road			2104	12			nited		
	Jeeth me 2	Jera	11. Meritel Status	12. Was Decedent	Ever in U,S.	13. W			n? (Specify Yes or				an indian,
21215-0020	72 hours efter deeth with the Meryland natural; or Items 23s or 28s-1 show dreal Examiner must be notified at	by	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ※ Divorced	Armed Forces? 1 Yes 2 If Yes, Give Year or Detes:	No		Yes, specify Cub ☐ Yes 2 🔯 No		n? (Specify Yes o Puerto Rican, etc.			, White, o	
0-10	72 hours natural',	Completed	15. Decedent's E	ducation	16a		ent's Usual Occup			16b.	Kind of Bus		
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pu	be file d othe event,	Be (17. Fether's Name (First, Middla, Last,						s Neme (First, Mic		an Sumama	a)	
Maryland		ဥ	Frank Rzeszutek					Luc	va Bocbe	1			
a	d 2 should th and Mer 7 is marks traumatic		19a. Informant's Name/Relationship (Type, Print)	198	. Mailing	Address (Street	t and Number	or Aural Aouta Nu	mber, Clt	y or Town, S	State, Zip	Code)
			Mrs. Joan M. Kozo	ra/Daughte	er 31	44	Emerald	Valley	Road E	llic	ott Ci	ity,	MD 21042
ore	of Heal of Heal f Itam 2 r other		20a. Method of Disposition 1XX Burial 2 ☐ Cremetion 3 🔀		20b. Place o	f Disposi ry, crama	ltion (Nama of atory or other pla	ice)	Dete	20c.	Location - (City or To	wn, State
Baltimore,	permit. Peges Department of I Important: If its any Injury or o		4 □ Donation 5 □ Other (Specific		St. Ma	ary's	s Byzant	ine	8-9-96	W	indber	c, Pe	ennsylvania
alt	permit. P Departm Importan any Injur		21. Signeture of Funerel Service Licer	4		22.	Name and Addre	ess of Facility					
ш	89 E 2 9		> Shen a. Col	lins- Wit	nke				Funeral a Pike E				MD 21043
			23a. Part1. Enter the disease, or com shock, or heart failure. List only			not enter	r the mode of dyl	ng, such as c	ardiec or respirato	ry arrest,		LLY	Approximata
	Physician		anout, or near landle. List only	One cause on each in	10.								Interval Between Onset and Death
Į.	/Medicai		Immediate Cause (Final disease or condition		erdize	1	trest						minutes
п	Examiner		resulting in death)	a	Due to (or as a								1.1110/2
-	p #	Examiner			ronar	~	Arters	dise	75C			1	years
	end ind frans	am	Sequentially list conditions,	D	Due to (or as a								•
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68760,	ertificete be executed ing physician end e es the buriel-transit	Medical	that initiated events resulting In death) Lest	C	Due to (or es e	_	14-1					+	
	eeth certific attending pl	Me			Dirke	ks.	Mellit	vs					Vezrs
Box	2 2 2	ar		O		, /							4
	the attenthed for u	Physician/	Part II. Other significant conditions of	ontributing to death b	ut not resulting in	n the unc	darlying cause gi	ven in Part I.	23b. I	Old tobac	co use con	tribute to	the cause of death?
P.O.	t t	F.							1	☐ Yes	2 10 No	3 Prob	ably 4 Unknown
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Records,	requires been sign should be	Completed							24a. V	Vas an auterformed?	topsy	ava	ore autopsy findings allable prior to
ec	38 D S D S D S D S D S D S D S D S D S D	op o							-			of c	npletion of cause death?
	E es	Col							1	☐ Yes	2 1 No	1 🗆	Yes 25 No
/ita	iclan: The	Be	25. Was case referred to medical examiner?					26. Place o	of Death (Check or	nly ona)			
7	Physician: this certific	2	1□ Yes 2□/No	Hospital: 1 ☐ Inpatie	nt 2 ER/OL	tpatient	3□ DOA Ott	her: 4 Nurs	ing Home 5□F	esidence	6 □Othe	r (Specify)
0	ng Ph ter th meral	ä	27. Manner of Death 1 ☑Natural 5 ☐ Panding	28a. Date of Inju (Month, Date	y Year) 28b.	Time of njury	28c. Inju Wo	ry at rk?	28d. Descri	be how in	jury occurre	ed	
010	Attending or death. ector: After by the fune	ati	2 ☐ Accident investigation	1				Yes 2□N	0				
Division of Vital	or Attending lefter death. Director: After i in by the fune.	Certification:	3 ☐ Sulcide 6 ☐ Could not be datermined	28e. Plece of Injuding, etc	ury - At home, fe	rm, stree	et, factory, office		28f. Location	n (Street Town, Sta	and Numbe	r or Aurai	l Routa Number,
	tal or is efter al Dir led in	Ö		56									
	To the Hospital or Attanding Physician: Within 24 hours efter death. To the Funeral Director: After this certific completely filled in by the funeral director.	edical	(Check only 2 Medical Exam	ysician: To the best of niner: On the basis of	of my knowledge	dor inve	occurred at the tie	me, date and	place, and dua to	the cause	(s) and man	ner as st	ated.
	To the Howithin 24 To the Fu		one)	and manner sta	ited.				- 200 OU AT THE TH				
	0 2 × € 0	M	29b. Signeture and title of certifier	0	_		29c. Licens		-1		Date signed		
	1		Sort Cun	len M.	0		Doo	507	76	Av	SVSt	- 6	1996
	6		30. Nama and address of person who	completed causa of d		(Type, P	nint) Dur ser	y Hell	Drive	£11ic	AHC	itn	1996
	Sta	te	31. Date filed (Month, Day, Year)		ar's Signature		•					+	
	Registr		AUG 0 7 199	36 Julia	hudser R	Mehr							



			State of Maryla		artment of i <i>rtificate of</i>			giene 🦪	6	20101
			Decedent's Nama (First, Middla, Last)				2. Dete of Dea	th	(en)	3. Time of Deeth
	Physici /Medi		Edna Mae Leras Keagle				Aug 7,	1996	Yaar	9:15 A.M
	Exami		4a. Facility Nama (If not institution, give street and number)			4b. City, Town, or		4c. County	of Death	
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	Funeral		4 T 14 N T T T	rs. last birthday)	if Under 1 Yaar Months Days			Year)	9. Birthp	place (Stata or Foraign
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	72 hours efter deeth with the Menyland natural; or items 23s or 28s-f show dical Examiner must be notified at	Director	Maryland Prince George's	Suitla					1	0d. Insida City Limits 1 ☐ Yes 2 ☒️ No
	1 2 2 E	급	10e. Street and Number		10f. Zip Coda			10g. Citizan of	What Cour	ntry?
	eth v		6014 Griffith Drive		2074			Inited :		
	or do	Funeral	11. Marital Status 12. Was Decedent Ever In Armed Forcas?	n U,S. 13.	Wes Decedant of If Yes, specify Cut	Hispanic Orlgin? (S ban, Maxican, Puarl	specify Yas or No- to Rican, atc.)	14. Rec	e - Americ ck, White,	ean Indian, etc.
0700-01717	ours efter	þ	1 Never Merried 2 Married 1 Yes 2 M o If Yas, Giva Year or Detes:		1□Yas ঽৄৄৄ৾৻No	Specify:		Specif	Whit	е
ก็	hin 72 ho	etec	 Decedant's Education (Specify only highast grada complated) 	16a. Dece	dant's Usuel Occu	pation during most of wor	rkina	16b. Kind of B	uainess/In-	dustry
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Ž	Mer Mer Mer Mer Mer Mer Mer Mer Mer Mer	To	Abner G. Patton				Campbell			
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	ortant: If its ortant: If its injury or o		4 □ Donation 5 □ Other (Specify)		coln Cem					Maryland
parimore,	permit. Page Department of important: If any injury or 2029.		21. Signatura of Funaral Sarvice Licensaa			ass of FacilityLee				
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	Physician /Medical Examiner	er	Immedieta Causa (Final disaase or condition rasulting in deeth)	o (of as a conse	Quence of):	eng a	Tree	1	-	
,00100 voc	ires that the death certificate be executed signed by the attending physician and dedached for use as the buriel-transit	Physician/Medical Examiner	Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last	o (or as a consec	quence of):	Ols	tru	cton		
	thet the deal ed by the att detached fo	hysici	Part II. Other significant conditions contributing to death but not	rasulting In tha u	ndarlying ceusa gi	ven in Part 1.		obacco use co	ntribute to	the cause of death
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necolus,	been shoul	Completed t	Parceleneou /	and	reel	ing	24a. Was a perfor		av co	ere autopsy findings ellabla prior to impletion of cause death?
Č	ician: The lew of certificate hes borector, pege 2 st	E				8	101	as 2000		JYas 2□ No
	ificat or, p		25. Was case rafarred to medical			oe Diago of Day			10	_ TAS 20 NO
-	Physician: this certific ral director,	To Be	examinar?	ER/Outpatier	at all post Ot	her:	ath (Check only or		or (Consil	La)
5	ding Phy h. After this funeral c		27. Manner of Deeth Comparison of Deeth 28a. Data of Injury	28b. Tima o	f 28c. Inju		28d. Describe h			y)
	or Attending efter death. Director: After d in by the fune	Certification:	3 Suicida 8 Could not ba datarmined 28e. Piece of Injury - A building, atc. (Spe				28f. Location (S City or Tow		ber or Rura	al Routa Number,
	To the Hospital or Attanding Physician: Whith 24 hours effecteath. To the Funeral Director After this certific, completely filled in by the funeral director.	edical C	29a. Certifiar (Check only one) 1 Certifying Physician: To the best of my letter one and manner states.	knowledga, daati Ination and/or in	h occurred at the ti vastigation, in my	ma, data and place opinion, death occu	, and dua to tha c irred at tha time, c	ausa(s) and malate and place,	annar as a and dua to	tated. o tha ceuse(s)
	Vithir To th	Me	29b. Signeture end the of certifier		29c. Lican	sa number	- 2	29d. Deta signe	d (Month,	Dey, Year)
			Man / X/ra	ue te	- OR	122	59	900	5%	96
			30. Name and addrass of person who complated ceusa of death (I		,			0		
			Rene Grace, MD 9131 Piscat 31. Dete filed (Month, Dey, Year) 32. Registrar's Sig	caway Ro	ad, Clin	ton, Mary	riand 207	/35 - 2509	9	

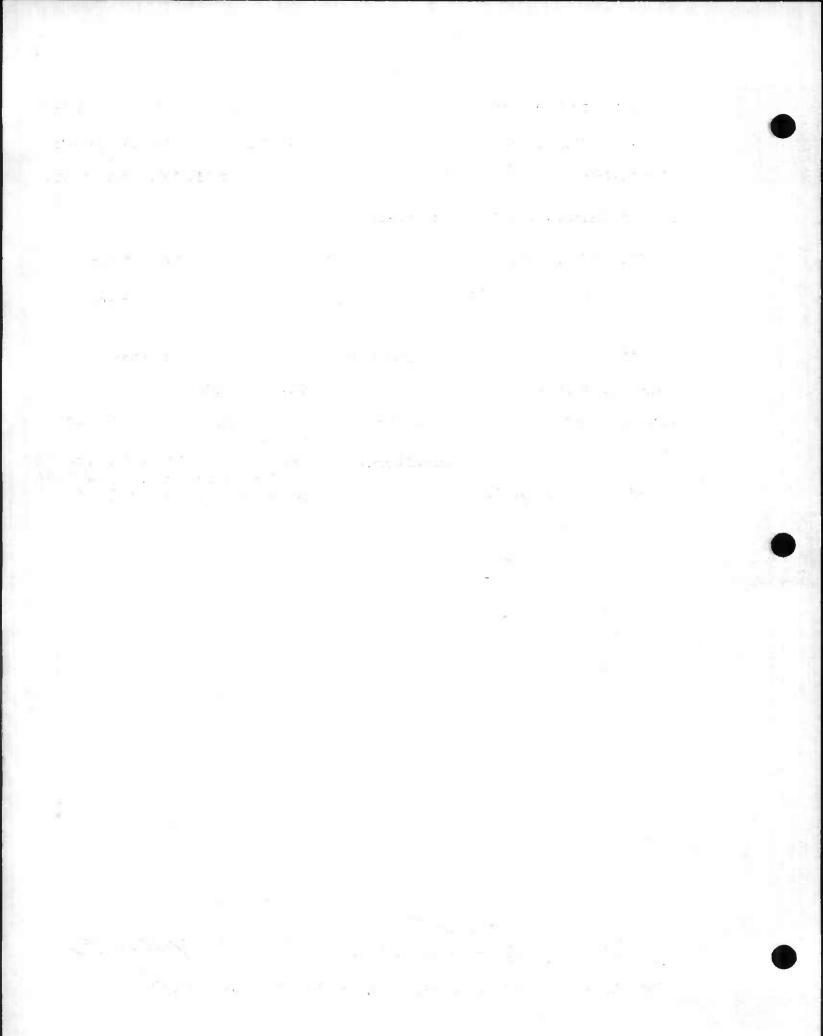
32. Registrar's Signature

AUG1 4 1996

DHMH 16 Rav 6/95

State

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

								Cer	tifica	te of	Death			Reg. No).			
		7	1. Decedant's Nan	na (First, Middle, L	est)								2. Data of D			Mark	3. Tima of Dea	ath
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	/Medi Examii		4e. Fecility Nama	(If not institution, gi	ve street end no	umber)		0			4b. City, To	own, or Lo	ocation of Dea			of Death	4, ZJA	1
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	Comment		5. Social Security !		Sex		(In yrs. lest b			r 1 Year		apol				Arun		nninn
	Funeral Director				1□M 2□F		()	Yrs.	Months	Days	Hours	Min.	8. Data of Bi (Month, D				aca (Stata or Fo	reign
١,	Director		578-44-8 Usual Residence	202	AA	79				L			May 9	191	/	Vir	ginia	
	Mo III		10a. State	10b. County			10c. City, Tov	vn or Loc	cation							10	d. inside City Li	imits
	Many 4 sh	ō	3.00	0.1													1 ☐ Yas 2 🖁	ONC
	the the	Director	MD 10e. Street and Nu	Calve	rt			Hu		g tow	7n			10a Cil	tizon of l	What Count	n/2	
	with w								101. 21									
	72 hours after death with the Maryland naturel', or items 23a or 28a-1 show areal Examinet must be notified at	Funeral		11day Ro				40.11	. 5	2063	_	1 1-0 (0				Stat		
	er de Mem	Š	11. Maritel Status		12. Was Dec	orcas?		13. W	Yes, spe	ecify Cub	en, Maxica	n, Puarto	ecify Yas or N Rican, atc.)	0-		e - Amarica ck, Whita, a		
20	s aft	by F		riad 2 Married	1 ☐ Yas if Yas, G	iva)	1	□Yas	2 No	Specify				Specifi	y:		
8	ural'		3 Widowed		Yaar or I	Dates:										Whi		
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n		Be	17. Father's Neme	(First, Middla, Las	t)						18. Moth	er's Nam	e (First, Middle	, Ma <i>id</i> an	Suman	10)		
<u>X</u>	should be nd Mental marked c	မ	Victor	Johnson							I	Anna	A. Joh	nson				
Maryland	end end emd		19a. informent's N	ame/Ralationship	(Type, Print)		19	b. Mailin	g Addras	s (Street	and Numb	er or Run	al Route Numi	er, City	or Town,	Stata, Zip	Code)	
-	TENE		Charles	R. Kissi	nger, J	rS	on	3401	A11	day	Road	Hur	tingto	wn,	Mary	land	20639	
ore	of Heelt Item 2 other		20a. Mathod of Dis				20b. Place C	of Dispos	sition (Na	ma of other pla	ce)		Data	20c. L	ocation -	City or To	vn, State	
Baltimore ,	Pages nent of I int: If Ite			☐ Crametion 3 ☐ Sthar (Special Control of the Cont		State						0/10	100	70				
=======================================	교본관중 .			Service Doe	* *	-	Ft. L	1DCO 22.	Nama e	rema	tory	8/13	1/96	Bre	nEwo	od, M	laryland	L
m	Depa Impo any i			BULL	Q			1/	. 7 D.	-1	- 5 01	Joni	n M. Ta	yıor	Fui	neral	Home,	lnc
			22a Parti Enter	the disease or one	***	anunad t	ha daath Da								inapo	olis,	MD 2140)1
			shock, or hee	the diseesa, or con ort failura. List only	one causa on	aach line	l.	not ante	r tha mo	ua or uyı	ng, such as	Carolac	or raspiratory	irrest,			Approximeta Intarval Between Onset and Deat	
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Box					0			1	,,,,,	1			.0100	414	1-4		1)
Ö.	law requires that the death es been signed by the atte 2 should be detached for	by Physiclar	Part tt, Other signi	ficant conditions	contributing to d	death but	not rasulting	in tha un	darlying	causa giv	van In Part	i.	23b. Did	tobacco	use co	ntribute to	the cause of de	ath?
P.O.	by the	Ph.	Paul	le ale.	1/100	D	40	a 0	20	2 0	1		1□	Yes 2	No	3 Prob	ably 4 Unk	nown
	se de de	by	noug	TOIM	nou	0/	na	co	TU	3	M				.,			
5	auing en si biud		U	60 1.	001	10	0			/			24a. Wa	an auto	psy	24b. We	ra autopsy findir llabla prior to	ngs
S	s be	piet		prin	way	404							pon	omitour		con	nplation of cause eath?	9
of Vital Records,	0 - 0	Completed	•										10	Yas 2	Ž No		Yes 2□ No	
a	cartificate		25. Was casa rafai	red to modical								1.5			Z7-140	1	Tes ZU No	
5	Physician: this cartific ral director,	o Be	axaminer?		Hospital:		• C = D = D		•□ •	Ott			h (Check only					
o	Phys ral di	To.	27. Mannar of Deat		28a. Data		2 ER/O	utpatient Tima of	- 4	OA		ursing Ho	ma 5 Ras 28d. Describe)	
	Attending or death. ector: After by the fune	Certification:	Metural	5 Pending	(Mor	nth, Day	Year)	Injury	м	28c. injur Wor	rk? Yas 2□	No	200. D 0301100	now inju	ny occur	100		
S	tor:	cal	2 ☐ Accident 3 ☐ Suicide	invastigation 6 □ Could not b	ne						143 2	140	Opt Landing	/O	and Aliman		Contract on the contract of	
Division	or A effer Direct in by	ŧ	4 ☐ Homicide	determined			y - At homa, fi (Specify)	arm, stre	et, ractor	у, опісе			City or To			er or Hurai	Route Number,	
	urs urs																	
	Hosp 24 ho Fund tely f	edicai	29a. Certifier (Check only	Certifying Pi	nysician: To the miner: On the b	pasis of a	xaminetion er	a, daath nd/or inva	occurred astigation	at tha tir n, In my o	ma, date er opinion, des	nd place, ath occurr	and dua to the red at tha tima	data and) end ma d place,	annar as sta and due to	tha cause(s)	
	To the Hospital or Attending Physician: within 24 hours effect death. To the Funeral Director: After this cartific completely filled in by the funeral director.	Med	20h CL	A	and mar	nar state	od.											
	5 ¥ 5 8		29b. Signature and	title of certifier	1. 1.	0	~	6	29		e number				1 - 1 - 1	d (Month, E		
			1	CUIV	eill	DI	w	m	リー	וע ן.	1653			Au	igust	13,	1996	
			30. Nama and addr	ess of person who	completed cau	sa of daa	ith (Itam 23a)	(Type, P	Print)									
			Peter I	. Verkou	w, M.D.	200	3 Medi	cal	Parl	cway	#100	Anna	apolis,	MD	2140)1		
	Sta	_	31. Dete filed (Mon	th, Day, Year)	32. F	Registrar	s Signatura											
	Registr	ar	A	UG 1 4 19	96 3	and a	Devidoon	-Nano	مكاللها									

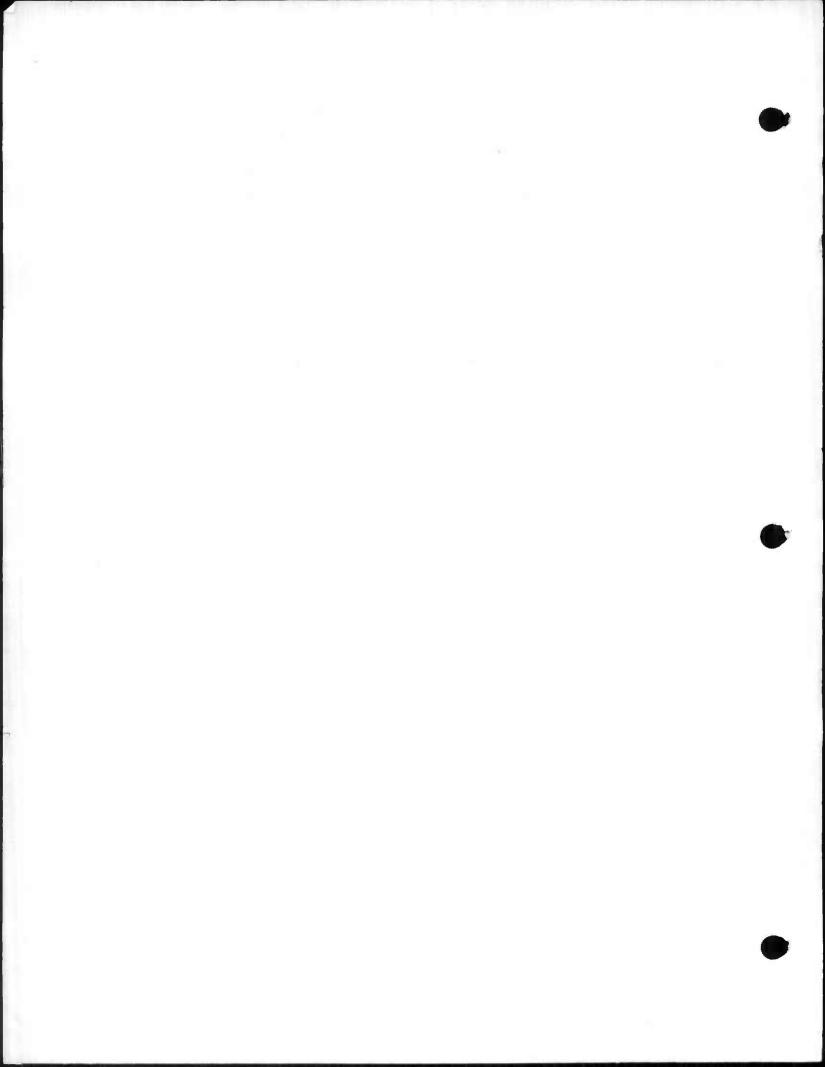
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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hursi-transit narmin pages 1.2 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM				HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	Catherine	Kr	14	DEATH	2. DATE OF MONTH		3. TIME OF DEATH					
	220-36-8798	SEX 0. AGE (In yrs.	36 YRS. MON	JNDER 1 YEAR THS DAYS	IF UNDER 24 HRS. HOURS MIN.	ER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign							
TOR	99. FACILITY NAME (If not institution, give street Carroll Lutheran V RESIDENCE OF DECEDENT	•	96.	CITY, TOWN C	West	EATH tminst		NTY OF DE	Carroll				
- DIRECTOR	MD Carrol	.1		www.or.Locat stmins		10d. INSIDE CITY LIMITS? 1 Z YES 2 NO							
FUNERAL	200 St. Luke Circl	.e WAS DECEDENT EVER IN U.S.	ADMED		ZIP CODE	211		Un	ited States				
В	1 Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES 2 F IF YES, GIVE WAR OR DATES	NO	If yes, sp	city Cuban, Mexico	an, Puerto Rica	in, etc.)	Black, Specify	— American Indian, White, etc. White				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com Elementary/Secondary (0-12)	pleted) ollege (1-4 or 5+)	DECEDENT'S USUI (Give kind of work of ille. Do NOT use reti Ceacher	done during mo		16b. Kil	public		ools				
COM	17. FATHER'S NAME (First, Middle, Last)		_		16. MOTHER'S NA	AME (First, Mide	lle, Maiden Sumame)						
BE	Clinton Weaver Kro						ella Bach						
일	196. INFORMANT'S NAME (Nype/Print) Samuel C. Hoff, nephew 196. Mailing Address (Street and Number or Fural Route Number, City or Town, State, Zip Code) 166 E. Main Street, Westminster, MD 21157												
	206. METHOD OF DISPOSITION 12 Burlel 2 Cremetton 3 Removal from State 4 Donelion 6 Other (Specify) 20b. PLACE AND DATE of DISPOSITION (Name of 8/11/96). TE 20c. LOCATION — City or Town, State Westminster, MD												
	21. SIGNATURE OF FUNERAL SERVICE LICENS			22. NAME AT	1 005 Fun 2 Washin	Geral 1 gton Ro	Home & Ch 1., Westmi	apel nster	, MD 21157				
NOI	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ehock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finei disease or condition resulting in death) Due to lon as a consequence of: Sequentially list conditions, if emy, leading to immediate												
CERTIFICATION	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST												
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1												
IAN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)												
YSIC	1 YES 2 NO 1	OSPITAL: Inpatient 2 - ER/Outpatient		HER: Nursing Home	5 Residence	6 Other (Sp	pecify)						
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJU WOI M 1 Y	RK?	28d. DEŞCRI	BE HOW INJURY OCC	URED					
TED BY	2 Accident Investigation 3 Suicide	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, street,			281. LOCATION (Street and Number or Rural Floute Number, City or Town, State)							
COMPLETED		To the best of my knowledge,							and menner ee stated.				
O BE O	2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(s) end menner se attated. 29b. SIGNATURE AND THILE DE CERTURE! 29c. LICENSE NUMBER 29d. DATE SIGNED (Morth, Day, Year) 29d. DATE SIGNED (Morth, Day, Year)												
	30. NAME AND ADDRESS OF PERSON WHO COU DANIEL I. WE 31. DATE FILED (Month, Day, Year)	MPLETED CAUSE OF DEATH (IT LANGE) 32. REMISTRAR'S SIGNATURE	MD.	912 V	WAS	MIN	TEN EC	MA	RYLAND				
	AUG 1 2 1996		Rardall										



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

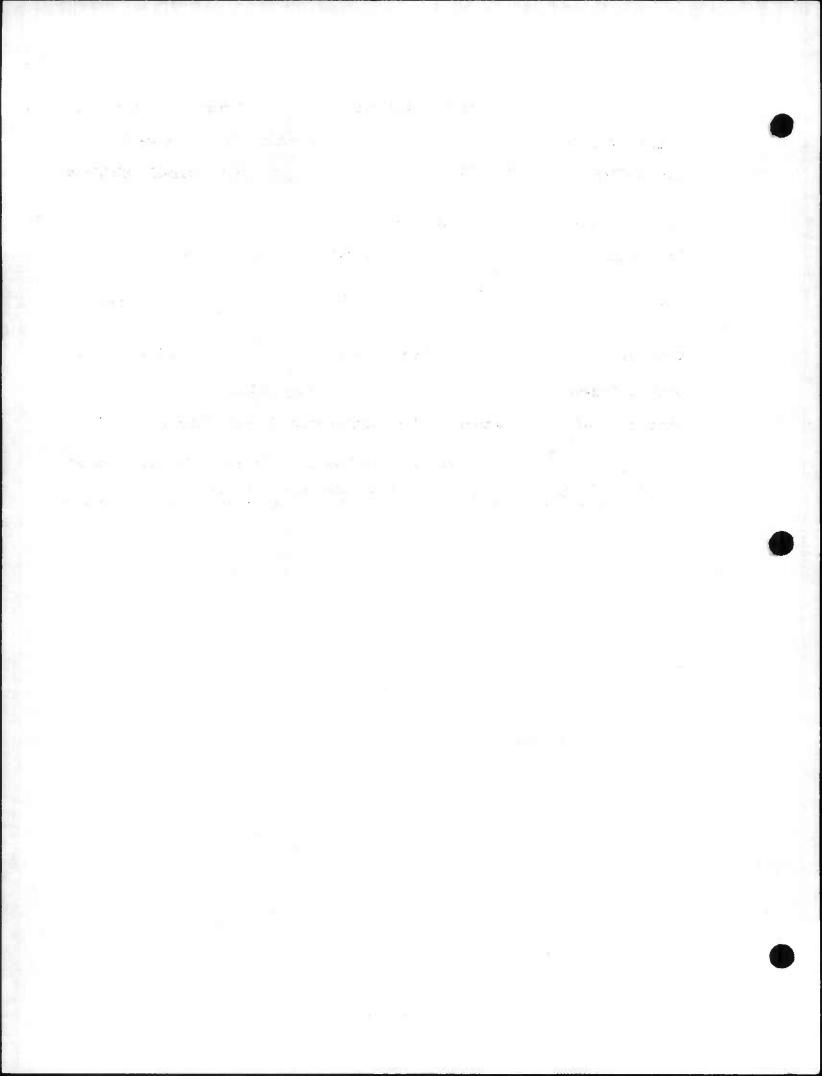
State of Maryland / Department of Health and Mental Hygiene 96

	Amer	de	d #1,8/13/96,PCT	,Howard per	DOC	Cen	tificate of	Death	F	leg. No.		20110			
	Dharia		Decedant's Nama (First, Middla,	Last)			Lin		2. Data of Dea Month	th	Yaar	3. Tima of Death			
1	Physic /Medi		Jusie				Line		Aug.	Day	996	10:10 Am			
	Examir		4a. Facility Nama (If not institution,	giva street and number)			4b. City, Town, or L	ocation of Baath	4c. County	of Death				
			Washington A	Adventist H	ospital	1		Takoma I		Mont	gomei	cy			
Т	Funeral		5. Social Sacurity Number	3. Sax 7. A 1 M 2 XF	ga (In yrs. last		If Undar 1 Yaar Months Days	if Undar 24 Hrs. Hours Min.	8. Data of Birth (Month, Day	Year)	9. Birthp	piaca (Stata or Foraign			
	Director		223-21-8106	IUM ZLAF	58	Yrs.			May 21		Taiv				
	pue *		Usual Rasidance of Decadant 10a. Stata 10b. County		10c. City, To	own or Loc	ation				Τ,	IOd. Insida City Limits			
	Aeryl 1 sho	5										1 ☐ Yas 2 ☐Ño			
	r 28a-f show	8	Maryland Howard 10e. Street end Number	1	ETT	icott	10f. Zip Coda			log. Citizan of \	Affact Cour	ata 2			
	th with 23a or	0	3705 Dorsey Sear	ch Circle			210	1/2		Unite					
	seeth v	Funeral Director	11. Maritai Status	12. Was Decedant	Evar in U.S.	13. W			pecify Yas or No-			en Indian,			
0	or home	F	1 ☐ Nevar Married 2 ☐ Marria	Armed Forcas	?			dispanic Origin? (Sp an, Maxicen, Puarto	Ricen, etc.)		ck, White,				
07	urs e	þ	3 ☐ Widowed 4 ☐ Divorced	If Yas, Giva Yaar or Datas:		1	□Yas 2XINo	Specify:		Specify	Asi	ian			
21215-0020	n 72 hours efter deeth with the Maryland "natural", or frams 23a or 28a-f show adical Exactiver must be notified at	Be Completed	15. Decedant's	Educetion	1	6a. Decede	ent's Usuel Occur	pation		16b. Kind of B	usinass/in	dustry			
2	S	pie	(Specify only highast Elamantary/Secondary (0-12)	Collage (1-4or	5+)	life. De	O NOT use ratire	during most of world)	King						
2	filed within Hygiene.	no.	12			Owner-	-Manager		Self Employed						
pu	of its	Be (17. Fathar's Name (First, Middia, La	ist)				18. Mothar's Nam	thar's Name (First, Middla, Maldan Surnema)						
Maryland	12 should be filed v h end Mentel Hygie 7 Is marked other t traumatic event, th	0	Mao Chen					Chien	Kuo						
a	2 sh end is m		19a. Informant's Name/Ralationship					and Number or Ru							
	eelth n 27		Ms. Susan Lin/Da	ughter				earch Cir	cle Ell:	icott C	ity,	MD 21042			
ore	ges 1 end 2 should be filed with t of Heelth end Mentel Hygiene. If item 27 is marked other then or other traumatic event, the M		20a. Method of Disposition 1 ☐ Burial 2X Cramation 3	☐Removal from State	20b. Piace ceme	of Disposi atary, cremi	ition (Nama of atory or othar pla	ca)	Data	20c. Location -	City or To	wn, Stata			
Ë	permit. Pages 1 end 2: Department of Heelth er Important: If Ifem 27 Is any Injury or other trau		4 Donation 5 Other (Specify) Metro Crematory 8-14-96 Catonsville, MD												
Baltimore,	Depar Impor Impor Eny In		21. Signatura of Funeral Sarvica Lie	censae	0 0		Nama and Addra	ass of Facility Witzke Fu	moral H	omo Tn					
	00 2 4 0		Jon a. G	ollins - W.	tyleo	41	112 old (Columbia	Pike El	licott (MD 21043			
			23a. Part1. Entar tha diseasa, or co shock, or haart failure. List or	omplications that ceusa nly one ceuse on aech l	d the daath. D Ina.	o not anter	r tha moda of dyir	ng, such as cerdiac	or raspiratory arr	ast,		Approximata Intarval Batwaen Onset and Death			
4	Physician /Medicai	Immediate Cause /Final													
1	Examiner		disaasa or condition rasulting in death)	a. Ho	ule 1	puln	unany	Zunl	242						
		10		_1	Dua to (or as	a consequ	ance of):	l _e							
	nsit	Examiner		b .	CHOWS		nym H	52.50							
	icate be executed physiclen end s the buriel-trensit	Exa	Sequantially list conditions, if any, leading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury that Initietad avants		Dua to (or as	a consequ	ance of):								
68760,	sicle		Causa (Disaasa or Injury that Initietad avants												
89	certificate be executioning physiclen end use as the buriel-trer	Medical	rasulting in daath) Last		Dua to (or as	a consequi	ance or):								
Box	eath cert ettendin			d											
10	0 0 0	Physician/	Part II. Other eignificant conditions	a contributing to death h	out not resulting	a la the una	tertving cause giv	van in Part I	23h Did to	phacco use co	ntribute to	the cause of death?			
P.0	t the de by the teched	hys	100 0 1 d	`	١.	9	surrying succes give	art to	1□ Y	/		babiy 4 ☐ Unknown			
	requires thet een signed b	by F	Mahapell	c aucto	717					44,110					
Records,	v raquire been si		Nic						24a. Was a	n autopsy		ara autopsy findings allabla prior to			
ecc	S S	ple	010	0					parior	111001	co	mplation of ceuse daath?			
	w	Completed	Ceralian	1 Um marc	1 an	rent			1 🗆 Y	es a No	10	☐Yas 2☐ No			
Vital	ysiclan: The	Be	25. Was cesa refarrad to medical axaminar?	Contore f	1			26. Place of Dea	th (Check only or	ne)					
of V	0 0	2	1 Yas 2 No	Hospital: Inpati	ant 2 ER/	Outpatient	3□ DOA Oth	nar: 4 Nursing H	oma 5 🗆 Rasida	ance 6 Oth	ar (Specif	y)			
0	ng Pt ter th		27. Mannar of Death 1 Naturai 5 □ Panding	28a. Data of Inju (Month, Da	iry 28t	b. Tima of injury	28c. Injui Wo	ry at	28d. Dascribe h	ow Injury occur	red				
Ö	Attending or death.	atic	2 Accidant investigation	tion	, , , , ,	nijan y		Yas 2□No							
Division	or Atte	Certification:	3 ☐ Suicida 6 ☐ Could no 4 ☐ Homicida detarmina	ad 28a. Place of in	jury - At homa, c. (Spacify)	, farm, stree	et, factory, office		28f. Location (S City or Town		er or Rura	I Routa Number,			
٥	Ital or irs effer al Dir led in														
	To the Heapital or Attending Ph within 24 hours efter death. To the Funeral Director: After th completely filled in by the funeral	edical	(Check only	Physician: To the best	f examinetion	ige, deeth o and/or inve	occurred at tha tirestigation, in my o	me, dete end place, ppinion, death occur	end dua to tha c	ausa(s) end ma lete end place.	anner es si and dua to	ated. tha cause(s)			
	thin the	Med	one) 29b. Signatura and titla of certifiar	and mannar st	ated.		29c. Licans								
	5,₹,₹,8	-	200. Signatura and titla of Certifial	,	1_	_			2	29d. Data signed (Month, Day, Year)					
	5,	-	00 None and 111		*	1.05	D226	39		Itug 9	1,19	96			
	15		30. Nama and eddress of person wh	A STA	teath (Item 23)	AAAA	7215 St	uite B Ha	nover Da	arkwaw (Green	ibelt MD			
1	Sta	te	31. Data filed (Month, Day, Year)	32. Rigist	ar's Signature		,				J				
	ola Renistr		MAUG 1 3	1996	Moules	chail	-01								

State of Maryland / Department of Health and Mental Hygiene

						$C\epsilon$	ertificate	e of	Death			Reg. No.					
	Physic	ian	Decedent's Neme (First, Middle								2. Dete of D Month	eeth	Yeer	3. Time of			
	/Medi					Rose La	Faive				Augus		1996	6:15	5 am		
	Exami	ner	4a. Feclify Neme (If not Institution 6336 Cedar Lane	3 1111 111 III	umber)				4b. City, To		ocation of Dea		nty of Death ard				
8	Funeral		5. Sociel Security Number	6. Sex	7. Age (In)	rrs. lest birthdey					8. Dete of B	irth	9. Birth	plece (State o	or Foreign		
	Director		381-22-7376 Usual Residence of Decedent	1□M 2ØF	95	Yrs.	Months	Deys	Hours	Min.	July	irth 28,1901	Mic	nigan			
	/land		10a. Stete 10b. County		10c.	City, Town or L	ocation							10d. Inside Cl	Ity Limits		
	8a-f sh	Funeral Director	MD Howard	3	C	olumbia								1 🗆 Yes	2 N 0		
	ith to	2	10e. Street end Number				10f. Zip						0g. Citizen of Whet Country?				
	23a	<u>a</u>	6336 Cedar Lane				210	-			USA						
	er de	nu	11. Meritel Stetus	Armed F		n U,S. 13.	Wes Deced If Yes, spec	lent of h	Hispenic Ori en, Mexice	igin? (Sp n, Puerto	pecify Yes or No Ricen, etc.)		Rece - Ameri Biack, White				
21215-0020	72 hours efter death with the Meryland naturel, or items 23s or 28s-f show areal Examiner rount be notified at	Be Completed by F	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	If Yes G			1□Yes 2	2 %) No	Specify:	•		Spe	city: Whi	te			
5-0	72 hours "naturel",	ete	15. Deceden (Specify only higher	t's Education)	16a. Deci	edent's Usue	i Occup	pation during mos	at of work	kina	16b. Kind o	Business/îr	idustry			
121	filed within Hygiene.	du	Elementery/Secondery (0-12)	1	(1-4or 5+)		e kind of wor DO NOT us		d)				_				
	filed w Hygie offher th	S	Grade 12			Book	keepe	er					y Com	pany			
and	be did off	Be	17. Father's Neme (First, Middle,	Last)								e, <i>Maid</i> en Sun	, Maiden Sumeme)				
2	should be nd Mentel marked o	ို	Dominic Rochon						Mary								
Maryland	12 she h and lis me		19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip. Richard Cusick 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip. 6108 Goodman Road, Laurel, Maryland 20707														
	1 end Health am 27		Richard Cusick nephew 6108 Goodman Road, Laurel, Mary									-					
0	Peges 1 nent of P nrt: If its		20e. Method of Disposition 1 ☐ Buriel 2 ☐ Cremetion	3 ⊠Removel from		cemetery, cre	emetory or of	ne of ther pla	ce)	į	Dete	20c. Location	on - City or T	own, Stete			
E			4 □ Donetion 5 □ Other (S	pecify)		oly Tri	nity C	eme	tery	8	3/10/96	Fowler	, Mic	nigan			
Baltimore,	Departr Importu eny Inje		21. Signeture of Puneral Service Licensee Donaldson Funeral Home, P.A.														
	907 9 9		Donaldson Funeral Home, P.A. 313 Talbott Ave. Laurel, Maryland 20707-4389														
	Physician		0/				_]	Onset and D	Deeth		
Ŧ.	/Medical		Immediate Cause (Final disease or condition Carkinson Disease										9 May	the			
п	Examiner		resulting in death) Due to-(or as a consequence of):												71.17		
-	D #	Examiner	Right (Sider) Congestive Heart failure											-	_		
	certificata be executed ding physician and se es the buriel-trensit	Ea	Sequentially list conditions, Due to (or es a consequence of):														
30,	yan g		Sequentleily list conditions, if eny, laading to immediate cause. Enter Underlying Ceusa (Disaase or injury	. 0	1 thm	-0_							i	-	-		
68760,	sata b shysic the b	dica	that initieted evants resulting in death) Lest	0	Due to	(or es e conse	s e consequenca of):										
X 6	ing p	Medical	ž – – – – – – – – – – – – – – – – – – –														
Bo				0													
0	0 0	Physician	Pert II. Other significant condition	ns contributing to d	leath but not	resulting in the	underlying ca	ause giv	ven in Pert I	l.	23b. Dic	l tobacco usa	contribute 1	o the cause o	of death?		
9.	\$ \$ \$ \$		Hungara	10 (9 00)	pa				1 Yes 2 No 3 Probably								
s,	8 5 8	by	-13403	J can													
0	requir been s should	ted	-		T						24a. We	s en autopsy formed?	en	ere autopsy fi vailable prior to	0		
Records,	2 S S	ğ					<u></u>						ol	ompletion of ci death?	ause		
H	Pa est	Completed			-						1 🗆	Yes 2 N	1	□ Yes 2	No		
Vital	Physician: The this certificate ral director, pag	Be (25. Was casa rafarred to medical examinar?						26. Piece	a of Deet	th (Check only	опе)					
of	ysic lis ce	2	1 ☐ Yes ≱ No	Hospital: 1 🗆	Inpatient 2	☐ ER/Outpatie	nt 3 DO	A Oth	ner: 4 🗆 Nu	ursing Ho	ome 500 Hes	idanca 6 🗆	Other (Speci	ty)			
L	After th funeral		27. Mannar of Deeth Natural 5 Pendin	28a. Dete	of Injury oth, Dey Year	28b. Time (of 28	Bc. Injur Wor	ry et rk?		28d. Describe	how injury oc	bernuc				
Division	Attending or death. actor: After by the fune	Certification:	2 Accidant investig	ation -		1 11 11 11 11	М		Yes 2	No							
Ž	or Attendent efter deatl Director: In by the	Ħ	3 ☐ Suicide 6 ☐ Could r 4 ☐ Homicide determ	ined 28a. Plece	e of Injury - A ling, atc. (Spe	t home, ferm, s	treet, fectory,	, office			28f. Location	(Street and Nu	mber or Rur	al Route Numi	ber,		
	rs efter or all Dir	Ö									_						
	To the Hospital or A within 24 hours efter To the Funeral Direct completely filled in the completely filled in the complete of	edical	29a. Certifier (Check only one) 2 Medical 1	g Physician: To the Examiner: On the b end men	e best of my leasts of examiner steted.	(nowledge, deei inetion end/or in	th occurred anvestigetion,	t the tir	ma, date en opinion, dae	d pleca, th occur	end due to the red at the time	ceuse(s) and , dete end plac	mannar es : e, and due t	itated. o tha cause(s))		
	To the within 2 To the	Me	29b. Signeture end title of certifier	2		-	29c.	Licens	se number			29d. Dete sig	ned (Month,	Day, Year)			
) OX /		(A)	SOPAL	mat		241	M		8	12.10	1			
			30. Nema end eddress of person	who completed caus	se of death #	19 23e) (Tune	Print)	U	010	00		0	14	6-			
	4		5072 Ar	70. N. 11	Oh, in	11/07	PIIA	Call	CH	h 1	W 7	1047					
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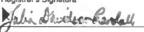
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					State o	f Maryla	and / D	eparti Certif	ment of icate of	Health and I Death	Mental H	ygiene	96	25142	
	14. 71		1. Decedent's Name	(First, Middle	, Last)						2. Data of D	eath		3. Tima of Death	
	Physic /Medi		IRENE	NA	THLEY	LIGH	Т				AUGUS	11, 19	Yaer 96	2:12 A.N	
	Exami		4e. Facility Neme (If							4b. City, Town, or L					
1	Exami		COLTON	VILLA	NURSINO	CEN	TER			HAGERS	TOWN		HING		
Ī	Funeral Director		5. Social Security Nu 213 – 12 – 7	ımber	6. Sex 1 ☐ M 2 ☐ F						8. Dete of E	9. Birthplece (State or Foreign Country) VIRGINIA			
	pu »		Usuel Residence of I			40.	Oh. T								
	anyla show	<u>_</u>	117	10b. County	NOTON		City, Town							10d. Inside City Limits	
	the Marylar 28a-f show nothing	act o	MARYLAND		NGTON	П	AGER							1 No Yes 2 No	
	with or	늄	10e. Street end Num		111103/			1	Of. Zip Code	1.0			izen of Whet Country?		
	a 23a	Funeral Director	750 DUA	L HIG		1	11.0	40.11	2174			U.S			
	Herma Herma	n	11. Marital Status		Armed Fo	12. Wes Decedent Evar In U,S. Armed Forces? 13. Wes Decedif Yas, specify Yas, specify Yas, specific				Hispanic Origin? (Si ban, Maxican, Puert	pecify Yas or No Rican, atc.)	lo- 14. Ra- Ble	ca - Amar ck, White	lcan Indien, , atc.	
21215-0020	al', or	by	1 Never Marrie		If Yes, Giv	1 ☐ Yes 2X No If Yes, Give 1 ☐ Y Yeer or Datas:						Specia	y: WH	ITE	
5	n 72 hc	ete	(Specif	 Decedent fy only highes 	's Education t grade completed)		16a.	Decedent' (Give kind	of work don	upation a during most of work ed)	king	16b. Kind of 8	usiness/l	ndustry	
12	be filed within tall Hygiene.	Completed	Elementary/Secon	ndary (0-12)	Collega (1	-4or 5+)	1					NULDCT	NO II	OME	
	filed with Hygiene ther the		17 Fethods Name //	Circl Middle 1	l and l		NU	ROTIN	6 A55	SISTANT	- (E) - 14: 44	NURSI		UME	
Maryiand	S a b >	Be	17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maidan Sumeme)											W1 0 5	
Z.	should nd Men marke	10	CHARLES THOMAS BEACH SUSAN VIRGINIA 1											YLOR	
Baltimore, Ma	s 1 end 2 should f Health and Mer Item 27 Is marks other trsumstic		19e. Informent's Neme/Reletionship (<i>Type, Print</i>) 19b. Melling Address (<i>Street</i> end <i>Number</i> or <i>Rural Routa Number</i> , <i>City</i> or <i>Town, State</i> 938 POPE AVENUE, HAGERSTOWN, MD.												
	00-		20e. Method of Dispo 1 Deurial 2 4 Donetion	Cremetion	3 □Removal from pecify)	Stete	cemetery	, cremeto	n (Neme of ry or other pl CEMET		Dete 14-95	20c. Location		own, State MARYLAND	
	permit. Pege Department Important: If any injury or once.		21. Signeture of Fun	nerel Service L	icansaa	1/1				COFFMAN		L HOME,	INC.		
			23e. Part1. Enter the	a disaase, or	complications that	aused tha de	eth. Do n	ot anter th	E. AN	TIETAM STE ring, such as cardiac	or respiratory	AGERSTON	N, M		
	Physician /Medical Examiner		Immediate Cause (F	Final	only ona cause of	ech lina.	e	fe	SP -	- 11	u			Approximate interval Between Onset and Death	
x 68760,	death certificate be executed e ettending physician and d for use es the burial-transit	/Medical Examiner	Sequentielly list con- if eny, leeding to Imrause. Entar Underl Cause (Disease or inter that intilled events rasulting in death) Le		c. Po	54/11 Dug to 44/2 b	(or es e co	onsequence We	oo'of):						
ls, P.O. Box	the the	by Physician/Mec	Part II. Other signific	cent condition	ne contributing to de	eath but not r	esulting in	the under	lying cause g	given in Pert I.		d tobacco use co	ontribute 3 🗆 Pro	to the cause of death?	
Records	e law requires that hes been signed b je 2 should be det	Completed b										s an autopsy formed?	a	Vere autopsy findings vallabla prior to ompletion of causa f daath?	
=	는 월	ပ္ပ									1 🗆	Yes 2 No	1	□Yas 2□No	
Vital	Physicien: The this certificate and director, page	Be	25. Was case ratarre exeminer?	ed to medical						26. Piece of Dee	th (Check only	one)			
of \	nyslo	2	1 ☐ Yes 2 10 A	16	Hospital:	npatient 2	□ ER/Out	patient 3	DOA O	ther: 4 Nursing H	oma 5 Ra	sidence 6 □Otl	ner (Spec	ify)	
ion	aling h. After fune	ation:	27. Menner & Death 1 Neturel 5 Pending (Month, Dey Year) 2 Accident Injury (Month, Dey Year) M							ury et ork? □ Yes 2 □ No	28d. Describe	how injury occur	red		
Division	P 등 등 역	Certification:	3 ☐ Suicide 4 ☐ Homicide	ot be ned 28e. Place building		fectory, office		ber or Ru	rel Route Number,						
	To the Hospital or within 24 hours efter to the Funeral Dir completely filled in	edicai (29a. Certifler (Check party 2 one)	Medical E	Physician: To the examiner: On the be	isis of exami	nowledge, netion and	deeth occi	urred et the t gation, in my	time, dete end plece, opinion, death occur	end due to the	e cause(s) and m o, dete end place,	anner as and due	stated. to tha cause(s)	
	To the Comp	Me	29b. Signature and b	to of custified	L	A	4.0	_		se number		29d. Date signe	d Panth GX	Day, Year)	

State Registrar

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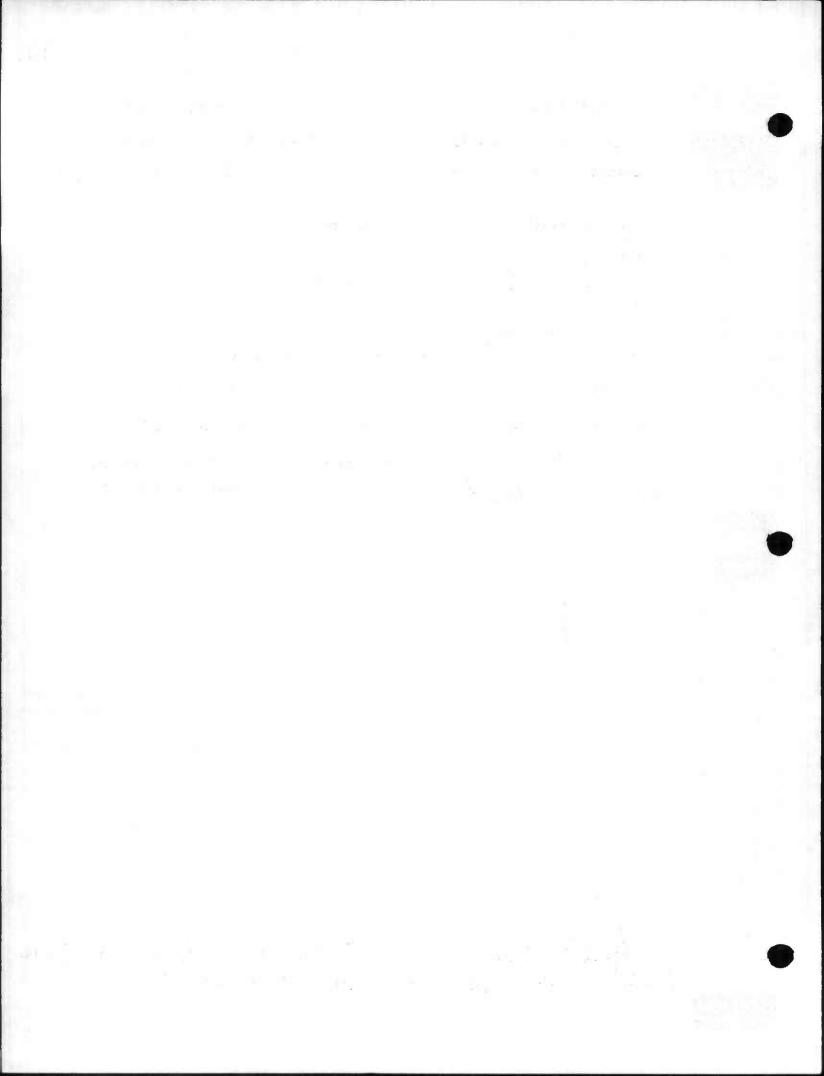
State of Maryland / Department of Health and Mental Hygiene 96

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							Cen	tificate d	or Dea	atn		Reg. N	lo.			
	Physici /Medic		1. Decedent's Neme PHILLIP	(First, Middle, Las Parra n	*	CEY					2. Dete of Month Augus	D	еу . 5	Yeer 1996	3. Time of Death 02:00 A.1	
j	Examir		4a. Fecility Neme (If n	not institution, give	street end number)				4b. Cit	ty, Town, or l	Location of De	eth 4	c. County	of Deeth		
F	uneral		St. Mar	mber 6. Se		e (In yrs. las		If Under 1 Your Months De	er If U	eonar Inder 24 Hrs. burs Min.	dtown 8. Dete of	Birth Dey, Yea		Mary 9. Birthp	S place (State or Foreign	
D	irector		217-36-5	756	AM 2UF 9	0	Yrs.	Mioritino De	, , , ,	1,1111	Oct 3			MD	(1))	
pug	3		Usuel Residence of D	Decedent 10b. County		10c City T	own or Loc	ation		~				1	0d. Inside City Limits	
Aaryl	o a a	5	MD		rys		ptico								1 Yes 2 No	
the A	288	Director	10e. Street end Numb		Lys	Ona	pere	10f. Zip Coo	la			100 0	dinam of t	What Coun		
with	2 2				5 D 1 D 6	2 17/			F			log. c		riffiat Court	nty r	
eath	E 23	Funeral	23910 Old Ch.	aptico Wha	ri Kd. P.O. 12. Wes Decedent			2 0 6 /as Decedent		ic Origin? (S	No-	USA	e - Americ	an Indien		
ore, Maryland 21215-0020 Is 1 and 2 should be filed within 72 hours after death with the Marylan of Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28st show other traumatic event, the Medical Example must be notified as	른	F	1 Never Merried	2 Merried	Armed Forces? 1 ☐ Yes 2X 1	No	If	Yes, specify C	Suben, Me	exican, Puert	o Rican, etc.)			ck, White,		
Nurs a	E. E.	by	3 ☐ Widowed 4	□Divorced	If Yes, Give Yeer or Detes:		1	Yes 20	No Sp	ecify:		Specif	Whi	te		
Naryland 21215-0020 2 should be filed within 72 hours after death with the Maryland and Mental Hygiene. The marked other than 'natural', or flems 29a or 28a-1 show manned your than 19a or 28a-1 show than the file of the control of	alest a	Completed	(Snecit	5. Decedent's Edu only highest great	ication	1	6e. Decede	ent's Usuel Oc	cupation	most of wo	rkina	16b.	Kind of B	usinass/inc		
ithin 6	1	np/e	Eiementary/Second		College (1-4or 5	5+)	life. D	O NOT use re	one during most of working stired)							
w bel			7				Farm	ner					arm	C/ (A)		
d 2 should be file	90 pd	Be	17. Fether's Neme (Fi								ne (First, Mide					
bluor J Mer	nark	To	Charles					Call Carolina			dmoni					
d 2 s			19e. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Margaret T. Lacey/Spouse P.O. Boy 176. Chaptico MD 20621													
1 and 2 Health ar	em 2 other			Da. Method of Disposition 20b. Placa of Disposition (Neme of Dete 20c Location - Cin									City or To	own State		
ages	thent crant: H		PD Burlei 2 □ Cremetion 3 □ Removel from State 4 □ Donetion 5 □ Other (Specify) Sacred Heart Ceme													
mit. Pages 1 ar			21. Signeture of Fune			emetery 8/19/96 Bushwood,										
P 90	any ir		har	0.04	16	1					r Fune	ral 1	Home	, P.A		
-	_		23a. Pert1. Enter the	diseese, or comp	icetions that caused	the deeth	P. Po not enter	O. Box	270	, Leon	ardtow	n, M.	aryl:	and 2	0650 Approximete	
Dhu	sician		23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset and Death													
	edical		Immediete Ceuse (Fi	nel	0	. 1.		n. L	0	- 1 - 6				į	and days	
Exa	aminer		e. Cardio respiratory tailure one Due to (or es a consequence of): Sepsis												one gag	
77	=	ner													one week	
cute	nd	Examiner	Sequentielly list conditions, Due to (or as e consequence of):											الر سحور		
0 00	lan a															
certificate be executed	ding physician and ise es the burial-transit	n/Medical														
certific	nding g	Me												i		
	or	clan														
The law requires that the death	igned by the a be detached f	Physicia	Pert II. Other significa													
that	deta	by Pt											3 Prot	bebly 4 Unknow		
ne law requires t	uld be											es en aut	opsy	24b. We	ere eutopsy findings	
×	s peen si	olete									p€	rformed?		COI	eilable prior to mpletion of cause death?	
lhe la	page 2	Completed									11	☐ Yes	2 🔯 No		□Yas 2□ No	
	certificate rector, pag	BeC	25. Was case referred	d to medical					26.	Plece of Dec	eth (Check on				3740 22310	
Physician:	direc	TOE	exeminer? 1 ☐ Yes 2⊠No	0	lospitel:	nt 2 ER	/Outpatient	3□ DOA	Other		lome 5 R		6 □Oth	er (Specify	v)	
. g	her th		27. Menner of Deeth	5 (C) Daniel	28e. Dete of Injur (Month, Day	ry 28	b. Time of Injury	28c. I	njury at Work?		28d. Descrit					
or Attending after death.	Ar: Af	atlo	2 Accident	5 Pending investigation	(month, Day	, , oui,	пушу		Yes	2 🗆 No						
r Atte	i Director: After to d in by the funera	Certification:	3 ☐ Suicide 4 ☐ Homicide	8 Could not be determined	28e. Pleca of Injubuilding, etc.	ury - At home	, ferm, stre	et, fectory, offi	Ce		28f. Location	(Street e	end Numb	er or Rure	I Route Number,	
Ital o	le le le le le le le le le le le le le l									_						
To the Hospital or Attending within 24 hours after death.	To the Funeral Dir completely filled in	edical	(Check only 2)	Certifying Phys Medical Exami	sician: To the best of ner: On the besis of	examinetion	dge, death o	occurred at the	e time, de	te end placa , deeth occu	, and due to the	ne cause(s) and me	enner as st	eted. the cause(s)	
thin 2	mple	Med	one) 29b. Signature end titl		end menner ste	eted.			ense num							
₽ ¥	2 8		290. Signature end til	Lut)							d (Month, i		
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			DR . MOHAMM			eeth (Item 23		rint) LEONAR	ከፐርኒካ	N.MD 2	0650					
	Sta	to				er's Signature			DIOW.	LT 9 LILL 6 Z	.0000					
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State of Maryland / Department of Health and Mental Hygiene 96

						Ce	rtificate	e of	Death			Reg. No.				
			1. Decedent's Neme (First, Middle, La	ist)							2. Dete of De Month		Vana	3. T	lme of D	eeth
	Physici /Medi		John Henry Lak	kin, Jr.							August	Dey	1996	7:	55	P.M.
	Exami		4e. Fecility Neme (If not institution, give	e <i>street</i> end nu	m <i>ber)</i>				4b. City, To	own, or Lo	ocation of Deeth	4c. C	County of Dee	ith		
			Frederick Memo	orial Ho	spital				Frede	erick		F	rederi	ck		
	Funeral Director		5. Social Security Number 214-16-1707	Sex 1⊠M 2□F	7. Age (In yrs. 78	lest birthday) Yrs.	If Under Months	1 Year Deya		24 Hrs. Min.	8. Dete of Bir (Month, Da Oct.29	y, Year)		thplece (Sountry)		Foreign
	puo *		Usuel Residence of Decedent 10a. Stete 10b. County		10c Cit	ty, Town or Lo	cation							10d Inc	ide City	8 Innies
	h the Marylend r 28a-f show	5			100.01										Yes 2	
	28a	ect	Maryland Frederi	LCK		Wo	odsbo				<u> </u>	10m Citim	on of What C			
	With	ក្ន		. 1			TOT. ZIP		21700				en of Whet C	ountry r		
	m 23a	eral	10504 Dorcus F		edent Ever in U	19 12	Wes Deced		21798	lain? (Sn	agifu Vac or No		U.S.A.	arican Ind	ien	
020	72 hours effer death with the Marylend naturel; or itema 23a or 28a-f show dical Examper must be notified at	by Funeral Director	1 ☐ Never Married 2 Merried 3 ☐ Widowed 4 ☐ Divorced	Armed Fo	orces? 2 ☐ No ve				Specify		ecify Yes or No Rican, etc.)		Bleck, Whi		ion,	
21215-0020	72 hours "naturel",	Pe	15. Decedent's E	ducation		18e. Dece	dent's Usue	l Occu	petion			16b. Kin	d of Busineas			
215	within 72 ene. than "na na Wadi	Completed	(Specify only highest gra Elementery/Secondery (0-12)	ade completed)	1 Apr E v	(Give	kind of wor DO NOT us	k done	during mos	t of work	ing			,		
21	ges 1 and 2 should be filed within 72 hc to Health and Mental Hygiene. If item 27 is marked other than "nature or other treumatic event, the Medical	E 0	7	College (1-40r 5+)	cashi	er/st	ock	cler	k/pr	oduce	g	rocery			
	other file	Be C	17. Fether'a Neme (First, Middle, Last,)					1		e (First, Middle,	Meiden S	Sumame)			
lar	Ald by Aenta rked rked tic ev	To B	John H. Lakin, Sr						N	lary	Ellen Brown					
Maryland	2 should be filed v and Mental Hygie ie merked other ti reumetic event, to		19e. Informent's Neme/Reietlonship (Type, Print)		19b. Mellin	ng Address	(Street			al Route Numbe		Town, Stete,	Zip Code)		
	alth ar 27 io er treu		Isabel M. Lakin/	wife		10504	Doro	cus	Rd.	Wo	odsboro	MD.	21798			
ore	of He of the		20e. Method of Disposition			Pleca of Dispo	sition (Nem	ne of			Date	sboro, MD 21798 20c. Location - City or Town, Stete				
Baltimore,	permit. Peges 1 and 2 a Department of Health ar important: If Item 27 ie any injury or other treu stics.		1 ☐ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specif		State	cky Hi				8	/10/96	nr l	Joodsho	oro, MD		
	mit.		21. Signature of Funerel Servica Licer	nsee	/ /					ib.					110	
m	20119		21. Signature of Funeral Servica Licensee 22. Name and Address of Facility Hartzler Funeral Home Woodsboro, MD													
	_	Н	23a. Pert1. Enter the disease, or com shock, or heart fellure. List only	plicetions that	auges the deet	th. Do not ent	er the mode					rrest,		Appro	ximete	
١.	Physician		shock, or heart fellure. List only	one cause on	agb.fine.		1	7						Interv	al Betwe end De	
	/Medical		Immediete Ceuse (Finel	TI	n don	mor	1 1		~	On.	neer			4	M	0
	Examiner		disease or condition resulting in death)	1	Drug to /s	or as a consec			7	car				1	110	-1
		ě		V	540 10 (0	A 88 8 501960	(anion or)		O					1		
Ć,	death certificate be axecuted e attending physician and of for use as the burlal-transit	Examiner	Sequentielly list conditions, if any, leading to immediate cause. Enter Undertying Cause (Disease or Injury that initiated events	b. ————	Due to (c	or as e consec	juence of):							1		
68760,	sicia bur	edical	Cause (Disease or Injury that initiated events thet initiated events Due to (or ea e consequence of):										-			
	tifica g ph as th	Med	resulting In deeth) Lest											i		
Box	iras thet the death cert signed by the attendin d be deteched for use	Z.	d .													
	deat	Physician/	Pert II. Other significant conditions of	ontributing to de	eath but not res	ulting in the u	nderlying ca	ause ai	ven in Part	l.	23b. Dld	tobacco u	rse contribute	to the c	euse of	death?
P.0	t the	اکما					, ,				12	Yes 2	No 3□P	robably	4 🗆 U	nknown
	and and and and and and and and and and	by F													-	
Records,	v requiras thet the been signed by th should be detech	8									24a. Wea	an autops	sy 24b.	Were aut	opsy fine	dings
၁၁		pie									pone	ATTIOG !		completic of death?	n of cau	158
	The lev ata hes page 2	Completed									10	Yea 22	No	1 ☐ Yes	2 N	0
Vital		Bec	25. Wes case referred to medical						28. Place	e of Deetl	h (Check only o	me)				
f <	Physician: rthis cartific ral director,	70 E	exeminer?	Hospitei:	Inpatient 2	ER/Outpetier	it 3□ DO	A Ot	her: 4 🗆 Ni	ursing Ho	me 5 Resid	dence 8	□Other (Spe	ecify)		
Jo L	g Ph arthi		27. Menaer of Death	28a. Dete	of Injury th, Day Year)	28b. Time of	21	Bc. Inju Wo			28d. Describe I					
0	Attending r deeth. ector: Aftar by the fune	atio	1. ✓ Naturel 5 ☐ Pending 2 ☐ Accident investigation		in, Day rour,	Hijoty	М		Yes 2□	No						
Division	or Attending effer deeth. Director: Affar In by the fune	EFE C	3 ☐ Sulcide 6 ☐ Could not b 4 ☐ Homicide determined	e 28e. Pleca	of Injury - At he	ome, ferm, str	eet, fectory	, offica			28f. Location (S City or Tox	Street end	Number or R	ural Route	Numbe	91,
Ö	s effe s effe i Dir ed in	Certification:	4 110111000	Dulidi	ng, etc. (Specii	y)					City bi 10i	WII, SIGIGI				
	papit hour mere ly fills		29e. Certifier (Check only 2 Medical Evan	ysician: To the	best of my kno	wledge, deeth	occurred e	t the ti	me, dete er	d pleca,	end due to the	ceuse(s) a	and menner a	s steted.		
	To the Hospital or Attending Phy within 24 hours efter death. To the Funeral Director: After thi compietaly filled in by the funeral	edical	(Check only 2 Medical Examone)	end men	asia of examine ner steted.	mon end/or in	restigetion,	an my o	opinion, dec	en occurr	ed et the time,	oate end p	piece, and du	e to the ca	iuse(s)	
	To the To the Com	Σ	29b. Signature and title of certifier	. /			29c	. Licens	se number			29d. Date	signed (Mon	th, Dey, Y	ear)	
			► NUL	(12 M)			17	17	65	16		Hugi	120	8	19	96
			30 Mamu and address of person who	completed caus	e of deeth (Iten	n 23e) (Type,	Print)		1			-		-	LL	-
			H1150 J. C1	Son	1475	TAME	1 N	E	TR	ED	MO	211	02			
	Sta	ite	31. Date filed (Month, Dey, Year)		egistrer's Signe	eture										
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Manufand / Department of Health and Mental Hygiene

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1	Dhamla		1. Decedent's Nema (First, Mide	die, Last)								2. Data of Do	eath Dey		Year	3. Time	of Death
	Physic /Medi		Gallie	e Irene	Manis	5						July	27	19	96	10:	30PM
	Exami		4a. Fecility Neme (If not institution	on, giva street	and number)				4b.	. City, To	wn, or Lo	cation of Dea	th 4c.	County of	of Deeth		
			1511 Lochaber	Court						Gler	n Bui	mie	. 2	Anne	Aru	ndel	
	Funeral		5. Social Security Number	6. Sex	7. Ag	a (In yrs. last b	pirthdey)	If Under 1 Y		If Undar	24 Hrs.	8. Data of Bi (Month, D					e or Foreign
	Director		220-30-3664 Usuel Rasidance of Decedent	1□ M 2	ZŽ F	62	Yrs.	Months De	eys	Hours	Min.	Nov 19	, 19:	33	Count West	Viro	ginia
	yland		10a. Stata 10b. Count	у		10c. City, To	wn or Loc	cation					-		10	d. Inside	City Limits
	ith with the Marylar 23s or 28s-f show	Ş	Maryland Anne	e Arund	lel	G]	len E	Burnie							_ 4	1 🗆 Ya	as 2 No
	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	9	10e. Straat and Number			1		10f. Zip Cod	de				10g. Citiz	en of W	hat Count	iry?	
	th wi	a	1511 Lochabei	Court				2	2106	51			Ur	nite	d Sta	ates	
	Herra Herra Inst. m	ner	11. Marital Status	12. W	es Decedent med Forces?	Evar in U,S.	13. W	Ves Decedant	of Hisp	panic Ori	gin? (Spe	ecify Yas or Ne Rican, atc.)	0- 1		- Amarica		
020	9 9 E	by Funeral Director	1 ☐ Navar Married 2 ☐ Ma 3 ☐ Widowed 4 【※ Divorce	rried 1 I	Yes 2X Yas, Giva Par or Detes:			☐ Yas 2☐X			i, Puerto	rican, atc.)		Specify:	white, a		
9-0	"natural".	P	15. Decede	nt's Education	-1-1-11	166	a. Deced	ent's Usuel Oc	ccupati	ion			16b. Kir	d of Bus	siness/Ind	ustry	
21215-0020	within ene. than	Be Completed	(Specify only high) Elementary/Secondery (0-12)	T	<i>pleted)</i> ollege (1-4or !	0+)	life. D	ent's Usuel Ockind of work do NOT use re	ona du etired)	iring mosi	of work	ing	Sta	ate i	of Ma	arvl s	bre
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an	Mental Mental or marked or	ToB	Charles L. J	Johns						Gal	lie	L. Joh	ns		,		
Maryland	2 should and Mile meri	F	19e. Informent's Name/Reletion	ship (Type, Pi	rint)	19	b. Meilin	a Addrass (St	treet an	nd Numbe	er or Run	al Route Numb	per City or	Town 5	State Zin	Codel	
X	ith ar		Mrs. Yvonne Bos		*							Slen Bu					1001
٠	of Health of Hea		20e. Method of Disposition	SCTIIGI	/ Daugi	20b. Plece	of Dispos	ition (Neme o	of			Dete Dete			City or To		21061
Baltimore,	permit. Pages Department of I Important: If it any injury or o		1 ⊠Buriei 2 ☐ Crametion 4 ☐ Donetion 5 ☐ Other (al from Stete			atory or other			17	-31-96					1400
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			23a. Part1. Enter the diseese, of shock, or heart feilure. Lis	or complication	s thet caused	the death. Do	not ente	r tha mode of	f dylng,	such as	cardiec o	or respiratory a	arrast,		-	Approxim Intarvai B	
	Physician			•												Onset an	d Deeth
7	/Medical Examiner		Immediete Causa (Finei disease or condition	Α.	Chi	mil	res	rail /	jaul	hurp					1	24	123
в	LAdillilei	_	rasulting in death)	·	2	Dua to (or es e	e consequ	uence of):								104	
	ed sit	uju		b	Dia	vetes	m	etilu	2						1	109	10)
	The law requires thet the death certificate be executed at a has been signed by the attending physician and page 2 should be deteched for use as the burlat-trensit	Medical Examiner	Sequentially list conditions, if eny, leeding to immediate causa. Enter Underlying Cause (Disease or injury that initiated events			Dua to (or es e	consequ	uance of):									
68760,	siciar buri	-B	Cause (Diseese or injury that initiated events	c		Total Property											
68	ficate p phy as the	b	resulting in deeth) Last			Due to (or as e	consequ	ence of):							i		
Box	anding USB 8	N		d										_			
	es thet the death certigned by the attendin be deteched for use	Physician/N	Pert II. Other eignificant conditi	ons contributi	ng to death b	ut not resulting	in the un	deriving cause	e divan	in Part I		23h. Did	tobaccou	ine cont	tribute to	the caus	e of death1
P.0	t the	hys							o givan		•		Yes 2				Unknow
	an de de	by F	Persistent Cerchina	veg	elan	ce V	lan	<i>e</i>									
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900	e law re has be ga 2 sh	Completed	Car car op o	V)CCC	v u	C Cale.	2				-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			con	pletion o	causa
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of Vital		BeC	25. Wes case referred to medica	al	-				-	26. Plece	of Death	(Check only					
f <	ysici is ce direc	ToE	exeminer?	Hospite	i: 1 Inpatie	nt 2 ER/O	Outpatient	3□ DOA	Other:			me 5 Res		Othe	r (Specify)	
0	Attending Physician: or deeth. ector: After this certific by the funeral director,		27. Manner of Deeth	288	. Dete of Inju (Month, De		Time of Injury		Injury e Work?			28d. Describe					
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Division	r Atte	Certification:	3 ☐ Suicide 6 ☐ Could 4 ☐ Homicida deterr		. Place of injuding, at	ury - At home, f	farm, stre	et, factory, off	fice		:	28f. Location ((Street end	Numbe	r or Rural	Route No	ımber,
	rs aff	Ce				(,				
	To the Hospital or Attanding Physician: within 24 hours after deeth. To the Funeral Director: After this certific completely filled in by the funeral director.	Medical	29a. Certifier Check only one) Certifyi	Examiner: O	To the best of the besis of menner ste	of my knowledg exemination are sted.	ga, death nd/or inva	occurred et thastigation, in n	ne time, my opin	, dete en nion, deel	d place, o	and due to the ed at the tima,	cause(s) date end	and men place, e	ner es sta nd due to	ated. the cause	e(s)
	Vithin o the	Me	290. Signature and title of certific					29c. Lic	cense r	number			29d. Deta	signed	(Month, D	ay, Year)
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	6		Pany Moa	wito complete	2 kno/	eeth (item 23a)	tly	dire	(Cedus	ulr	a m	d Z	104	13		
	Sta Registr		31. Dete filed (Month, Day, Year,	0 1996	32. Registr	ar'al Signature	Rend	ill									

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25146 State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month Day Yaar **Physician** VERNON В MAY AUGUST 13 1996 6:10 PM /Medical 4c. County of Death 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death Examiner FORT HOWARD

If Under 24 Hrs.

Min.

8. Data of Birth
(Month, Day, Year) VAMHCS -FORT HOWARD FORT BALTIMORE If Undar 1 Year 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foreign Country) Maryland **Funeral** Days 1 □xM 2 □ F Months Yrs. Director 220 30 4006 Usual Rasidance of Decedant death with the Maryland 10a. Stata 10b. County worle 10c City Town or Location 10d. Insida City Limits al', or items 23a or 28a-f shore Examiner must be notified at 1 TYAS 2 XNO Director Maryland Howard Ellicott City 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 2882 Evergreen Court 21042 United States Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 14. Race - American Indian 11. Marital Status Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Black, Whita, atc. filed within 72 hours after Yas 2 No 1 ☐ Nevar Married 2 2 Married altimore, Maryland 21215-0020 natural, or 1 ☐ Yas 2X No Specify: Specify: þ Yaar or Datas: 1955-57 3 Widowed 4 Divorced White Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lita. DO NOT use ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) 5+ Chemical Engineer US Army permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: if fiam 27 is marked other eny Injury or other traumatic event once. 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Lawrence V. May Grace Bowers 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Mrs. Diana Y. May/Wife 2882 Evergreen Court Ellicott City, Maryland 21042 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 □ Cramation 3 □ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Garrison Forest Veterans 8-16-96 Owings Mills, MD 21. Signature of Funaral Sarvica Licansaa 22. Nama and Addrass of Facility Harry H. Witzke Funeral Home, Inc. Wither 4112 Old Columbia Pike Ellicott City, MD 21043 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Batween Onset and Death Physician /Medicai Immediata Causa (Final a. PNEUMONIA disaasa or condition rasulting in death) Examiner Dua to (or as a consequence of): Examiner PARKINSONS DISEASE requires that the death certificate be executed physician and s the bunal-transit Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaase or Injury that Initiated evants rasulting in daath) Last Dua to (or as a consequence of): P.O. Box 68760. lan/Medicai Dua to (or as a consequence of) for use es signed by the a Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown Records, þ 24b. Wara autopsy findings available prior to 24a. Was an autopsy peen completion of cause of death? WB page 2 s certificate hes The 1 ☐ Yas 2 X No 1 TYes 2 No Division of Vital Attanding Physician: Be 25. Was casa rafarred to medical 26. Placa of Death (Check only ona) Hospital: 1 M Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Rasidance 8 Other (Specify) ၉ 1 Yas 2 No this 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28b. Tima of 28d. Dascribe how Injury occurred After 1 Natural 2 Accidant 5 Panding Invastigation death. 1 ☐ Yas 2 ☐ No after death 6 Could not be dataminad 3 Suicida 28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) filled in by To the Hospital or A within 24 hours after To the Funeral Direc completely filled in by **4** ☐ Homleida 29a. Cartifiar Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) edicai (Check only one) and mannar statad. 29b. Signatura and titla of certifian 29c. Licansa number 29d. Data signed (Month, Day, Year) D30528 AUGUST 13, 1996 30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print) 10+1 BALA DUGGIRALA, M.D.—9600 NORTH POINT ROAD, FORT HOWARD, MARYLAND 21052 a filed (Month, Day, Year)

AUG 16 1996

State Registrar 31. Data filed (Month, Day, Year) AUG 1 6 1996

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State of Maryland / Department of Health and Mental Hygiene

25147 Amended #5, #8, 8/9/96, M.W.O., Howard Co. Certificate of Death 1. Dacedant's Nama (First, Middle, Last) 2. Data of Daath 3. Tima of Death **Physician** Month AMES 10:40 AM JU /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Howard County General Hospital Columbia Howard 5. Social Security Number 715 - 03 - 0175 - 715 03 0715 6. Sax № M 2□ F 7. Aga (In yrs. last birthday) If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth
Hours Min. (Month, Day, Year) Birthplaca (State or Foreign Country) **Funeral** Days Months Yrs. Director Pennsylvania Usual Rasidence of Decedant the Maryland 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits ortant: if item 27 is marked other than "natural", or items 23a or 28a-f show injury or other traumatic event, the Medical Examinar must be notified at 1 Yas 2 XNo Director Maryland Charles La Plata 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 844 Holly Drive 20646 United States permit. Pages 1 and 2 should be filed within 72 hours efter deeth a Department of Heelth and Mental Hygiene. Important: if Item 27 is marked other than "natural", or items 23s eny injury or other traumatic avant Funeral 12. Was Decedent Evar in U,S. Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, White, atc. 1 Yas 2X No If Yas, Giva Yaar or Datas: 1 □ Navar Married 2 □ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 25 No Specify: à Specify: 3 □ Widowed 4 □ Divorced White Completed 16a. Decedant's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade complated) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Coilega (1-4or 5+) Security Specialist Catholic University 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Surname) Edward Malloy Elizabeth Creedon 19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Mary Novak - Daughter 6145 Fieldcrest Drive Frederick, Maryland 21701 20b. Place of Disposition (Nama of cemetery, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 Buriai 2 Cramation 3 Removal from Stata 4 ☐ Donation 5 ☐ Other (Specify) Mt. Olivet Cemeterv 7-31-96 Washington, D.C. 21. Signatura of Funeral Service Licenses 22. Nama and Addrass of Facility Harry H. Witzke Funeral Home, Inc. Show a 4112 Old Columbia Pike Ellicott City, MD 21043 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximata Intarvai Between Onset and Death **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in daath) · ACUTE MYELDGENOUS LEUKEMIA Examiner Dua to (or as a consequence of): SEPSIS physicien and the buriei-transit Sequentially list conditions, if any, laading to immadiata cause. Entar Undarfying Cause (Disaasa or Injury that initiated evants rasulting in daath) Last Division of Vital Records, P.O. Box 68760 Physician/Medical Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown CHRONIC OBSTRUCTIVE à 24b. Wara autopsy findings available prior to completion of cause of death? LUNG DISEASE 24a. Was an autopsy performed? Completed peen certificata hes 1 ☐ Yas 2 No 1 Yas 2K No i or Attending Physician: efter deeth. Director: After this certific 25. Was casa rafarred to medical axaminar? 26. Placa of Death (Check only ona) Hospital: 1. Inpatiant 2 EP/Outpatient 3 DOA Othar: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) 1 Yas 2⊠ No funeral 28a. Data of Injury (Month, Day Year) 27. Mannar of Death Certification: 28b. Tima of 28c. injury at Work? 28d. Dascribe how injury occurred 5 Panding invastigation 1 X Natural 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datarmined 3 Sulcida 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28a. Placa of Injury - At homa, farm, streat, factory, office building, atc. (Specify) in by 4 Homicida To the Hospital c within 24 hours of To the Funeral D completely filled is edical 29a. Certifian 12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated. (Check only one) 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29b. Signature, and titia of certifiar 29c. Licensa number 29d. Date signed (Month, Day, Year) Kham 30. Nama and address of person who complated causa of daath (Itam 23a) (Type, Print) ABEDA ALI K Or Khan TWO KNOLL NORTH DRIVE COLUMBIA 31. Data filed (Month, Day, Year) 32. Againture Signature Randall State JUL 3 0 1996

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State of Maryland / Department of Health and Mental Hygiene 96

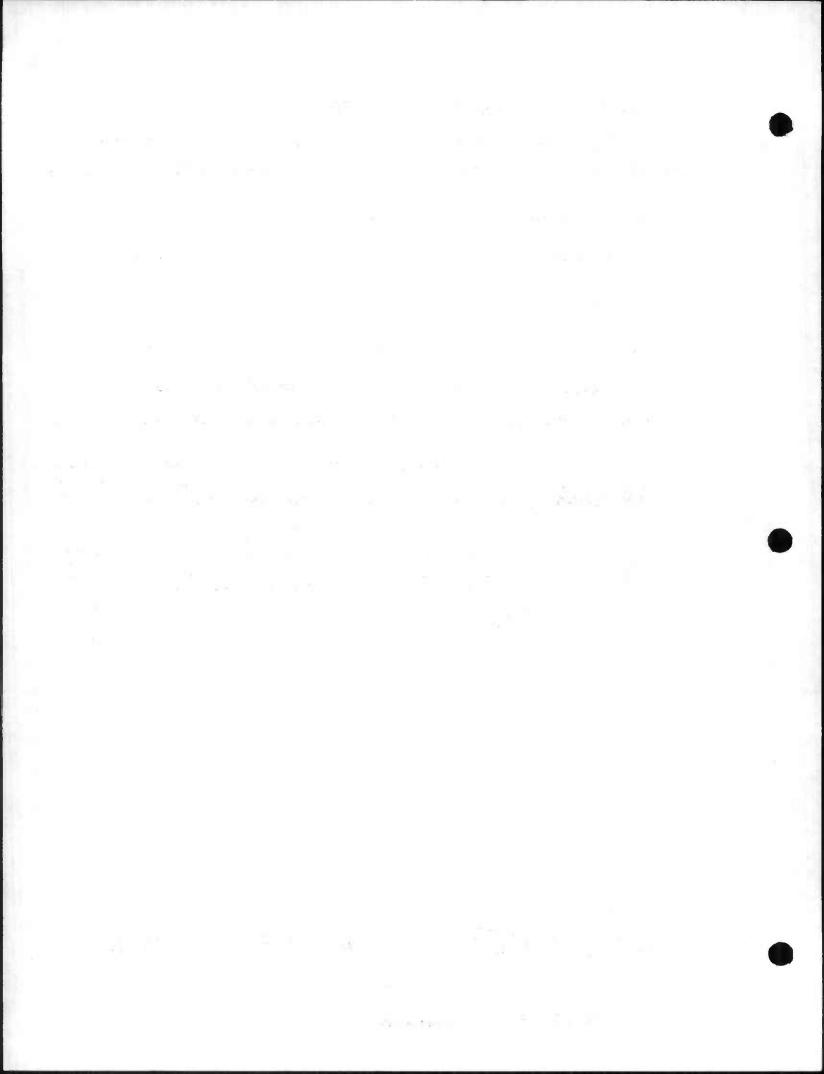
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			1. Decedent's Name (First, Middle, L						2. Dete of D	eeth	Moss	3. Time of Death
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	/Medi Exami		4e. Facility Neme (If not institution, g					4b. City, Town, o				
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Н	Funeral				e (In yrs. las		If Under 1 Yee			irth	9 Birtho	
	Director		253-30-8734 Usuei Residence of Decedent	1□M 250F 8	5	Yrs.	Months Deys	B Hours Min	Feb 19	ey, Year)	Geor	lece (State or Foreign try) gia
	show		10e. Stete 10b. County		10c. City, T	Town or Loc	ation				1	0d. Inside City Limits
	with the Maryland a or 28a-f show	ector	MD Prince 10e. Street end Number	George	Adel	.phi	10f. Zip Code			10- Chicar of	145-1-0	1 to Yes 2 □ No
	€ 23	Funeral Director	1801 Metzerott R				20783			10g. Citizen of USA		
	Herne Per me	un	11. Maritel Status	12. Wes Decedent I Armed Forces?		13. W	Vas Decedent of Yes, specify Cu	Hispenic Origin? (ben, Mexican, Pue	Specify Yes or N rto Rican, etc.)		ce - Americ	
21215-0020	72 hours after netural, or he	by	1 ☐ Never Merried 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	1 ☐ Yes 2 ☑ N If Yes, Give Year or Detes:	40	1	□Yes 2 🙀 No	Specify:		Specia	Whit	e
5-0	72 hours natural,	Completed	15. Decedent's ((Specify only highest g	Education rade completed)	1	16a. Decede	ent's Usuel Occu	upation e during most of w	orkina	16b. Kind of B	lusiness/Inc	dustry
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	od with rgiene.	00	unknown			Clerk				Clothir	ng	
pu	ai Hygie other vent, th	Be	17. Fether'e Neme (First, Middle, Las	ot)				18. Mother's No	eme (First, Middle	e, Maiden Surne	me)	
/la	should by and Menta	2	unknown					unknow	า			
Maryland	. 2 - 3		19a. Informent's Neme/Ralationship	(Type, Print)		19b. Meiling	g Address (Stree	et end Number or F	Rural Route Numi	ber, City or Town	, State, Zip	Code)
	alth alth		Ruth C. Parrish	frie	end	4111	29th St	reet, Mt.	Rainer	Marvla	and 20	712
re	S T E		20a. Mathod of Disposition		20b. Plec	e of Dispos	ition (Neme of etory or other pl		Dete	20c. Location		
E	ant of the your		1 ☐ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Spec				l Garde		8/3/96	Dann N	Touch	Conclina
Baltimore,	Department Important: any Injury		21. Signature of Funeral Service Lice		Devo		Neme end Add		0/3/90	Dunn, N	orth	Carolina
Ba	permit. Peges 1 and 2 Department of Health e Important: If Item 27 is any Injury or other tra		1/	7 11		Do	naldson	Funeral				
	-		220 Part Francis	alle				tt Ave. I			2070	
			23a. Pert1. Enter the disease or conshock, or heart follows: List onf	nplicetions thet caused y one ceuse on eech lir	the death. I ie.	Do not ente	r the mode of dy	ing, such es cardi	ac or respiretory	errest,	i i	Approximete Intervel Between
	Physician										i	Onset end Death
1	/Medical Examiner	Н	Immediete Causa (Finel diseese or condition resulting in deeth)	· PNBU	MUN	IA	Ad	PIN AS	Coor		12	-days
п		L.	resulting in deeth)		Dua to (or es	s a consequ	uence of):				1	
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	eath certificete be executed attending physician and for use es the burial-transit	Examiner	Sequantially list conditions,	0.	Dua to (or es	s e consequ	ience of):					
o,	e e e e e e e e e e e e e e e e e e e		Sequantially list conditions, if eny, leeding to immediate cause. Enter Underlying								į	
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99	ntifica ng pt	Med	resulting in deetin) Lest								į	
OX	h cel	5									1	
8	death c	5		d								
Ö	O W X	sician	Pert II. Other significant conditions	contributing to deeth bu	ıt not rasuitir	na in the une	deriving causa g	iven in Part I	23b. Did	tobacco use co	entributa to	the cause of death?
0	by the	hysician	Pert II. Other significant conditions	contributing to deeth bu	ıt not rasuitin	ng in the un	derlying causa g	iven in Part I.				the cause of death?
4	s that the de ned by the a e deteched t	y Physician	Pert II. Other significant conditions	contributing to deeth bu	ut not rasuitin	ng in the und	derlying causa g	iven in Part I.		tobacco use co		the cause of death?
4	es that the igned by th be deteche	þ	Pert II. Other significant conditions	contributing to deeth bu	it not rasuitin	ng in the und	derlying causa g	iven in Part I.	1	Yes 2 No	3 ☐ Prob	ably 4 Unknown
4	requires that the seen signed by th hould be deteche	þ	Pert II. Other significant conditions	contributing to deeth bu	ut not rasuitin	ng in the un	derlying causa g	iven in Part I.	1 = 24e. We		3 Prob	ere sutopsy findings alieble prior to appletion of cause
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State of Maryland / Department of Health and Mental Hygiene Q 6

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	Physic /Medi		Rolland	Poyntz	2	MARKER		Angus		496	16:35
	Exami		4a. Facility Nama (if not institution, giv				4b. City, Town, or				
			WashingtOn C				Hagersto			ningto	
	Funeral Director		5. Social Sacurity Number 6. S 214-09-8476 1 Usual Rasidanca of Decedant	ax 7. Aga (f	n yrs. iast birthday Yrs.	Months Days	Hours Mir	8. Data of Bi Month D	1915		laca (Stata or Foraign try) Maryland
	yland mow		10a. Stata 10b. County	10	oc. City, Town or L	ocation				1	0d. Insida City Limits
	Mar	io	Maryland Wash	nington	Hager	stown					1 XYas 2 □ No
	or 28	Director	10e. Street and Number			10f. Zip Coda			10g. Citizan of 1	What Coun	itry?
	th with	<u>w</u>	12 Walnut St.			21	740		U.S.	A.	
	dea	Funeral	11. Marital Status	12. Was Decedant Eva Armed Forcas?	r In U,S. 13.	Wss Decedant of if Yas, apecify Cub	Hispanic Origin? (Specify Yas or No	0- 14. Rsc	e - Americ	
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an	od be	Be C		Glenn Marker				vive H.		ia)	
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Baltimore,	permit. Peges 1 and Department of Heelth Important: if 18 m 27 any Injury or other tr		21. Signature of Funarsi Sarvice Licen	See		Dro_Cemeto 2. Nama and Addr			06 Old N	Natio	Md. 21713 nal Pike
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	Physician /Medical Examiner		Immediata Cause (Final disaasa or condition resulting in death)			1040 C				N	Approximate totarvsi Between Onset and Death
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68760,	death certificate be executed e attending physician end of for use es the bunal-transit		Sequantially list conditions, if any, laading to immediata cause. Enter Undarlying Cause (Olsaasa or Injury that initiated avants	· Arzen	4 Hu	mar-					GEONS
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	ding Ph h. After th funeral	en o	27. Manner of Death 1 ■ Natural 5 □ Pending	28a. Data of Injury (Month, Day Ye	28b. Tima o Injury	t 28c. Inju	ry st ork?	28d. Dascribe	how injury occur	red	
Sio	Attanding or death. octor: After by the fune	cati	2 Accidant Invastigation			M 1]Yas 2□No				
Division	Ital or Attandins after death	Certification:	3 Sulcida 6 Could not be datermined	28a. Placa of Injury - building, atc. (S		raat, factory, office		28f. Location (City or To	Street and Numb wn, Stata)	er or Rura	l Routa Number,
	To the Hospital or I within 24 hours after To the Funeral Direct completely filled in the Funeral or I was a second to the Funeral Direct Completely filled in the Funeral Completely filled in the Fu	edicai	(Check only Medicat Exam	stcisn: To the best of mainer: On the basis of axe and manner stated.	mination and/or in	h occurred at tha ti vastigation, in my	ma, date and plac opinion, daath occ	e, and dua to tha urrad at tha tima,	causa(s) and ms data and piace,	nnar as st and dua to	sted. tha causa(s)
	ToT	Σ	29b. Signature and title of certifier	STOR		29c. Lican	SYNZ S		29d. Data signe	Month, L	Day, Yaar)
			30. Name and addrass of person who o	completed causa ot daath	(Item 23s) (Type,	Print)					
			L. O. Wooster	M.D 17		well R	7 H	aj. M.	1. 91	740	
	Sta Registr	_	31. Date tilad (Month, Dey, Year)	32. Registrar's				£			
DH	MH 16 Rev 6/9:		AUG 1 3	1996 Jahid	Rockerster	latt-					
DH	MILL IN LIAM ON A	•	h								



TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

			3110									96	25150
	1 - STATE REGISTRAR		STATE OF N		/ DEPAR					MENTAL HYGIEN REG. NO			
ij.	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF DEATH	AY	YEAR	3. TIME OF DEATH
	William	He	nrv.	M	attin	alv				August 15			5.51 AM
- 8	4. SOCIAL SECURITY NUMBER		5. ŠEX	6. AGE (In yrs.		IF UNDER		IF UNDER		7. DATE OF BIRTH		6. BIRTH	HPLACE (State or Foreign
	215-38-5086		1 🔀 M 2 🗌 F	75	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) NOV 3, 192	n l	Count	ryland
	9e. FACILITY NAME (If not ins	atitution, give st	treet and number)			9b. CITY	r, TOWN C	R LOCATIO	ON OF DE			NTY OF D	
DIRECTOR	Naval Hosp	ital						xent					ary's
EC	1	10b. COUNTY	r		10c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY
HO	Maryland	St. 1	Mary's		l L	eona	rdto	wn					LIMITS?
	10e. STREET AND NUMBER		4			-		. ZIP CODE	- T		I 10a. CIT	ZEN OF V	WHAT COUNTRY?
IR.	Cedar Lane	Ants.	#312					2065				S.A	
FUNERAL	11. MARITAL STATUS	7.1000	12. WAS DECEDEN	T EVER IN U.S.	ADMED	1 13	une DEC			IIC ORIGIN? (Specify Ye			
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API	8th Grade				ruck	Driv	er			Fuel Oi	l Dis	stri	butor
O	17. FATHER'S NAME (First, Mic	ddle, Last)						18. MOTN	VER'S NA	ME (First, Middle, Malden	Surname)		
	Marshall	3	Paul	Mattin	gly			Mar	CV	Magdale	ne	Wi	lliams
8E	19a. INFORMANT'S NAME (Ty	rpe/Print)			J 1	ADDRES	S (Street a		4	Route Number, City or You			
5	Alice Virgi	nia Ma	attingly							dtown, Mar			0650
	20a. METNOD OF DISPOSITIO	ON		20b. PLAC	CE AND DATE		_		/****		CATION —		
	1 St Burlel 2 ☐ Cremetlos 4 ☐ Donetlon 5 ☐ Other (oval from State	cemetery	cremetory or c	other place	1		0				
	21. EIGNATURE OF FUNERAL		ENSEE / //	Tour	Lauy :	S CE1	NAME AN	TV ND ADDRES	O OF FA	/17/96 Leo	namou	OWN	, MD
	Fn 1	00	1/4	1-						rdiner Fun	eral	Home	e, P.A.
	Melale	rel 1	Jan	amo	4	P	.0.	Box 2	270.	Leonardto	wn, I	Mary.	land 20650
	23. PART I. Enter the dis	seasea, or c	complications the	H caused the	death. Do	not enter	the mo	da of dyl	ng, suc	h as cardiac or resp	iratory ar	rest,	Approximata interval Between
	IMMEDIATE CAUSE (Fine						1	/	1	2	-	11	Onset and Death
	disease or condition resulting in death)	+	_/	-50	vr.	MI	1	on	de	onyg	Day	P	1 mouth
	Teating it south,	,	DUE TO	OR AS A CON	SEOUENCE C	OF):				00	//		
z			h							_			
2	Sequentially list condition if any, leading to immed		DUE TO	(OR AS A CON	SEOUENCE O)F):							
CAT	cause. Entar UNDERLYII	NG											
CERTIFICATION	CAUSE (Disease or injur that initiated eventa		DUE TO	OR AS A CON	SEQUENCE C	F):							
FI	resulting in death) LAST	r l	a .										
2													
AL	PART II. Other algnificar	nt condition	gontributing to	daath but no	at resulting	in the u	nderiying	g cause g	iven in	Part i. 24a. WAS AN PERFO		248	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
MEDICAL	5	91	1	3700	ne	-				1 YES :	NO NO		COMPLETION OF CAUSE OF DEATH?
ME	117	the	-					/					1 WES 2 NO
	DID TOBACCO U	SE CONTI	RIBUTE TO CA	USE OF D	EATH Y	ES 🗌	NOZ	UNC	ERTAI	N 🗆			
PHYSICIAN		MEDICAL	3	26. PI	LACE OF DEA	ITN (Check	ony one)						
Sic	EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE 4 N Nu		n 5 □ Re	eldence	6 Other (Specify)			
H	27. MANNEY OF DEATH		26a. DATE OF	F INJURY	26b. T/R	ME OF	26c. INJ	JURY AT		26d. DESCRIBE NOW	INJURY OC	CURED	
		Pending	(Month, L	Day, Year)	IN	JURY M		PRK7	□ NO				
ВУ	a [] Recipient	/	26e. PLACE (OF INJURY — At	home, term,	street, tec				26t. LOCATION (Street	and Numbe	r or Ruml	Route Number
	4 Homicide	Court not be determined	building,	, atc. (Specify)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			City or Town, State			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
E I	29a, CENTIFIER . (C)	dent and the											
COMPLETE	(Check only				_					to the cause(s) and me			
Ö	2 MEDIC	CAL EXAMINE	R: On the besis of a	examination and	or investigati	on, In my	opinion, d	leath occur	ad at the	time, date and place, a	nd due to t	he cause((a) and manner at stated.
ш	965. SIGNATURE AND TITLE	OF CENTIFIER	1///		-/	-11	10	29c. Light	WELL TON	MOSK/CM	29d. DA	E SIGNE	Marie of marie
OB	10	erry	1///	74	ue	4	1	1/-	11	100	12	11	2/16
\succeq	30 NAME AND ADDRESS OF	DEDECON WIN	O COMPLETED CAL	OF DEATH	TELL OF CT	0.1.0	4						_

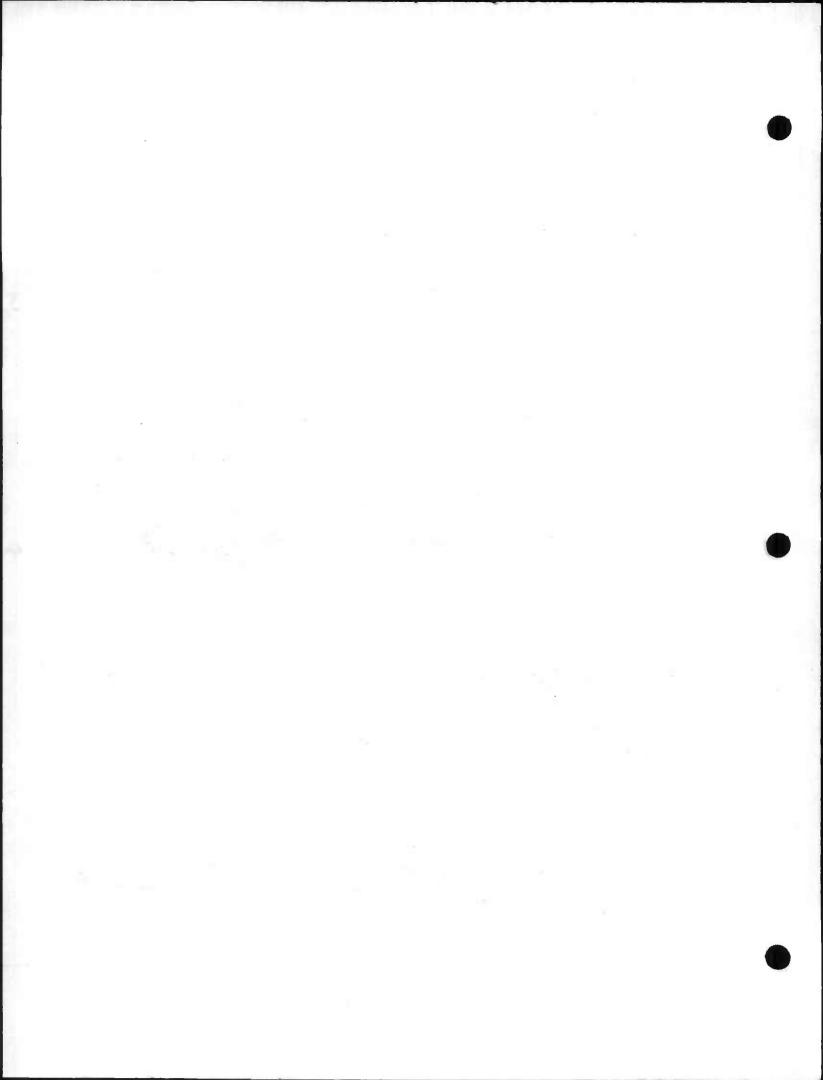
NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
David Federle, M.D.

REGISTRAR'S SIGNATURE
ACYDOL

31. DATE FILED (Month, Day, Year)
AUG 16 1996

20650

Leonardtown, Maryland



State of Maryland / Department of Health and Mental Hygiene

25151

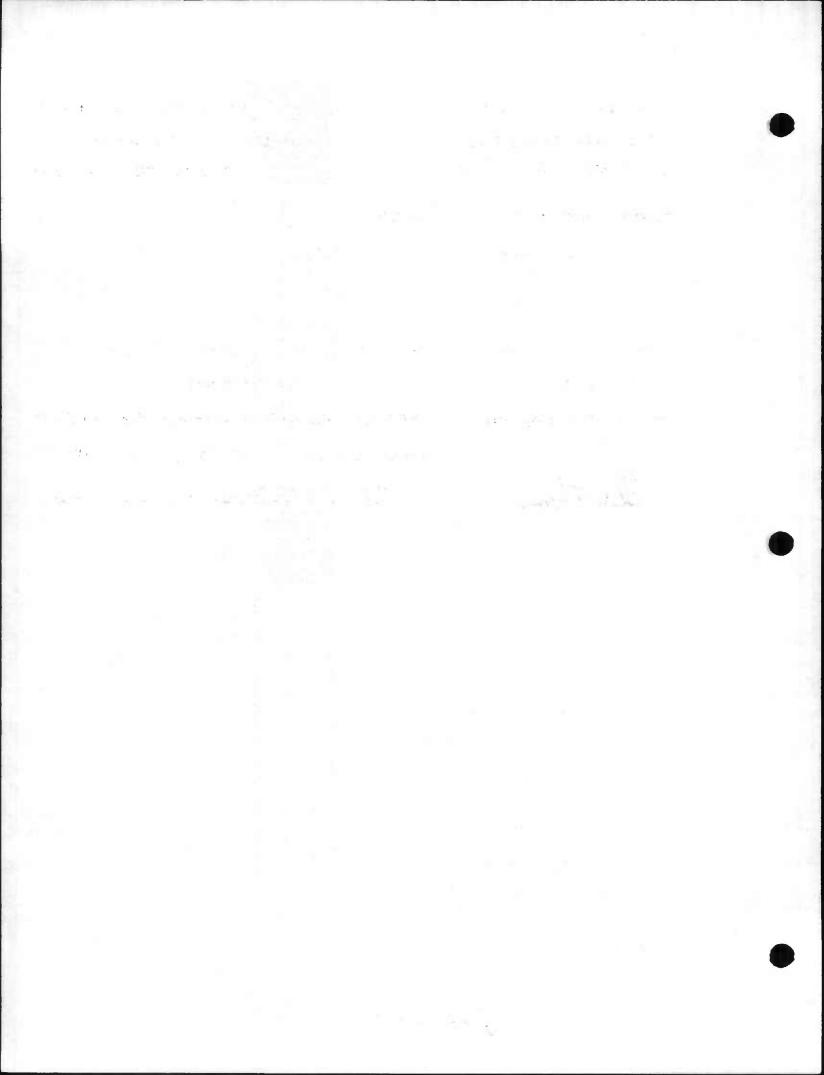
						Ce	rtificate	e of	Death			Reg. No.			
П	Physic	ian	1. Decedent's Nema (First, Middle,	Last)							2. Data of De Month	Day	Yeer		na of Death
	/Medi		Dana	Mae	McC	Coy					August	11,1996		1	:00 AM
	Exami	ner	4a. Fecility Neme (If not institution, 4800 Dalton Sta		mber)						ocation of Deet Hills		of Deeth	org	je¹s
	Funeral Director		577-26-6158	Sax 1 M 2 F	7. Aga (In yo	3 (Yrs.	If Under Months	Days	If Undar Hours	24 Hrs. Min.	8. Dete of Bi	1923	9. Birthp Coun V110	leca (Si iny) Jini	eta or Foreign .a
	he Meryland 18a-f show ciffind at	Director		e George		City, Town or Lo	Hills							10	de City Limits Yas 2 No
	23a or 3	rai Dir	10e. Street and Number 4800 Dalton	Street			10f. Zip ()748	3			10g. Citizen of 1	Whet Coun	try?	
020	s 1 and 2 should be filed within 72 hours efter death with the Maryland I Heelth and Mental Hygiene. Item 27 is marked other than "natural", or itema 23s or 28a-f show other treumatic event, the Medical Evantines must be notified at	by Funeral	11. Maritel Stetus 1 □ Never Merried 2 ☑ Marrle 3 □ Widowed 4 □ Divorced	Armed Fo	2 XNo ve		Was Decede If Yas, speci 1 ☐ Yes 2	fy Cub	dispenic Ori an, Mexicar Specify:	igin? (Sr n, Puerto	pecify Yas or No Rican, atc.)		ce - Amaric ck, Whita, y: Whi	atc.	n,
5-0	72 h metu oleal	etec	15. Decedent's (Specify only highast	Education grede completed)		(Giva	dent's Usuel kind of work	done	during mos	t of worl	king	16b. Kind of B	usiness/inc	lustry	
21215-0020	filed within Hygiene. ther than "	Completed	Elementary/Secondery (0-12) 12th	Collega (N/A	1-4or 5+)		erk of		,	ırt		State	of N	Mary	land
Maryland	hould be filed within 7 d Mental Hygiene. marked other than "r	To Be	17. Fether's Neme (First, Middle, Let Harvey C.							ers Nem Lise	e (First, Middle M •	, Meiden Sumer Taylo	•		
Ma	1 end 2 should Heelth end Men em 27 is marke other treumatic		19e. Intorment's Neme/Reletionship Ernest McCoy	(Type, Print)								er, City or Town, ills Md.			
Baltimore,	Peges 1 end nent of Heelth ant: If item 27 ury or other to		20e. Method of Disposition 1 Burial 2 Cremetion 3 4 Donation 5 Other (Spe		State	Plece of Dispo cematary, crar aryland	netory or oth	her pie		Aug s C	. 1⁴, ≥m.1996	20c. Location Chelte			
Balt	permit. Peges Department of important: If is any injury or once.		21. Signature of Funeral Service Lie	onsoo	N		Nema and					neral Ho y Rd Cli			
1	Physician /Medical Examiner)r	23e Pa ft. Enter the disease, or conshock, or haert teilure. List or Immediate Cause (Finel disease or condition resulting in deeth)	e.	nel	Or es e consec	10	ot dylr	ng, such es	cardiac	or respiretory e	rrast,		Onset	rimate t Between and Death
68760,	eeth certificate be executed attending physician end for use es the burial-transit	cai Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	b		(or es e consec									
X	n certificat anding phy use es th	in/Medical	resulting In daath) Last	d	D08 (0 (or as a conseq	derice or).								
s, P.O. B	requires thet the deeth een signed by the atter hould be deteched for u	by Physician	Pert tt. Other significant conditions	contributing to de	eath but not re	sulting in the u	nderlying ca	use giv	ven in Pert I	i.		tobacco use co			use of death?
Records,	aw requi	Completed t	()									an autopsy ormed?	ave	ilable p	psy tindings rior to n of cause
E	e - 5	E O									10	Yes 2 No	10] Yes	2 No
Vital	Physicien: The this certificate ral director, pag	Be	25. Was case reterred to medical axaminer?							of Dee	th (Check only	one)			
of	Physic this co	P	1□ Yes	1		☐ ER/Outpatier		_	4 LJ Nt	ursing H	oma 5 Pesi	dence 6 □Oth	er (Specify)	
	Ing After fune	ation:	27. Menner Deeth 1		of Injury th, Dey Year)	28b. Time of Injury	M 28	ic. Injur Wor	yet rk? Yas 2□	No	28d. Describe	how Injury occur	red		
Division		Certification	3 Suicide 6 Could no determine	d 28a. Place	ot Injury - At I	homa, ferm, str ify)	eet, factory,	office			28f. Location (City or To	Street and Numb wn, State)	er or Rure	Route	Number,
	To the Hospital or within 24 hours effe To the Funeral Dir completely filled In	edical	29a. Certifier Certifying (Check only one)	hysician: to the aminer: On the be	test of my kn sis of exemin her steted.	owledge, deeth etion and/or Inv	occurred e	t the tir	ne, dete en pinion, dee	d plece, th occur	end due to the red at the time,	ceuse(s) end madate end place,	anner as st end due to	ated. the cau	ise(s)
	To the To the comple	W	29b. Signature and the of certifier	4)	Worl	7	D		+94	5		29d. Dete signe Dugino	d (Month, I	Day, Ye	996.
			MIchael D. Lev:	o completed caus	1328	Souther		enue	S.E.	#30	01 Wash	ington I	o.C. 2	2003	2-4689
	Sta Registr	_	31. Dete tiled (Morfth, Dey, Year) AUG 1 4 1	/	egistrar's Sign	olion Ran	Call								

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State of Maryland / Department of Health and Mental Hygiene Q 5

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						Ce	rtificat	e of	Death			Reg. No.	0	~ O I	0 4
	Physic	ian	Decedent's Neme (First, Mide								2. Dete of Dee	Dev	Year	3. Time	ul Dawth
	/Medi			Jay Mal	-						ugust	9, 19	96	7:30	AM
9	Exami	ner	4e. Fecility Neme (If not institution						-		ation of Deeth				
-			5213 David 5. Sociel Security Number	Greene Ro		no. Joseph Briedballer	If Under	1 Von	Cambi If Under			Dorch			
	Funeral Director		151-20-8881	1. M 2□ F	65	rs. last birthdey Yrs.	Months			Min.	8. Date of Birt Month, Dep Dec .	14, 1930	9. Birth Cou N	place (State intry) ew. Jei	rsey
	pue *		Usuel Residence of Decedent 10e. Stete 10b. Count	v	10c	City, Town or L	ocation							10d. Inside	City Limite
	he Maryl	Director		hester		Cambri	dge							1 □ Ye	s 2 No
	23a or 2	ai Dir	10e. Street end Number 5123 David Gre	eene Road			10f. Zlp	216	13			10g. Citizen of US	Whet Cou	ntry?	
020	filed within 72 hours after death with the Maryland Hyglene. that than "natural", or items 23s or 28s-f show int, the Medical Examiner must be notified at	by Funeral	11. Maritel Stetus 1 Never Married 2 Me 3 Widowed 4 Divorce	If Yas Gi	orces? 2 ☐ No ve				Hispanic Origon, Mexican Specify:	gin? (Spec , Puerto P	cify Yes or No- tican, etc.)	14. Rec Ble Specify	ck, White,	ican Indian, , etc. nite	
5-0	72 hours "natural",) te	15. Decede	nt's Education est grade completed)		16a. Dece	edent's Usua	al Occu	petion during most	of workin	0	16b. Kind of B	usiness/Ir	ndustry	
21215-0020	s within jene. r than °	Completed by	Elementary/Secondery (0-12)	College (1-4or 5+)				du <i>ring</i> most ed) r/Admi			Educ	catio	on	
Maryland ;	S E D	To Be C	17. Fether's Neme (First, Middle George E. Ma								(First, Middle, Hunkaj	Maiden Sumen Diller	10)		
	CENE	1	19e. Informant's Neme/Reletion Francesca P. M		fe							idge, Ma			.613
Baltimore,	T o es		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 4 ☐ Donetjon, 5 ☐ Other (Ctata	Pleca of Disp cemetery, cre alisbur	metory or o	ther ple	oce)	8	Dete /10/96	20c. Location -			
alti	permit. Peg Depertment Important: I any injury o		21. Signeture of Funeral Service			2			ess of Fecility						
m	88 2 2 8		· KuT.	foren			Thoma 700 I	s F	uneral	Hom	e, P.A.	ige, Man	rvlar	nd 216	513
			23a. Parf1. Enter the diseese, of shock, or heart feilure. Lis	or complications that out only one cause on e	aused the de	eth. Do not en							. y	Approxim Intervel B	
	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in death)										1	Onset and	d Deeth
	ted last	Examiner		b		IAC A O (or es a conse ORDIAL		SCH	EMIK	1				Insta	int
30,	e execution and suriel-train		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events) E	NLA	RGBM	quence of):	HRT	_					Year	s
68760,	requires thet the death certificate be executed seen signed by the attending physician and hould be detached for use as the buriet-transit	Medical	that initiated events resulting in deeth) Lest	ů	Due to	(or es e conse	quence of):								
Box	aath cer attendir for use	an		d								1 - 1 - 1	1		
	e death	Physician/	Part II. Other significant condit	ons contributing to de	eath but not r	esulting In the u	underlying c	ause g	iven in Part I.		23b. Dld t	obacco use co	ntribute (to the cause	e of death?
, P.O	that the da ned by the s detached	by Phy									101	/es 2□ No	3 Pro	bably 4)	Unknown
Records,		Completed b										an eutopsy med?	6/	Vere eutops vallable prio ompletion of	r to
Re	The lew ate has b page 2 s	дшо									1571	′es 2□No		deeth?	- No
of Vital		0	25. Wes case referred to medic	al					26 Plece	of Deeth	(Check only o		'	LB 100 20	
f <	2 00	To B	exeminer? 1 ☐ Yes 2 图 No	Hospitel:	Inpatient 2	☐ ER/Outpatle	nt 3🛭 DC	DA OI	her:			lence 8 Oth	er (Speci	ify)	
o uoi	After fune		27. Menner of Deeth 1 Neturel 5 Pendi 2 Accident invest	ng 28e. Dete (Moning perion)	of Injury th, Day Year)	28b. Time of Injury	A M	8c. Inju	nyat ork?]Yes 2万N		8d. Describe h	ow Injury occur	red		
Division	를 를 다	Certification:	3 Suicide 6 Couid determ	nined Zoe. Plece	of Injury - At ng, etc. (Spe HOM!	t home, ferm, st	reet, factory	, office			8f. Location (S City or Tow Camb)	Street end Number, State) 52	130	al Route Nu avid (21613	arcene
	Hospital 24 hours Funeral letaly filled	edicai (29a. Certifier 1 Certifyi (Check only one) 1 Medica	ng Physician: To the Examiner: On the be	best of my k	nowledge, deat	h occurred evestigetion	at the t	ime, dete end opinion, deet	d pleca, er	nd due to the	ause(s) end me	enner es	steted.	
	within To the	M	29b. Signeture end title of cartifi	95 0	fer		290	. Licen	se number			29d. Dete signe)
			> Michael	D. Dec	nec	-MD		Di	3173	30		8 -	10-	96	
			30. Name and address of parson Michael D. Joya					e Ca	mbride	ge, M	arylan	d 21613			
	Sta Registr		31. Dete filed (Month, Dey, Year	2 1996	paietrare Sia	moture									
DH	MH 16 Rev 6/9		AUG 1	2 1996	yeur w	Christian . P. O.	- VOVA								



						Certificate o	f Death		Reg. No.		
П			1. Decedent's Nema (First, Middle, La	st)				2. Dete of De	eeth _	Vasa	3. Time th
	Physic /Medi		Rice Edwa	rd Mart:	in			August	Pay 19	996	1310
	Exami		4a. Facility Neme (If not institution, giv	a street and numbar)		10	4b. City, Town, or	r Location of Deet	th 4c. County	of Deeth	
			Laurelwood Hea	1th Care Co	enter		E1kton		Cec	11	
П	Funeral		Sociel Security Number 6. S	G-1	(In yrs. lest bir	Months Dev					plece (Stete or Foreign
	Director		221-05-8426	XIM SOL	95	Yrs.			19, 190		irginia
	pue *		Usuel Residence of Decedant 10a, Stete 10b, County		10c. City, Tow	n or Location				1	10d. Inside City Limits
	Mary	0	Maryland Cecil	İ		E1kton					1 ☐ Yes 2 ☐ No
	the 288	Director	10e. Street end Number			10f. Zlp Code			10g. Citizen of N	What Cour	ntry?
	Sa or		45 Hilltop Roa	a a			921				
	ms 2	Funeral	11. Marital Status	12. Was Decedent E	ver in U,S.	13. Was Decedent of		Specify Yas or No	United - 14. Rac		es can Indien,
0	The state of the s		1 Never Merried 2 Married	Armed Forces? 1 ☐ Yas 2 ☑ No				rto Rican, etc.)		ck, White,	
02	in 72 hours after death with the Maryland , "natural", or items 23s or 28s-f show ledical Exprimer must be notified at	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yaer or Datas:		1 ☐ Yes 2 ☐ N	o Specity:		Specify	Whit	e
5-0	72 ho	Completed	15. Decedent's Ed (Specify only highest gre		16a.	Decedent's Usual Occ	upation	orkina	16b. Kind of B	usiness/In	dustry
2	jene.	npie	Elamantery/Secondery (0-12)	College (1-4or 54	-)	(Give kind of work don lifa. DO NOT use reti	red)	orking			
2	73 (7)		9	<u> </u>		Engineer	1		Rail		
Maryland 21215-0020	S is b	Be	17. Father's Neme (First, Middle, Last)				100	eme (First, Middle	Service Carrie	na)	
Ž	should be nd Mental marked o	Lo	John Calvin Mar		1			ia Conwa	-d-		
Ma	d 2 s		19e. Informent's Neme/Ralationship (Lucy G. Martin/)	**	190	Melling Addrass (Stre 45 Hillto					
	s 1 and if Haalth Itam 27 i		20a. Method of Disposition	WIIG	20b. Pleca o			Dete Dete	20c. Location -		
0	Pages nent of I int: If its ury or of		1 ☐ Burial 2 ☐ Cremetion 3 ☐			f Disposition (Nema of ry, cremetory or other p		Aug.14			
Baltimore,	Department mportant: nny injury		4 ☐ Donetion 5 ☐ Other (Specify 21. Signature of Funerel Sarvice Licen	<u> </u>	River	view Cemete		1996	Wilming	gton,	Delaware
Ba	permit. Pages 1 an Department of Haal Important: If item 2 any injury or other once.		21. Signatage of Fulleren Salvice Cicen	1,			ome for F	unerals,	P.A.		
~			Donard -	S. Hud	مر المحادث		Stockton			MD	21921
			23a. Part1. Entar the diseesa, or com shock, or heert failure. List only	one cause on each line	na daam. Do	not enter tha moda of d	ying, such as cardi	ac or respiratory a	arrest,	1	Approximete Intervel Between Onset and Deeth
	Physician / /Medical		Immediate Cause (Finel	610	1.1	me and he	1 11	Caral		,	Voluse
	Examiner	ш	diseese or condition rasulting in deeth)	e. 110	ME YY	14(C) ONE	1/1/10	orco	•	-	ungs.
		ē		Alm	oue to (or es à	MONDE MACHIC	MOMEN	Way Ord	beni	AL.	VPMVS
	rificate be axecuted ng physician and as the bunal-transit	Examiner	Sequentially list conditions	- 1,0		consequence of):	Ceron	Ja Car	ago	12.1	1000
o Ô	certificate be axecuted Iding physician and Ise as the burial-transit		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying			501156qu61166 61).					
68760,	nte be nysici	Medical	Ceuse (Diseasa or Injury thet initieted avants resulting In deeth) Last	c	ue to (or as a	consequenca of):				-	
9	ng pl	Med	Tooding at dooring cast							1	
Box	eath ce attendir I for use	an		d						1	
	0 0 0	Physician/	Part II. Other significant conditions of	ontributing to death but	not rasulting li	the underlying cause	given in Part I.	23b. Dld	tobacco use co	ntribute to	o the cause of death?
P.O.	nat the deby		Diobetes	mel	n'An	5.		10	Yes 2 No	3 □ Pro	bebly 4 Unknow
of Vital Records,	signe d be	l by		1	-1.20			04-146-	0.00-770-011	04h W	loro autono, findinos
Ö	law requiras that tha as been signed by the	ete	(ere brow	BOUBER	ONS	euse.		24e, Wes	s en eutopsy ormed?	av	ere eutopsy findings raileble prior to empletion of causa
Sec	has t	Completed	Alsharan	a's olive	and					of	deeth?
<u>a</u>	F ag ad		11/8/18/11/E	3 01	3001>	e,		10	Yes 2 No	1[☐Yes 2☐No
\	Physician: The rist contificate and director, past	Be	25. Was case referred to predical exeminar?	Hospitel:			ther.	eeth (Check only			
ō	5 5 8	. To	1 Yes 2 No	1 L Inpatien	2 □ ER/Ou	rpatient 3L DOA	4 Nursing	Homa 5 Rasi	idanca 6 Oth how Injury occur		y)
U _O	After fune	ton	1 Naturel 5 ☐ Pending	28a. Dete of injury (Month, Dey	Year) 200.	njury W	ork? □ Yes 2 □ No	200. Describe	now injury occur	100	
Division	Attending r death. actor: After by the fune	ertification:	3 Suicide 6 Could not be		v - At homa, fa	rm, street, factory, offic		28f. Location ((Street and Numb	er or Rura	al Routa Number.
Š	F Par	ert	4 Homicida	building, efc.	(Specify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-		wn, Stata)		
	To the Hospital Within 24 hours To the Funeral completely filled	aic	29e. Certifier Certifying Ph	ysician: To tha best of	my knowledge	, death occurred at the	tima, deta end plac	e, end due to the	cause(s) end me	ennar es s	iteted.
	ne Ho ne 24 ne Fu	edicai	(Check only 2 Medical Examone)	niner: On the basis of e end menner stet	xaminetion en ed.	d/or Invastigetion, in my	opinion, deeth occ	curred at the time,	date and pleca,	end due to	o the cause(s)
	To the To the Common	Σ	29b. Signature and trigger continue	11000		29c. Lice	nse number		29d. Dete signe	d (Month,	Dey, Year)
	6		MININI	VIMI		D45	155		August	12,	1996
			30. Neme engradidress of person who	completed cause of de	eth (Item 23e)	(Type, Print)					
			John R. Mulvey,	M.D 118	North	Street, St	ite 2A -	Elkton,	MD 219	921	
	Sta		31. Dete filed (Month, Dey, Year)	32. Registrer		- A					
	Registr	ar	AUG 1 2 1996	Sie David	son-Hand	ما الأل					
DHI	MH 16 Rev 6/9	5		V							

DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

25154

						Cer	illicate c	Dealli		Reg. No.		
Physician /Medical	1	1. Decedent's Name (First, A	fiddle, Last		CARLOS	TALMA	DGE Mcc		2. Date of Month	st 5	Year 1996	3. Time of Death
Examiner		Baltimure	VA	Hos	pital		If Under 1 Ye	Bal	m, or Location of De	- BAI	LTIMO	RE CITY
Funeral Director		5. Social Security Number 4 13 -36-34 Usual Residence of Deceder	10	M 2□ F	Age (In yrs. les	Yrs.	Months Day			Day Year) 18, 1928	9. Birthp TEN	NESSEE
pu &	-	10a. Stete 10b. Co			10c, City.	Town or Loc	cation				1	IOd. Inside City Limits
death with the Manyland ms 23a or 28a-f ehow treast be notified at	2	MARYLAND	CEC	IL		PORT	r DEPOS			T		1 ☐ Yes 2 🖾 No
th with the same or sa		10e. Street and Number 5 JONAT	HAN W	INTER C	IRCLE		10f. Zip Code	21904		10g. Citizen of V	S .	
P # 2 D		11. Marital Status 1 ☐ Never Married 2 ☐	Married	12. Wes Decede Armed Force 1 Types 2 If yes, Give	es?	1	Ves Decedent of Yes, specify C		in? (Specify Yes or Puerto Rican, etc.)	No- 14. Rac Bla Specifi	ck, White,	
72 hours at natural', or sicel Euro		3 ☐ Widowed 4 ☐ Divo	rced	Yeer or Dete	95: 1948-					Openi	. WH	ITE
led within 72 ho ygiena. we than "natur. if, the Medical.	2014	15. Dec (Specify only h Elementary/Secondary (0-		cation e completed) College (1-4		(Give I	ent's Usuel Oct kind of work do OO NOT use ret	ne durina most o	of working	16b. Kind of B	usiness/în	dustry
w pd w	5	8th				BOII	LER ATT	ENDANT		B.N.T	.CENT	ER
Mental Hy Mental Hy srked othe attic event,	3	17. Fether's Neme (First, Mic JOHN Mc CA							's Name <i>(First, Midd</i> EFFIE RO	lle, <i>Maid</i> en <i>Sur</i> nen BERTS	ne)	
ath and A		19e. Informant's Name/Reia DOROTHY P. M			WIFE				or Rural Route Num IRCLE, PO			
Pages 1 a srit of Her It: If Item y or othe	1	20a. Method of Disposition 1 XBurial 2 Cremat 4 Donation 5 Othy	ion B II R	erp@val from St	can	netery, crem	sition (Neme of netary or other p	oleca) CEMETER'	y 8/9/96	20c. Location -	1	
permit. Pages 1 i Department of He Important: If them any injury or othe once.	ŀ	21. Signature of Funeral Ser	1 /		as //	22.	Name and Ad	dress of Facility				ILAND
	+	23a. Part Enter the graphs	799	140001	M Del	PI PI	ERRYVIL	LE, MAR	YLAND. 21	903		Anguarimata
Physician /Medical		23a. Part Enter the disparation of heart tailers. Immediate Cause (Final	List only of	e cause on eac	h fine.		si the mode of t	lying, such es c	ardiec or respiretory	anest,		Approximate Interval Between Onset end Deeth
Examiner		disease or condition resulting in death)			Due to (or e	es e consequ	uence of):	<u> </u>	1 1		1	8 hours
nsit name				En.	teroc	uta	neor	is Fi	stula			1 month
sate be executed shysician and the burial-transit dical Examine		Sequentielly list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initieted events	J	Du	Due to (or e	na consequ	Jence of): Adl	noa	stula	ma		3 month
n certificate be ey anding physician use as the burla		that initieted events resulting in deeth) Last		I	Due to (or a	s e consequ	ience of):					
	-	Part II. Other significant con	ditione cor	tributing to deat	h but not resulti	ing in the un	derlying cause	given In Pert I.	23b. D	ld tobacco uee co	ntribute to	the cause of death
d by Jetac									1	□ Yee 2□ No	3 Pro	bably Unknow
or Attending Physician: The law requires that the death after death. Director: After this certificate has been signed by the atte din by the funeral director, page 2 should be detached for etification: To Be Completed by Physicia										as an autopsy rformed?	av	ere autopsy findings ellable prior to empletion of cause death?
The I									10	Yes 2 10	10	☐ Yes 2☐ No
sician: The law certificate has t lirector, page 2 s		25. Was case referred to me	dical					26. Place	of Deeth (Check oni	y one)	1	
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State of Maryland / Department

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State

Registrar

29b. Signature end title of certifier

111 Penn Street, Baltimore, Maryland 21201 ali Studen Rardall

who completed cause of deeth (Item 23a) (Type, Print)

29c. License number

O.C.M.E.

29d. Date signed (Month, Dey, Year)

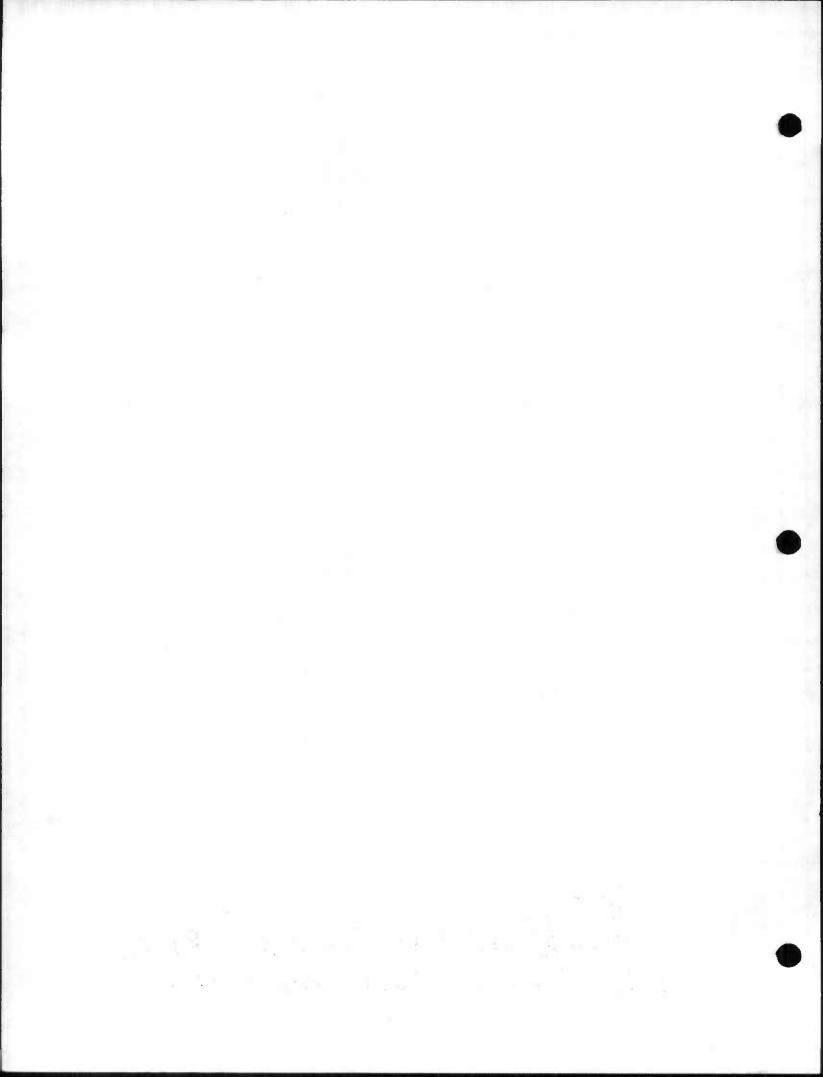
AUGUST 08, 1996

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Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Marvland / Department of Health and Mental Hygiene 25156

							Certific	ate of	Death		Reg. No.		
			1. Decedant's Name (First, Mic	ddia, Last)						2. Data of De	eth	West	3. Time of Death
	Physici /Medi		Marie Cecel	ia Mansf	ield					Month Aug.	07, :	1996	5:20 a.m.
	Examir		4e. Fecility Name (If not Institu	tion, giva street and	d number)				4b. City, Town, or	Location of Death	1	ounty of Death	
			325 N. Spri	ngdale Ro	oad				Westmins				Carroll
	Funeral		5. Social Sacurity Number	6. Sex 1 □ M 2 2		(In yrs. last bii	Mont	nder 1 Yaer			h v. Year)	9. Birthp	place (Stata or Foraign
	Director		220-14-0627 Usual Rasidence of Decedant	10 M 20		71	Yrs.					25 Mary	
	how how		10a. State 10b. Cour	nty		10c. City, Tow	n or Location					1	Od. Inside City Limits
	e-fs	ctor	MD Car	roll		Westm	inster						1 ☐ Yes 2 Ø No
	permit. Pages 1 end 2 should be filled within 72 hours efter death with the Meryland Department of Heelth and Mental Hygiene. Important: if item 27 is marked other than "natural; or items 23a or 28a-f show any injury or other traumatic event, the Medical Exprimer must be notified at once.	al Director	10e. Street and Number 325 N. Spri	ngdale Ro	oad		10f.	Zip Coda	21158			n of What Cour ted Sta	
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<u>\</u>	or Attending after death. Director: After d in by the fune	Certification:	4 Homicida dete	mined Zoa. P	lace of Injui uilding, etc.	ry - At homa, fa . <i>(Specify)</i>	rm, straat, fac	ctory, office		28f. Location (3 City or To		lumber or Rura	al Routa Number,
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	To the Mospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completaly filled in by the funeral	edical	29a. Certifier (Check only one) Madic	dog Physician: To at Examinar: On the	tha best of a basis of a nannar stat	axaminetion en	, daath occur d/or invastigat	rea at the ti tion, in my o	ma, data and place opinion, daeth occ	e, and dua to the urred at tha tima,	cause(s) en data and pla	o manner es st ace, end due to	ated. tha ceuse(s)
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		-	30 Name and address of	work	July	ath (ltam again	Time Dian		-010		41	110	
			30. Nama and address of person	MIN CONTIDIENCE	ousa of da	ath (Itam 23a)	Dales	ed.	Westn	instor	MI)		
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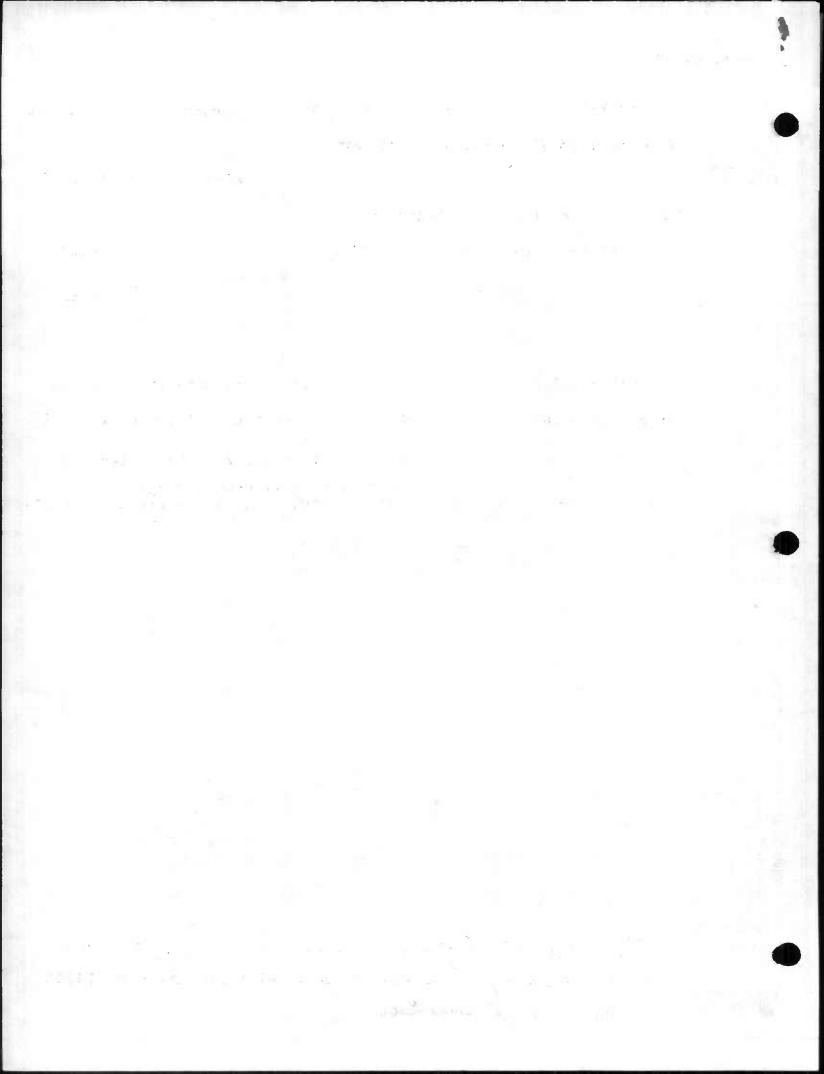
State of Maryland / Department of Health and Mental Hygiene 25157 96-4419-005 Amended Items 1 & 4, per F.D. Certificate of Death 8/12/96, Carroll Co., wjl F.D. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Day Year TABITHA Tabatha Leann MEEKINS 6, 1996 9:09pm /Medical August 4e. Fecility Name (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Gunpowder Rd./3/10 ml. west-Forreston

Godal Security Number 6 Sex 7. Age (In vrs. last birthday) If Under 1 Year Baltimore If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Birthplace (Steta or Foreign Country) Days 1 M 20XF 213-47-9555 Director Yrs. 4 16 1996 Maryland April Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Locetion 10d. Inside City Limits 28a-f show r than "natural", or items 23s or 28a-f show the Medical Examiner must be notified at MD Carroll Taneytown X Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3910 Old Taneytown Rd. 21787 United States deeth Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Spacify: white by Specify: 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highast grade completed) should be filed within 7 and Mentel Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) 0 T Is mert-17. Father's Name (First Middle Last) 18. Mother's Name (First, Middla, Maidan Sumama) Be Michael Meekins Lisa Elizabeth Ann Ruby 19a. Informant's Name/Relationship (Typa, Print) 19b. Mailing Address (Straet and Numbar or Rural Routa Number, City or Town, Stata, Zip Coda) permit. Peges 1 end 2: Depertment of Health er Important: if Item 27 is any Injury or other trau Michael Meekins 3910 Old Taneytown Rd., Taneytown, MD 21787 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriel 2 ▼Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Carroll Cremations 8/10/96 Hampstead, MD 21. Signeture of Funeral Service Licensee 22. Name and Address of Fecility Pritts Funeral Home & Chapel Kalturie Pritts - Sweitser 412 Washington Rd., Wes 23a. Part1. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. 412 Washington Rd., Westminster, MD 21157 Approximate Interval Between Onset and Death Physician Immediate Cause (Final disease or condition resulting in death) Examiner Due to (or assequence of): Examiner 25 be executed physician and the burial-tren Sequentially list conditions, if eny, leading to Immediate ceuse. Enter Underlying Cause (Diseese or injury that Initiated events resulting In death) Lest Due to (or as e consequence of): Box 68760. Physician/Medical certificete the Due to (or as a consequence of): 98 guip for u P.O. I Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? the signed by 1 Yes 2 No 3 Probably 4 Unknown Records, Completed by 24a. Was an eutopsy performed? Were autopsy findings available prior to peen completion of ceuse of deeth? page 2 s cate has 1 Yes 2 □ No 2 No Division of Vital tal or Attending Physician: Ts after death.

It Director: After this certificated in by the funeral director, p Be 25. Was cese referred to medicel examiner? 26. Place of Deeth (Check only ona) Other: 4 Nursing Home 5 Residence 6 NOther (Specify) Scene Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA To 1X Yes 2 No 27. Manner of Death 28a. Date of injury (Month, Day Year) 28b. Time of Injury Certification: 28c. Injury at Work? 28d. Describe how injury occurred Subject smothered 5 Pending investigation 1 Natural Found 8/6/96 2 Accident 1900 HX 3 ☐ Sulcide 4 ☑ Homicide 6 Could not be determined Location (Streat and Numbar or Rural Routa Number, City or Town, Stata) 3910 old Taney to 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) To the Hospital o within 24 hours aft To the Funeral Di completely filled in 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) end manner steted. edicai 29a. Certifier (Check only one) 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) O.C.M.E. August 7, 1996 30. Neme and address of person who completed ceuse of death (nem 23e) (Type, Print) IHEUDURE Miker 111 Penn Street, Baltimore, Maryland 21201 31. Date filed (Month, Day, Year) gistrar's Signature Lin Dewolean Rawfall Registrar AUG 9

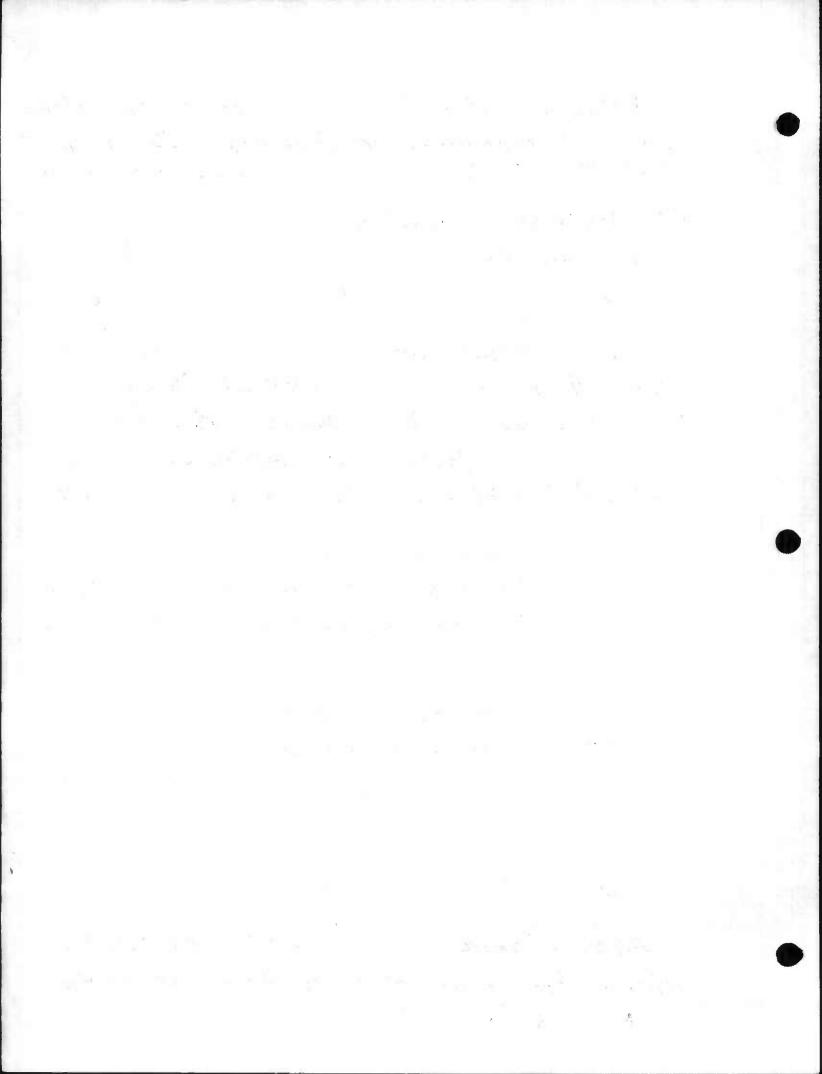
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State of Maryland / Department of Health and Mental Hygiene

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			Certificate of Death	Reg. No.	
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/N	ledica amine	al	al Estella C. MCS rath	of Death 4c. County of Dea	
Fund Direct	eral	-1	William Hill Health Care Center Cambridge	Q Dor (ate of Birth fonth, Day, Year) 9. Bi	rthplece (State or Foreign Country)
5-0020 72 hours after death with the Meryland naturel, or Nems 23e or 28e-f show	Sed at	tor	10a. Stete 10b. County 10c. City, Town or Location		10d. Inside City Limits 1 ☐ Yes 2 ☐ No
ith tha	nou av	Olrec	10e. Street end Number	10g. Citizen of What C	Country?
sath w	mut			U.S.H.	and an all and
of them	Oliner.	Fun	11. Maritel Stetus 12. Wes Decedent Ever In U.S. Armed Forces? 1 Never Merried 2 Merried 1 12 Pes 2 Po	(es or No- , etc.) 14. Rece - Am Bleck, Wh	
15-002 72 hours a	Exa		3 Widowed 4 Divorced If Yes, Give Yeer or Detes:		IACK
T. S	De Medical	piete	15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) College (1-4or 5+) College (1-4or 5+) College (1-4or 5+) College (1-4or 5+) College (1-4or 5+) College (1-4or 5+) College (1-4or 5+) College (1-4or 5+)	16b. Kind of Business	s/Industry
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and 2 sho a alth and n 27 is m	traumetic		19a Informant's Neme/Relationship (Type, Print) (Sister) 19b. Meiling Address (Street end Number or Rurel Rout Pensa Cola J. Sampson 2351 CHurch Cree	te Number, City or Town, State, 2 KraMD, 2161	
E -I	r other		20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other piece) 20b. Place of Disposition (Name of cemetery, crematory or other piece)		
Baltimore, pemit. Pagas 1a Department of Hailmportent: If item	ohnio		4 Donation 5 Other (Specify) Thompson Town Chapellem 8-13	396 Thompsonto	NWN, MP.
Bal permit Depart	any in		21. Signature of Funerel Service Licensee 22, Name and Address of Facility	111 81221	1 1 1+
			23a. Part1. Enter the disease, or complications that caused the control the Do not enter the mode of dying, such as cardiagor response.	F. H. 812 Head	Approximate
Physic	_		snock, or near failure. List only one cause on each line.		Interval Between Onset and Deeth
/Medi Examii			fmmediete Cause (Final disease or condition resulting in death) a. Generally ASC VD Due to (ones a consequence of):		5 pm
		Je.	Due to (offes a consequence of): Chanie Asperation Synchron		5
and	-transi	Kam	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying b. Chorice Asperation Synctron Due to (or as e consequence of): (The sequentially list conditions, if any, leeding to immediate cause. Enter Underlying		67-5
68760, ficate be axecuted physician and	3 1				5 pcs
W # 0	6 .	Medic	Cause (Disease or Injury that initiated events resulting in death) Last Due to (or es a consequence of):		
Box 6876 death certificate b e attanding physic	or usa	lany	d.		Ì
O a f	Deuto	nysic		23b. Did tobacco use contribut	e to the cause of death?
S, P	De data	S S	Blondans, Storbes post Bilster A-12	1 Yes 2 No 3 F	Probably 4 Sunknown
0 5 6	0			4a. Was an autopsy performed?	Were autopsy findings available prior to completion of cause of death?
- F # 6	, pag			1□ Yes 25 No	1 ☐ Yes 2 ☑ No
of Vital Physician: T	director,		25. Was case referred to medical examiner? 1 Yes 2 Alo Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Shursing Home 5	ck only one) Residence 6 Other (Spe	ecify)
Jn O				Pescribe how Injury occurred	
	n ka ui pei	Certific	27. Manner of Death Solicide A coldent Solicide A coldent	ocation (Street and Number or F ity or Town, State)	Rural Route Number,
To the Hospital or within 24 hours aft To the Funestial Di	atany m	dical	29a. Certifier (Check only one) Certifying Physician: To the best of my knowledge, death occurred at the time, dete and piece, end du 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete and piece, end du 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete and piece, end du 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete and piece, end du 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete and piece, end du 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete and piece, end du 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete and piece, end du 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete and piece, end du 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete and piece, end du 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, determiner:	e to the ceuse(s) end manner a he time, dete and piece, and du	as stated. ee to the causa(s)
To the Within To the	dwo	-	29b. Signeture end title of pertifier 29c. License number	29d. Date signed (Mon	nth, Dey, Year)
			My Holding D26388	08-07	1996
			30. Name and address of person who completed cause of death (Item 23a) (Type, Print)	ock md 2	1145
	State	e	31 Date filed (Month Day Veer) 32 Projetron's Signature	suc me o	1675
Reg	gistra		No. 10 in P 1 in		
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State of Maryland / Department of Health and Mental Hygiene

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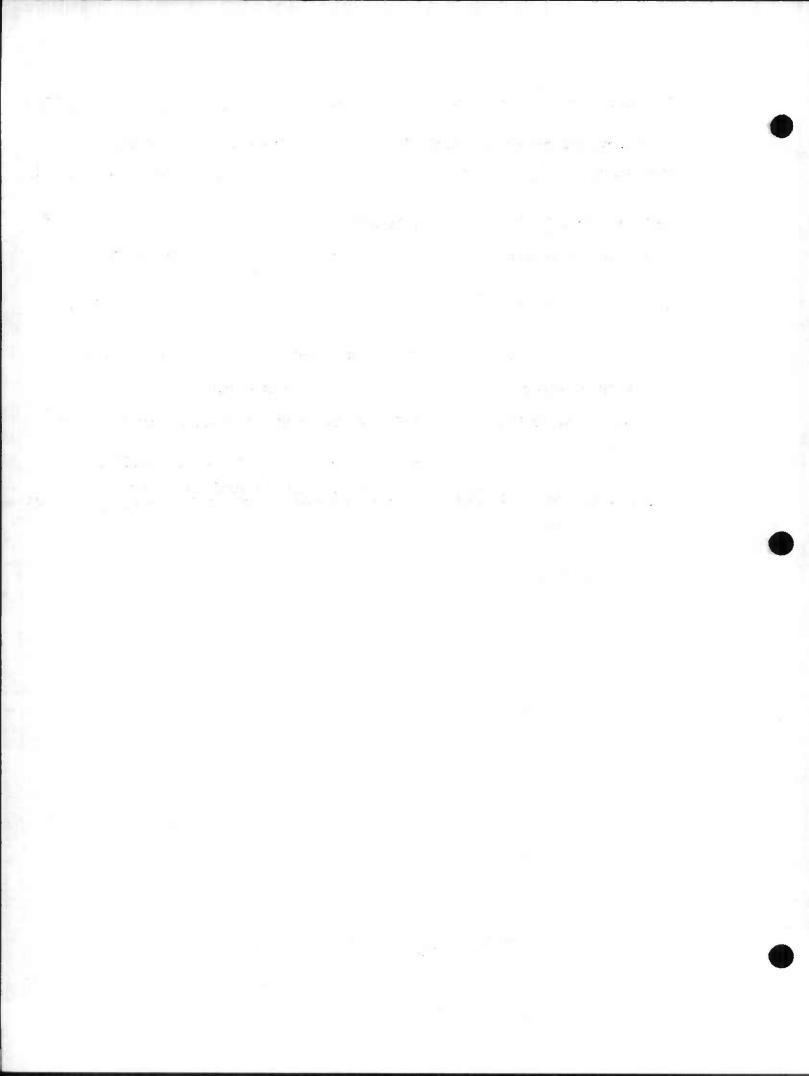
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9			5. Sociel Security		710	7. Age (In yrs.	_	If Under 1	Year	If Under 24							
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	Hema her dea	nu	11. Marital Status		12. Was Decedent Ever in U Armed Forcas?		S. 13.	Was Deceder If Yas, specify	Decedent of Hispenic Origin? (Specify Yess, specify Cuban, Maxican, Puerto Rican, at			city Yes or N Rican, atc.)) 14. Had) Bla		ce - Amarican Indien, ck, Whita, etc.		
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Maryland 21215-0020	d 2 should be filed with the nd Mentel Hygiene. 7 is marked other than traumatic event, the		19a. Informant's N	Name/Ralationship (Type, Print)		19b. Mail	ng Addrass (S	Street	an <i>d Number</i>	o <i>r Rura</i>	Routa Numb	per, City	or Town	Stata, Zip	Code)	
	and n 27 er tr		Gina Nev	ville	daughter			8503 Imperial			, La	aurel,	Mar	ylar	d 207	708	
ore	of He		20e. Mathod of Dis	•	7-		Placa of Disposition (Nama of emetery, cramatory or other pla			Data Data		20c. L	ocation -	- City or To	wn, Stata	1	
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Baltimore,	그들하는			ineral Service Lice		11		2. Nama and									
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)r	shock, or had	tha disease or com art failure. List only	ona causa on a	ach line.	i. Do not an	tai ma moda	OI UYIII	g, such as ca	truiac o	raspiratory	allest,			Intarvai	nata Between nd Death
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	Examiner		Immediata Causa disease or condition	on	a	ereb	rova	Scul	2	AC	UC	ent				60	lays
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	requires that the death certificate be assouted seen signed by the attending physician and hould be detached for use as the bunal-transit	edical Examiner	Sequentielly list conditions, Due to (or es e consequance of):														
50,			Sequentielly list conditions, if any, laading to immediate causa. Entar Undartying Cause (Disease or injury c.														
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Bo	attendi for us	an/		_	0												
	he al	SIC	Part ii. Other signi	ificant conditions	ontributing to de	eath but not rasu	iting in tha	indariying cau	sa giv	an in Part I.		23b. Did	tobacco	use co	ntribute to	the cau	e of death?
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S	or Att after d Direct in by	뒫	28a. Placa of Injury - At homa, farm, street, factory, offica building, atc. (Specify)								Θ))					
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THE SULPHING INVESTIGATION OF THE SERVICE CONTRACT OF THE SERVICE.

State of Maryland / Department of Health and Mental Hygiene

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						Cei	rtificate of	Death		Reg. No.	70	20100	
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	/Medi Examir		4a. Facility Nama (If not institution, giv	a street and number)	, ,			4b. City, Town, or L				a ba	
	LAAIIII	ici	Howard Count	v General	Hospi	tal		Colum	bia		ward		
	Funeral		5. Social Security Number 6. S		a (In yrs. las		If Undar 1 Yaa Months Days	r If Undar 24 Hrs.				aca (Stata or Foreign	
	Director		236-14-4298 Usual Rasidenca of Dacedant	June 7	June 7, 1914 West Virginia								
	how		10a. Stata 10b. County		10c. City,	Town or Lo	cation				10	od. Insida City Limits	
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	vith th	Dire	10e. Street and Number				10f. Zip Coda			10g. Citizan of		•	
	ath w	ral	8118 Tide Rock S	4			210			Unite			
21215-0020	72 hours efter death with the Maryland natural, or Items 23a or 28a-f show deal Examiner must be notified at	by Funeral Director	11. Marital Status 1 □ Navar Married 2 □ Married 3 ☑ Widowad 4 □ Divorced	12. Was Decedant I Armed Forcas? 1 ☐ Yas 2 ☑ N If Yas, Giva Yaar or Datas:	1	Was Decedant of f Yas, specify Cul I □ Yas 2⊠ No	Hispanic Origin? (Sp ban, Maxican, Puarto Specify:	ecify Yas or No Rican, atc.)		ce - Amarica ck, Whita, a			
5-0	72 hours "natural", ed cal Ext	ted	15. Decedant's Ed			16a. Deced	dent's Usual Occu	upation	dos	16b. Kind of B	usinass/ind	ustry	
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Maryland	ges 1 and 2 should be filed within tof Heelth and Mental Hygiene. If frem 27 is merked other than or other traumatic event, the Mental contract of the Mental co		19a. Informant's Name/Relationship (Mrs. Jean Perry/D				-	et and Number or Ru					
	Heelth Heelth John 27		20a. Mathod of Disposition	augitter	1		sition (Nama of	ck Square	Data	20c. Location		21045	
Baltimore,	permit. Pages 1 end Department of Heelth Important: If Item 27 any injury or other tr once.		1 ☐ Burial 2X Cremation 3 ☐		can	natary, crar	natory or other pl						
Ħ	permit. Pag Department Important: I any injury o		4 □ Donation 5 □ Other (Spacification 21. Signature of Funeral Service Licer		Met		ematory		-14-96	Catons	ville	, MD	
Ba	permit. Departmine importa any inje			mis-Wit	rko	H		Witzke Fu Columbia				MD 21043	
			23a. Part1. Enter the disease, or com shock, or heart failure. List only	plications that caused one cause on each lin	tha daath.	Do not ent	ar tha moda of dy	ring, such as cardiac	or raspiratory a	rrast,		Approximata Interval Batween	
D)	Physician											Onsat and Death	
71	/Medical Examiner		Immediate Causa (Final disaasa or condition rasulting in daath)	a. Athe	ewsc	lenot	tic Car	diovana	ulan 12	diseas	9	years	
		-	assiting in salating		D /						1	A	
	ted nsit	E						intestina	Y Ble	eding	(lays -	
30,	law requires that the death certificete be executed as been signed by the ettending physician and 2 should be detached for use as the buriel-transit	I Examiner	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants	Dua to (or as a consequence of):									
68760,	sete b	edical	that initiated evants resulting in death) Last	0.	Dua to (or a	s a conseq	uanca of):						
h.4	ding g	2	· ·	d.									
Box	ath c	lan									1		
	ires that the death cer signed by the ettendin d be detached for use	Physician/	Part II. Other algnificant conditions	23b. Did tobacco use contribute to the cause of death?									
P.0	that the ed by detac	Ph								1 Yes 2 No 3 Probably 4			
Records,	requires been sign should be	ted by							performed? availab			ra sutopsy findings illable prior to	
Rec	The law rate has be	Completed								· ·	of d	nplation of causa leath?	
tal			25. Was casa rafarred to medical					GC Place of Deep	10		10	Yas 25 No	
of Vital	Physician: this certific ral director,	To Be	axaminar?	Hospital:	at 2006	2/Outpation	t 3 DOA	26. Place of Deat			os (Consilie	1	
o	Phys arthis eral d		27. Manner of Death	28a. Data of Injur	y 2	8b. Tima of			ma 5 ☐ Rasidance 8 ☐ Other (Specify) 28d. Dascribe how Injury occurred				
Division	or Attending after deeth. Director: After In by the Iune	Certification:	1 Natural 5 ☐ Pending 2 ☐ Accident invastigation	28a. Data of Injury (Month, Day Year) 28b. Tima of Injury at Work? 1 ☐ Yas 2 ☐ No									
Vis	or Attendiates deeth. Director: A	1	3 Suicida 6 Couid not be datarminad	28a. Place of inju	ry - At hom	a, farm, str	aat, factory, office			Street and Numb	per or Rural	Routa Number,	
ā	s afte	Ped	4 D Horricios	building, atc	. (Зраспу)				City or To	Wi, Siele)			
	To the Hospital or Attending Ph within 24 hours after deeth. To the Funeral Director: After th completely filled in by the luneral	edical		ysician: To the best of liner: On the basis of and manner sta	axamination								
	ompl	Me	29b. Signature and title of cartifier				29c. Licen	ise number		29d. Data signe	d (Month, E	Jay, Year)	
	->-0		1 Stranger	1	. w	2	Da	31473		Drug	13, 1	996	
	15	-	30. Nama and addrass of person who	complated cause of	ath (Item 2	3a) (Type	Print)			•		M	
	,		PATPY CE A	· TOYE		V) 4	+565 H	+EM Lock	Core	WAY	EU	996 M	
	Sta	te	31. Data filed (Month, Day, Year)	1996 32. Registra	4 4	2.00	.1 44			*			
	Registr		HUU T 0	1330	A DU ALDE	ADC NO.	date						



BALTIMORE, MARYLAND 21215-0020

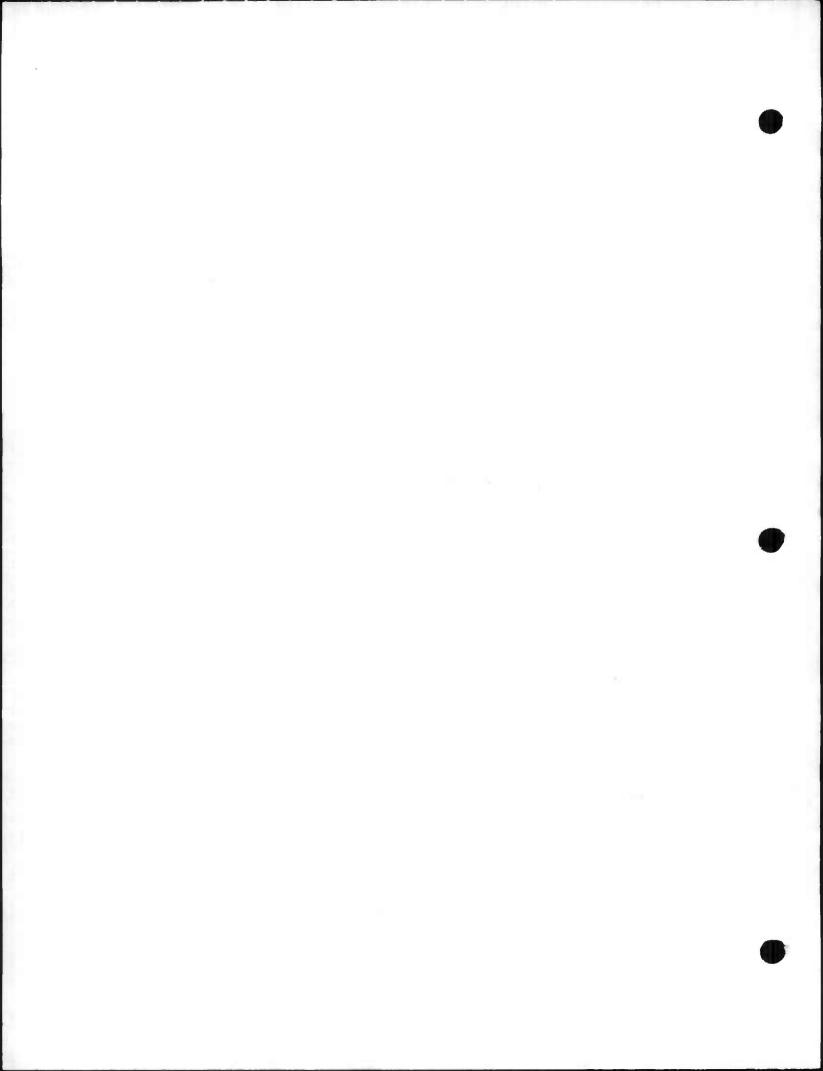
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an order of the feath. Page 6 may be retained by the hospital or requires that the signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	TEGIOTIAIT				OLIT	11110	AIL U	F DEA	111		REG. NO.			
	1. DECEDENT'S NAME (First	t, Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH
- 1	ANNA	MAY	NAYLOR						August 11, 1			1996 8:30		
- 3	4. SOCIAL SECURITY NUM	5. SEX 6. AGE (In yrs. In		vrs. last birth	ast birthday) IF UNDE		IF UNDER	24 MDS	7 DATE OF BIRTH		a BUDTINDI A		8:30 PM	
- 9	214-42-087	0					THS DAYS	_	MIN.	Aug 2	ny, Ybar)	004	Country)	
- 4			**	94	- "	S					1, 1	901	Pleas	ant Valley,MD
<u></u>	9a. FACILITY NAME (# not h		9b.	CITY, TOW	EATH	ATH 9c. COUNTY OF DEAT			HTA					
6	Avalon Mar		Hagerstown						Was	shing	ton			
DIRECTOR	RESIDENCE OF DE													
2	10a. STATE 10b. COUNTY						CITY, TOWN OR LOCATION . 10d. INS							10d. INSIDE CITY
히	MD	Washi	ngton		H	Hagerstown						- 1	LIMITS?	
ا پ	10e. STREET AND NUMBER					-0		10f. ZIP COD	F	_		HAT COUNTRY?		
2	14014 Mar								HAI COUNTRY?					
FUNERAL						742								
윤	11. MARITAL STATUS	S ARMED		13. WAS D	ECENDENT C	F HISPAN	IIC ORIGIN? (S	pecify Yee	— American Indian, White, atc.					
BY	1 Never Married 2 3 Widowed 4 Dive		IF YES, GIVE W					ES 2 X NO			n, etc.)		Specifi	v:
	2 NYMIOMAG 4 DIVE	orced					l Wh							White
		EDENT'S EDUC		16	sa. DECEDE	NT'S USU	AL OCCUPA	TION		16b. KII	ID OF BUS	SINESS/IN	DUSTRY	
<u></u>	Elementary/Secondary (College (1-4 or 5+	,	life. Do A	OT use reti	ired.)	most of working	ng					
4	8				Homen	naker	ker				m Ho	me 8	. Dom	estic
COMPLETED	17. FATHER'S NAME (First, A	ticiclia (ast)			. Tollion	iditel		ME (First, Midd			e DOIII	estic		
												Sumame)		
BE	Samuel C.									ne Toms				U
2	19a. INFORMANT'S NAME (Type/Print)			19b. MA	ILING ADD	PRESS (Street	et and Number	or Rural F	Route Number, (City or Town	n, State, Zip	p Code)	
-	Kim Creager				732	21 An	thony	/ HWY	Wa	ynesb	oro	PA	1726	8
- 1	20a. METHOD OF DISPOSIT			20b. PL			SPOSITION			DATE	_		City or Tov	
	1 Donation 6 Other	On 3 (Mama	red from State									•		D. 47060
	21. SIGNATURE OF FUNERA	-	mare /	HALID	erlan	ı var	ey Ure	MALORY	DC OF FA	18/15	L Way	nest	poro	PA 17268 ome, Inc.
1	William Control of Auto-		6 14	Bu	losso	1	22. NAME	AND ADDRE	35 OF FA	Gro	ove b	uner	al Ho	ome, Inc.
;	James A.	Bowe	CONTRACT (Beu	22000	4	50 S	Broad	St	Wayne	esbor	o P	A 1	7268
	23. PART I. Enter the d	iseeses, or co	omplications that	caused th	ne deeth									
- 1	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or reapiretory arrest, shock, or heart fellure. List only one cause on each line. Approximate interval Between													
- 1	IMMEDIATE CAUSE (FI		One								Onset and Death			
- 1	disease or condition	→ .	Hypert	e Car	Cardio Vascular Disease years								vears	
- 1	AND AND AS A CONSEQUENCE OF):												70010	
z			Hypochr										years	
으	Sequentially list condit if any, leeding to imme	ions,	DUE TO	DNSEQUEN	NSEQUENCE OF):								years	
CERTIFICATION	cause, Enter UNDERLY	ING												
H H	CAUSE (Disease or Injuthat Initiated events	iny c	DUE TO	OR AS A CO	ONSEQUEN	CE OFI:								
E	resulting in death) LAS	т				,								
與		d												
	PART II. Other algnifica	int conditions	contributing to	death but	not result	ting in th	e underly	Ing cause o	alven in	Part I. 24	. WAS AN	ALITOPSY	24h	WERE AUTOPSY FINDINGS
EDICAL										PERFORMED?			AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
٥	Intertroc	nanter	ic Fracture right femur					ur			. 1 ☐ YES 2 📉 NO			
₹												1 YES 2 NO		
	DID TOBACCO U	SE CONTR	BUTE TO CA	USE OF I	DEATH	YES [ON [T UNC	ERTAIN	1 🗆				
PHYSICIAN:	25. WAS CASE REFERRED T						heck only on							
잃내	EXAMINER? 1 X YES 2 □ NO		HOSPITAL:	ED/0-11-11-	-1 0 🗆 🗈	्य	HER:	N. 1		C=570				
≚ I	27. MANNER OF DEATH		1 Inpetient 2 I						aldence	6 Other (Sp				
直	_	Pending	(Month, Da	y, Year)		. TIME OF	v	NJURY AT WORK?		28d. DESCRI	BE HOW #	JURY OC	CURED	
⋒		Investigation	June 17	, 1996	8	:00 P	M 1 [YES 2 [NO	Trying	to ge	t up	to wal	k and fell
		Could not ba	28e. PLACE Of building.	INJURY — etc. (Specify)	At home, fi	erm, street	, tactory, of	fica		28t. LOCATIO	N (Street a	nd Number	or Rural Ro	oute Number,
띧	4 Homicide	determined				- Ava	lon Mar	nor				Pike.	Hager	stown Md.
3 Success 4 Homicides 5 Could not be determined building, etc. (Specify) 1 CERTIFFIER (Check only one) 2 X MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated.														
ᅙᆘ	5 V VMED	ICAL EXAMINER	: On the basis of ax	amination an	nd/or Invest	igation, in	my opinion.	, death occur	ed at the	time, date and	place, and	d due to th	re cause(a)	end menner as stated.
	296. SIGNATURE AND TITLE	OF CERTIFIER						29c. LICE	NSE NUM	BER		29d. DAT	E SIGNED	Month, Day, Year)
B	D01062 August 12, 1996													
일	30. NAME AND ADDRESS OF	F PERSON WHO	COMPLETED CAUS	E OF DEATH	ATEM 27	(Type Delet)	1 001	302	-		AU	gust	12, 1990
	Edward W. I					v. Wa	shing	gton S	t.	Hageı	stow	n, M	ld.	21740
	31. DATE FILED (Month, Day,		32. REGISTRAI											
	_ AUG 1	5 1996	Johns	luctur	Marks	Ц								



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96 2516

1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** Erik Steven NORD August /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Washington County Hospital Hagerstown Washington If Under 1 Yeer If Under 24 Hrs.
Months Deys Hours Min. 5. Social Security Number 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) **Funeral** 1**X** M 2□ F 286-40-3565 50 Yrs Director Usuei Residence of Decedent deeth with the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-1 show treumstic event, the Medical Examiner must be notified at 1X Yes 2 No Maryland Washington Hagerstown Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ŏ 604 Summit Avenue 21740 USA "naturel", or items 23a Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 M Yes 2 □ No If Yes, Give Yeer or Detes: 11. Maritel Stetus Was Decedent of Hispenic Origin? (Specify Yes or No-II Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: þ Specify: white 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) curator museum 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Gordon L. Nord Barbara Kohn 2 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Jeffrey G. Crosby/companion 604 Summit Avenue, Hagerstown, Md. 21740 Pieca of Disposition (Neme of cemetery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removei from State Hagerstown Crematory 8-13-96 Hagerstown, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licenses 22. Neme end Address of Fecility MINNICH FUNERAL HOME 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart leiture. List only one cause on each line. 415 E. Wilson Blvd., Hagerstown, Md. Approximete Interval Between **Physician** /Medical Immediete Ceuse (Finei disease or condition resulting in deeth) Examiner Completed by Physician/Medical Examiner ettending physician and for use es the burial-transit The law requires that the deeth certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Lest Box 68760 Due to (or es e consequence of): Pert II. Other significant conditions contributing to deeth, but not resulting in the underlying cause given in Pert I Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? the signed by t 1 Y Y 3 3 NO 3 Probably 4 Unknown 24b. Were eutopsy lindings available prior to completion of cause of deeth? 24e. Wes en eutopsy performed? certificate To the Hospital or Attending Physician: 25. Wes case referred to medical examiner? Be 26. Place of Deeth (Check only one) 2 No Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes ဥ 1 Impatient 2 ER/Outpetient 3 DOA s after death.

J Director: After this of in by the funeral d 27. Menner of Deeth Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Medicai Certification: 1 Neturei 2 Aocident 5 Pending 1 ☐ Yes 2 ☐ No investigation 6 Could not be 3 Suicide 28t. Location (Street end Number or Rurel Route Number, City or Town, Stete) Plece of Injury - At home, ferm, street, lectory, offica building, etc. (Specify) 4 I Homicide within 24 hours after To the Funeral Direcompletaly filled in by 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier (Check only one) 29b. Signeture end title of ceptifie 29c. License number 29d. Dete signed (Month, Dey, Year) who completed cause of deeth (Item 23e) (Type, Print) OAD, HAGELS Medi

State Registrar 31. Dete filed (Month, Dey,

State of Maryland / Department of Health and Mental Hygiene Gertificate of Death

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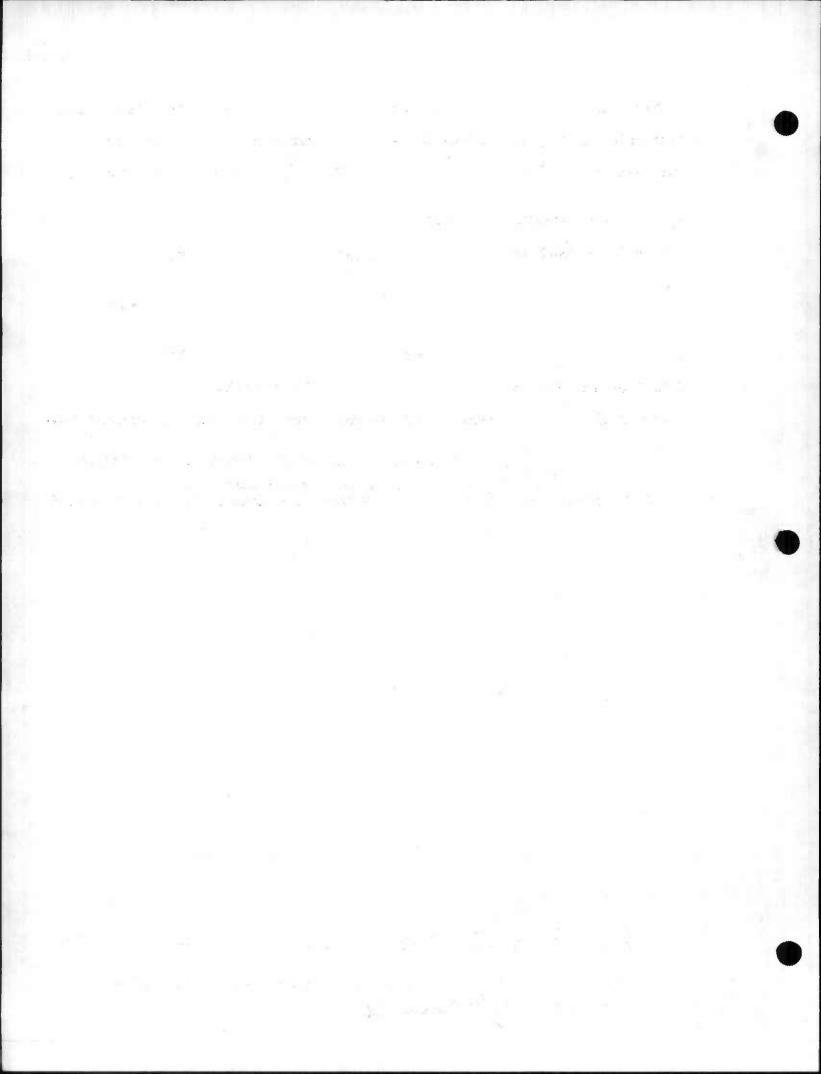
		-						illicate	, OI	Dealli		4	Reg. No.		
	Physici /Medic		Decedent's Nam	· · · · · · · · · · · · · · · · · · ·	Posner	•						2. Dafa of De Month July	Day	Yaar 1996	3. Time of Death 1:00AM
	Examir		4a. Facility Nama (If not Institution, gi	va street and nu	umbar)				4b. City, To	wn, or L	ocation of Deat	4c. Cou	nty of Deatl	1
			9786 Lon	ng View D	rive					Elli	cot	t City	Hov	ward	
	Funeral		5. Social Sacurity N		Sex	7. Aga (In yrs	. last birthday)	If Under 1	Yaar		24 Hrs. Min.	8. Data of Bir (Month, Da	th Voor	9. Birth	nplace (Stata or Foraign untry)
	Director		126-22-8	3708	1□M 200 F	65	Yrs.	Months	Days	Hours	Min.	June 4	1931	Ne	W York
	D .		Usual Residence of												
	nyler thow	_	10a. State	10b. County		10c. C	ity, Town or Lo	cation							10d. Insida City Limits
	o Ma	cto	Maryland	Howard			Ellia	ott Ci	.ty						1 ☐ Yes 2X No
	th th	Director	10e. Straet and Nu	mber				10f. Zip (10g. Citizen o	of What Col	untry?
	th wi		9786 Lon	g View D	rive			21	042	2			Unite	ed Sta	ates
	72 hours efter death with the Maryland natural, or flems 23a or 28a-f show or a Examiner must be notified at	Funeral	11. Marital Status		12. Was Dec	cedent Ever in U	J,S. 13.	Was Decede	nf of h	Hispanic Ori	igin? (Sp	ecify Yes or No Ricen, etc.)	- 14. F		icen Indian,
0	or fi	豆	1 Never Marr	iad 2☐ Married	1 ☐ Yes If Yes, G	2 No		1 Yes 2				rtioeri, oto.		Black, White	, atc.
9	ral.	1 by	3 🗆 Widowed	4 N Divorcad	Year or E	Dates:		103 2	22,40	эрвспу.			Spe	wr	nite
5	72 hours natural,	To Be Completed	(Spec	15. Dacedent's E	mda aamplatad)	16a. Dece	dent's Usual kind of work DO NOT use	Occup dona	pation during mos	t of work	rina	16b. Kind of	Business/I	ndustry
2	ithin Man	ф	Elementary/Seco		Collega ((1-4or 5+)									
7	ygien yer th	S					Den	tal Hy	gie					dical	
no	tal H	Be	17. Fathar's Nema		*							a (First, Middla		ema)	
<u>></u>	Men Men mrke	P		Slepchin						1.1.1	liar	n uni	mown		
Jar	2 sh and acm		19e, Informant's N									al Routa Numb			ip Code)
4	and n 27 ner to		Jodi R.		daught			Long		ew Dri	.ve	Ellico	ct City	, MD	21042
ore	of H fifer		20a. Mathod of Dis	position ⊠Cremation 3 [Removel from		Place of Dispo cematary, crar	nsition (Name matory or oth	a of ar pla	ice)	į	Date	20c. Locatio	n - City or 1	Town, State
Ē	Peg ment ury			5 Other (Space			tro Cre	emator	У		17	7-20-96	Cator	svill	e, MD
Baltimore, Maryland 21215-0020	permit. Peges 1 and 2 should be filed within 72 ho Depertment of Heelth and Mental Hygiene Important: If feen 27 is marked other than "natur any Injury or other traumatic event, the Medical ODGs.		21. Signatura of Fu	ineral Sarvice Lice	nsee	*	22	. Nama and	Addre	ess of Facilit	ty	7 77	·		
m	89 E E 8		Sha	. a Ca	llmo-1	20 D						neral Ho Pike Eli			MD 21043
			23a. Part1. Entar t shock, or hea	ha disease, or con	nplications that	ceused the dea	th. Do not ent	er the moda	of dyi	ng, such as	cardiac	or respiratory a	rrast,	CILLY	Approximate
	Physician		shock, or hea	ert failure. List only	one causa on a										Interval Batween Onset and Death
	/Medical		Immediate Cause	(Final	B	Las n	nadar 1	1		antho	6.	per cat	100	į	the sea
	Examiner		disaase or condition resulting in death)	n	a. 'C		or as a consec		_ (wur (-17	ipe, ca	Cernic		the year
	10100	Je.			Pa	- Due 10	or as a consec	luence or):							£.
	certificate be executed nding physician end use es the buriel-transit	Examiner	Saguestially list on	nditions C	b. 0	Due to (or as a consec	mence ot).						- 1	riceyear
ć	exec in en riel-tr	EX	Sequentially list co if any, leading to In ceusa. Entar Unde Cause (Disaasa or	nmediata		500101	01 43 4 0011300	adilod orj.							
ox 68760,	se be	edical	that initiated avants	3	C	Due to (or as a conseq	uence of):							
68	g ph	8	rasulting In death)	Last		Dad 10 (01 43 4 0011364	donos orj.							
X	h certific ending p	M/JW			d										
B	d for	cia	Part II. Other signif	licant conditions	contributing to d	loath but not re-	authing in the u	a dad da a a	ina ah	van in Bart I		22h Did	tobassa usa	a a minibusia	to the cause of death?
P.0	t the de by the	Physicia	Tarrii Ottor ergini	oun conditions	continuating to a	ioatii Dutiioji ja	salting in the di	ilderlying car	rse Au	van in raiti	١.		Yes 22 N		obably 4 Unknown
	ires that the deat signed by the ett d be detached for	by P										1	108 202 N	0 301	ODEDIY 4 OHKHOWN
Records,												24a. Was	an autopsy		Vara autopsy findings
8	w requir been s should	Completed										perfo	med?	C	vailabla prior fo ompletion of ceuse f death?
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a	Iclan: The		25 18/20 2020 50/05	and to modifical								10		1	☐ Yes 2☐ No
=		o Be	25. Was cese refer examinar?		Hospital:		7.000		Oth	hor:		h (Check only			
of	Phys ral d	5	1 ☐ Yes 2 ☐ 27. Manner of Deat				28b. Time of		1	4LINU	ursing Ho	ome 5 Aesi 28d. Describe			ify)
S C	ding Ph h. After thi funeral	tion	1 Natural	5 Pending		of fnjury oth, Dey Year)	Injury	м	C. Injui	rk? IYes 2□	No	Edd. Doddribo	now injury out	, , , , , , , , , , , , , , , , , , , ,	
S	Attandi er death ector: A by the f	Ca	2 ☐ Accident 3 ☐ Suicide	6 ☐ Could not b		o of foiunce At h	ome form etc					28f Location /	Street and Mu	mher or Pu	ral Routa Number,
Division of Vital	5 4 5 5	Certification:	4 Homicide	determined	build	e of fnjury - At h ling, atc. <i>(Speci</i>	fy)	eet, lactory,	OHIGE			City or To	wn, Stata)	mber or Mu	rai riodia ivariibai,
_	To the Hospital or Att within 24 hours effer of To the Funeral Direct completely filled in by		29a. Certifier	10 Carellinian Po	hualofen. To #	hoot of man 1 -	audadaa daad		Alexa 41			and direct			atatad
	Hos 24 h Fun stely	edicai	(Check only one)	1☐ Certifying Pl 2☐ Medical Exa	minar : On the b	a best of my kno easis of examina iner stated.	ation and/or Inv	astigation, i	n my o	me, data an opinion, dea	ith occur	end due to tha red at the tima,	causa(s) and data and plac	manner as e, and due	stated. to the ceuse(s)
	thin the	₩ M	29b. Signature and	title of certifier	and man	niei stated.		290	Licens	se number			29d. Data sig	ned (Month	Day Year)
	F 3 F 8		1/1/	1 /1/1	1.1	1311	1				,		7 /		
		1	rugh	CMA	upu	0 114	7	0	V	1354	0		July	40	1986
	10		30. Nerne end addr	ass of person who	completed caus	se of daath (Ital	m 23a) (Type,	Print)	-	/	, ,	900	Carta	Ac	1/
			WMC	V47ERF	BUL	77(7)		gnes	14	55pit	al	-	Bolt	M	121219
	Sta	te	31. Date filed (Mon	IIII 9 9	1000 32. F	Registrar's aign	attire	2.11							

The THE SERVE

State of Maryland / Department of Health and Mental Hygiene 96

								Cer	tificat	e of	Death			Reg. No.		
П	Discolation		1. Decedant's Name (First, M	iddle, La	ist)								2. Dete of D	eeth	Vees	3. Time of Death
J	Physic /Medi		Christian		Lexus		Posa	da					Month Aug	06,	Yeer 1996	1835 PM
	Exami		4e. Fecility Neme (If not instit	ition, giv	re street end nu	m <i>ber)</i>					4b. City, To	wn, or Le	ocation of Dee		unty of Deeth	
1			University of	Mai	ryland I	Medica	al Cen	ter			Balti	more	2	Bal	timore	
	Funeral Director		5. Social Security Number 215–47–3746		Sex 1⊠M 2□F	7. Age (In	yrs. last birth Y	rs.	If Under Months	1 Year Days 42		24 Hrs. Min.	8. Deta of Bi (Month, D June		9 Rinth	piece (Stete or Foreign ntry) yland
	pu *		Usuel Rasidence of Deceden 10e. Stete 10b. Cou			10-	Oh. Tour	!	a a Alam							
	the Marylen 28a-f show	ector			undel		city, Town	Or Loc		0.1						10d. inside City Limits 1 ☐ Yes 2 ☐ No
	a 23a or	Funeral Director	3418 Andrews	Cou					10f. Zip	24				USA	of Whet Cou	
21215-0020	72 hours after death with the Marylend naturel; or items 23s or 28s-f show ores! Examiner must be notified at	Ď	11. Maritel Status 1 ☑ Never Married 2 ☐ I 3 ☐ Widowad 4 ☐ Divor		12. Was Dec Armed Fo 1 Tes If Yes, Gi Yeer or D	orces? 2 No ve	in U,S.	If	Yes, spec	eify Cub	an, Mexicai	n, Puerto	ecify Yes or N Rican, etc.) lombia r		Race - Ameri Bleck, White, ecify: Whit	, etc.
5-0	d within 72 hours plane. r than "naturel", the Mexical Exe	Completed	15. Dece (Specify only hi	dent's E	ducation				ent's Usue		oation during mos	t of work	ina	16b. Kind	of Business/In	ndustry
121	within ane. than "	du	Elementery/Secondery (0-1		Coilege (1-4or 5+)	1	lifa. D	O NOT us	se retire	d)	i or work	n ig			
2		ပ္ပ	None				N/	A						N/A		
pu	be filed ital Hygi d other svent, t	Be	17. Fether's Neme (First, Mide								18. Mothe	er's Nam	e (First, Middle	, Meiden Sur	name)	
yla	0 2 2 0	2	John Alexande										Maylor			
, Maryland	nd 2 alth e 27 Is r tran		19a. Informent's Neme/Releti Monica Naylor			nother							02, La			nd 20724
nore			20e. Method of Disposition 1 3 Buriai 2 ☐ Cremeti			State		, crem	etory or o	ther ple		277	Date O. (O.C.		on - City or T	
Baltimore,	permit. Pages Depertment of Important: If I eny Injury or		4 Donation 5 Otha 21. Signature of Funeral Serv			11	MD Nat	_					3/9/96 Nome, P		l, Mar	yland
	88558		1 Kellety	Ken	Meli	le									nd 207	07-4389
>	Physician		23a. Part1, Enter the disease shock, or heart (gillure.	or com	one ceuse on a	ach line.		ot ente	r the mod	e of dyl	ng, such es	cardiac	or respiretory (errest,		Approximete interval Between Onset end Death
П	/Medical Examiner		Immediete Cause (Finel diseese or condition resulting in death)		Sej	otic S	Shock								į	1 DAY
п		_	resulting in datatil)			Due	to (or es e co	nsequ	uenca of):							
_	ed isi	- Jue			b. Ext	treme	Prema	tur	ity							
90,	icata be executed physician and s the bunal-transit	I Examiner	Sequentially list conditions, if eny, laading to immediate causa. Entar Underlying Cause (Diseese or injury	J	0	Due t	o (or es e co	nsequ	uenca of):							
ox 68760,	leath certificata be executed ettending physician and d for use as the bunal-transit	//Medical	thet initiated events resulting in deeth) Lest	J	d	Due t	o (or es e co	nsequ	ence of):						1	
Bo	death e etter ed for u	Physician	Walling and Company													
o.	e the	ıysı	Pert ii. Other significant cond					the und	derlying c	ause giv	en in Pert i					o the cause of death?
S, P		by Pt	Severe Chr	onio	Lung I	Diseas	se						10	Yes 2 h	lo 3□ Pro	bably 4 Unknow
Record	been s	Completed	***			- 6							24a. Wes	s an eutopsy ormed?	ev	Vere eutopsy findings veileble prior to ompletion of cause deeth?
	0 - 0	E											102	Yes 2 N		Yes 2000
Vital		Bec	25. Wes case referred to med	ical							26 Piece	of Death	h (Check only			2210
>		0	exeminer? 1 ☐ Yes 2 ☑ No		Hospitel: 1 [X]	npatient	2 ☐ ER/Outp	ationt	3 DO	Oth	or.		ma 5□Res		Other (Specie	6.1
of		n:T	27. Menner of Deeth		28e. Deta	of Injury	28b. Tir	na of		8c. Injui		1	28d. Describe			(7)
o	oding F oth: : After e funer	tio	1 ☑ Naturel 5 ☐ Per 2 ☐ Accidant Inva	ding stigation	,	th, Dey Yea	r) inj	ury	М		rk? Yas 2□	No				
Division	or Attending after deeth. Director: After d in by the fune	Certification:	3 ☐ Suicide 6 ☐ Cou	ld not be ermined	286. Pieca	of Injury - Ang, etc. (Sp	At home, fem ecify)	n, stre	et, factory	, office			28f. Location (City or To	(Street end N wn, Stata)	ım <i>ber</i> o <i>r R</i> um	al Route Number,
	To the Hospital or Attent within 24 hours aftar deet To the Funeral Director: completaly filled in by the	edical C	29a. Cartifier 15 Certification (Check only one) 15 Medic	ying Ph ai Exan	ysician: To tha tiner: On the be end meni	best of my esis of axam ner steted.	knowledga, Ination end/	daath o	occurred estigation,	et the tir	ma, date en plnion, dee	d pleca, a	and due to the ed et tha time,	causa(s) and data and pla	l menner es s ca, end dua t	steted. o tha causa(s)
	Nithir To th	Me	29b. Signeture end title of cert	ifier _	1		2 1	_	29c	Licens	e number			29q. Dete si	gned (Month,	Dey, Year)
			> Kara	nl) Yeu	n Un	10 M	10		0431	44			Augus	t 8,	1996
	2		30. Neme end address of pers	1 7). Fa	irchi	10 2	2 5	Gre	ene	Stree	et, E	Baltimo	re, Ma	ryland	
	Sta Registr		31. Dete filed (Month, Day, Ye AUG		1996 32. R	egever's s	gnature auction	Rano	lill							

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State of Maryland / Department of Health and Mental Hygiene

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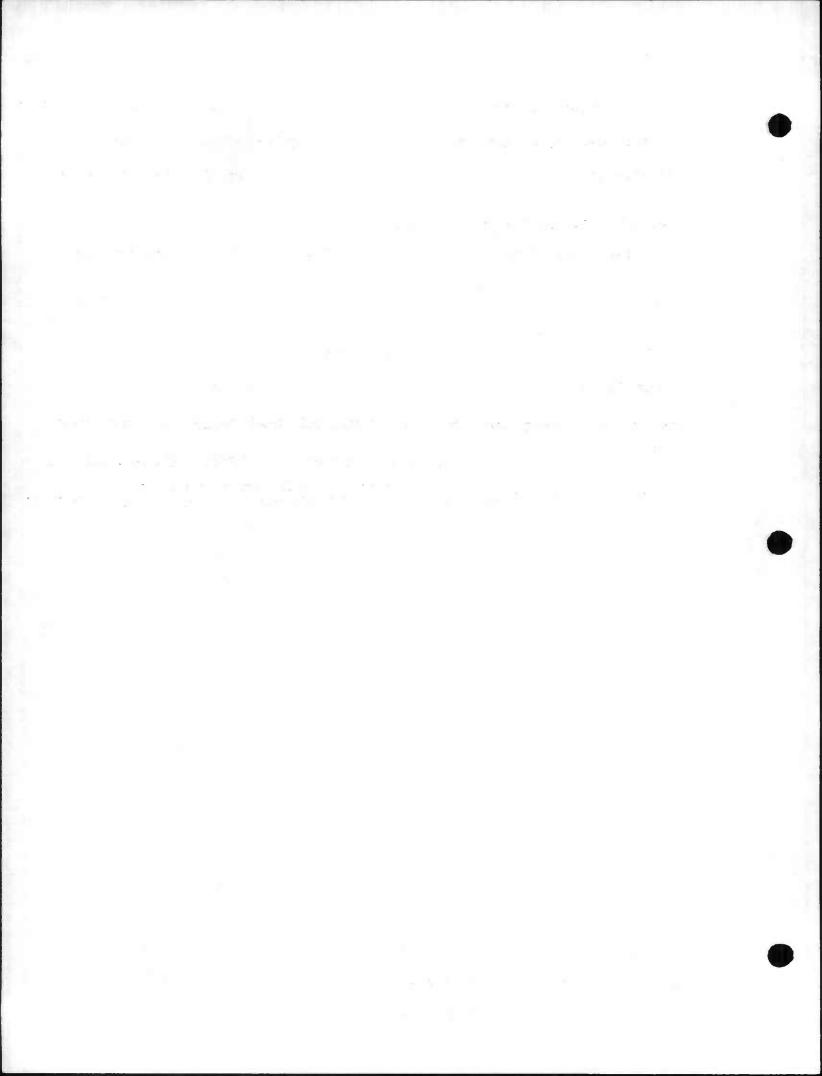
						Cei	tificate o	f Death		Reg. No.		
			1. Decedant's Nama (First, Middla, L.	ast)					2. Data of D	eath	Was	3. Tima of Death
	Physic /Medi		Harriet	A. Pass					Aug	4 1:	996	8:15 PM
	/Medi Examir		4e. Fecility Nema (If not institution, gi)			4b. City, Town,	or Location of Dee		y of Death	
			3004 North Rid	ge Road #2	207			Elli	cott City	7 How	ard	
	Funeral Director		5. Social Security Number 6. 345-30-1268		ga (In yrs. last 84	birthday) Yrs.	If Under 1 Ye Months Day	ar If Under 24	Hrs. 8. Dete of Bi			ece (Stete or Foreign lry) Onsin
	t 28a-f show	<u></u>	Usual Residence of Decedant 10a. Stete 10b. County		10c. City, To	own or Lo	cation				10	Od. Inside City Limits
	Ne M	ecto	-	e Georges	La	urel	1.112.					
	th with	Funeral Director	4713 Greencastle				10f. Zip Code 20°	707		10g. Citizan of Unite	whet Count d Stat	
020	or its	þ	11. Marital Status 1 Navar Merried 2 Merried 3 Navar Merried 4 Divorced	12. Was Decedant Armed Forcas 1 ☐ Yes If Yas, Giva Yaar or Datas:	?		Vas Decedant of I Yas, specify C I □ Yas 2 █ਿੱਨੀ	uban, Maxican, P	? (Specify Yes or N uarto Rican, atc.)	O- 14. Ra Bis	ce - Amarica ack, Whita, a fy: Whi	atc.
21215-0020	within ene.	Completed	15. Decedant's E (Specify only highest gr Elamantary/Secondary (0-12)	ducation ede com <i>pleted)</i> Collega (1-4or		(Give lifa. L	lant's Usual Occ kind of work doi DO NOT usa ret	ne during most of ired)	working	16b. Kind of E	Businass/Ind	
	filed Hygir offi-	Ö	17. Fathar's Nema (First, Middla, Las	")		110	AIRAIICA SC.		Nama (First, Middle	-		
Maryland	s 1 and 2 should be filed f Health and Mental Hyg item 27 Ia marked other other traumetic event,	To Be	Thomas Schneider						Sellner			
Ma	d 2 st h end 7 la n traun		19a. Informant's Name/Raiationship						r Rural Routa Numi			
	Health Health Hem 27		Mrs. Judith A. Yo 20a. Mathod of Disposition	ung/Daugnt			SI EEI ICo sition (Nama of	astre RO	ad Laure	20c. Location		20707
10	oges int of t: If it		1 ⊠ Buriel 2 ☐ Cramation 3 [cema	atary, cran	natory or other p					
Baltimore,	permit. Peges 1 end Depertment of Health Important: if item 27 any Injury or other ta		4 ☐ Donation 5 ☐ Other (Special Signature of Funeral Service Lice		St.		's Cemet		8-8-96			ity, MD
Ba	Depe Impo any Ir			00 - 41	P-2-				Funeral H			
			23a. Part1. Entar tha disaasa, or con shock, or haart failura. List only	plications that ceusa one ceusa on aach i	d the daath. D				a Pike El			MD 21043 Approximata Interval Between
7	Physician /Medical Examiner		tmmediata Causa (Final diseese or condition rasulting in daeth)	a	Purina	Long	Parlure uance of):				1	Onset and Deeth
		ner			Lung (1	
	acuted and trans	Examiner	Sequentially list conditions, if any, laading to immediate	b	Dua to (or as						i	
90,	se axe	E E	ff any, laading to immediate cause. Enter Underlying Cause (Disaasa or injury that initiated evants	6							1	
68760,	entificate be executed ding physician and se as the burial-transit	/Medical	that initiated evants resulting in death) Last	0.	Dua to (or as	a consequ	uence of):					
SOX	eath certific ettending p i for use as			d							1	
S.B	0 0 0	Physician	Part II. Other significant conditions	contributing to death b	out not rasulting	g in tha ur	ndariying causa	givan in Part I.	23b. Did	tobacco usa co	ontribute to	the cause of death?
S, P.O	requires that the death cer een signed by the ettendin hould be detached for use	by Phy							1	Y98 2₽No	3 Prob	ably 4 ☐ Unknown
Records,	N 00 E	Completed t							24a. Wa	s an autopsy formed?	ava	ra autopsy findings ilabla prior to applation of cause leath?
H	E Sed	Cou							1 🗆	Yas 2₽No	1 🗆	Yas 2□ No
Vital	ysician: The is certificate director, pag	Be	25. Was casa rafarred to medical axaminer?	11					Daath (Check only	ona)		
of	5 00	70	1 Yas 2 TNo	Hospitai:		Outpatien	1 3LI DUA		ng Home 5 ⊒-Ras)
Division	p te er	Certification:	27. Manner of Death 1 ☐ Panding 2 ☐ Accidant 2 ☐ Accidant		ary Year) 28t	o. Time of tnjury	28c. In V M 1	juryat vork? □Yas 2□No	28d. Describe	how injury occu	rred	
Divis	s after death. I Director: A d in by the fu	Sertific	3 ☐ Sulcide 6 ☐ Could not to datarmined	20a. Place of In	iury - At homa, c. (Specify)	farm, stre	eat, factory, office	20	28f. Location City or To	(Street and Num own, Stata)	ber or Rural	Route Number,
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edicai		nysician: To the best miner: On the basis o and manner st	f axamination							
		M	29b. Signatura end titia of certifiar	m R	ens n	10) - 1782	1	29d. Data signo	/	
	3		30. Nama and addrass of person who				Print)	ELL	COTT CI	TY, Md	2/04	2.

DHMH 16 Ray 6/95

State

Registrar

AUG 0 7 1996



State of Maryland / Department of Health and Mental Hygiene 9 6

25166

						Certi	ficate of	Death		Reg. No.	20		
П	Physici	an	Decedent's Neme (First, Middle, Landson A. Control						2. Dete of D Month	Dev	Year		me of Deeth
	/Medi		AGNITA	BRADLEY		PH	ILLIPS		August		96		40 P
	Examir	ner	4e. Facility Neme (If not institution, give	The state of the s	- 1 77 -	1		4b. City, Town, or		-	nty of Deeth		
L	_	_	Memorial F				If Under 1 Year	Easto			lbot		
	Funeral Director			Sex 7. Age	(in yrs. last t		Months Deys		8. Dete of B (Month, D	irth Dey, Year)	9. Birth Cot MAR	place (S intry) YLAN	State or Foreign
	yland		10a. Stete 10b. County		10c. City, To	wn or Loca	tion					10d. Ins	Ide City Limits
	e Ma	cto	MARYLAND DORCHEST	ER	HURL	OCK						1.4	Yes 2 No
	th with th	al Director	10e. Street end Number 105 OAK STREET				10f. Zip Code 2164	3		10g. Citizen o	of What Cou	intry?	
21215-0020	be filed within 72 hours after deeth with the Maryland tei Hygiene. d other than "natural", or items 23s or 28s-f show event, the Medical Examinet must be incitited at	by Funeral	11. Meritel Status 1 ☐ Never Merried 2 ☐ Married 3 🖾 Widowed 4 ☐ Divorced	12. Wes Decedent E Armed Forces? 1 ☐ Yes 2 ☑ N If Yes, Give Yeer or Detes:			s Decedent of I es, specify Cub Yes 2 2 No	Hispenic Origin? (S een, Mexican, Puer Specify:	Specify Yes or N to Rican, etc.)	Special	ece - Amer leck, White		en,
5-(72 h natu	Completed	15. Decedent's E (Specify only highest gro	ducation ade completed)	16	(Give kir.	nt's Usuel Occup ad of work done	during most of wo	orking	16b. Kind of	Business/li	ndustry	
12	filed within Hygiene. ither than ent, the Mo	du	Elementary/Secondary (0-12)	College (1-4or 5-	+)		NOT use retire	•				-	
9	Hygie ther int, th	ပိ	17. Fether's Neme (First, Middle, Last)			HOMEMAK	LK 18. Mother's Na	me (First Middl	-	WN HO	1E	
Maryland	should be filed nd Mentei Hygi marked other imatic event, i	o Be	HERMAN FRANKLIN B						E MARTI		51110)		
ary	should be nd Mentei marked o	To	19e. Informent's Neme/Reletionship		19	b. Melling.	Address (Stree	t and Number or A			m, Stete, Z	ip Code)	
Σ	s 1 and 2 if Health a item 27 is other trace		DORIS P. BAILEY -	- Daughter	1	05 SH.	AWNEE C	IRCLE, C.	AMBRIDG	E, MD 2	1613		
ore,	He He		20e. Method of Disposition	-	20b. Pleca	ol Dispositi	ion (Name of tory or other ple	ice)	Dete	20c. Locatio	n - City or T	own, Sto	ete
Ē	Pege nent int: H		1 XBurlel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Special					CEMETERY	8/9/96	HURLOC	K, MA	RYLA	.ND
Baltimore,	permit. Peges 1 and 2 should be Department of Health and Merte Important: if Item 27 is marked any injury or other traumatic es once.		21. Signature of Emarkal Service Lice	1990 C O	nn	22. N 7.E.L.	iame end Addre	ess of Fecility ERAL HOM	F P O	BOX 2	0.7		
ш	20129		Demous	the se	ller			TREET, E				2163	1
П			23a. Don't . Enter the disease, or com shock or heart failure. List only	plications that caused one cause on each line	the death. Do	not enter	the mode of dyi	ing, such es cardie	c or respiretory	errest,		Appro	ximete ai Between
	Physician		Lucial de la companya			٨	•	^ L	. 0			Onset	end Death
	/Medical Examiner		Immediate Cause (Finel disease or condition resulting in deeth)	a cereb	no va	cula	racua	leur wu	The left	Hemi pl	40	-	DAY
	1200	P.	•,]	Due to (or es	conseque	nce of):	elation		•	9	VIC	1000
	b d d ansit	Examiner	Secure to the ties conditions	b. Chron	Due to (or es	real	fubri	Mullo	<u> </u>		<u> </u>	YE	ARS
ó	Attending Physicien: The law requires that the death certificate be executed or deeth. ector: After this certificate has been signed by the ettending physicien and by the funeral director, page 2 should be detached for use es the bunal-transit	Exa	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	Hu 1	all ou	h à	rica or).				!	YE	ARS
68760,	nte be nysici	edical	Cause (Diseese or Injury that initieted events resulting in death) Last	c. , og	Due to (or es e	conseque	nce of):					10	777
	artifica ing ph e es ti	15	resolving in dealth) cast								į		
P.O. Box	ires thet the death cei signed by the ettendir d be detached for use	Physician/		d									
0	the e	ysic	Pert II. Other significant conditions of	contributing to death but	t not resulting	In the unde	erlying cause gi	ven in Pert I.	23b. Die	tobacco use	ontribute	to the ca	use of death?
	thet the ed by detac		LAST Breast	courcer.	SIP	nund	bied r	adialwa	ketter 10	Yes 2 N	3 □ Pro	bably	4 Unknow
Sp	uires sign ld be	d by			11		U			s an eutopsy	24b. V	Vere autr	opsy findings
00	w require been signal	lete	Hyperleusie	} \						formed?	a	veilable i	
Re	he lay e has age 2	Completed	Refuel	detaction	met				15	Yes 20 No		Yes	2□ No
ta	delen: The certificate rector, pag	Be C	25. Wes case referred to medical	all all a	way			28. Place of De	eth (Check only			□ 168	2 140
>	ysici is cer direc	To B	examiner? 1 Yes 2 No	Hospital: Impatier	nt 2 ER/0	Outpatient	3□ DOA Ot	hon	Home 5□Re		Other (Spec	ify)	
0	ig Ph ter th		27. Menner of Deeth 1 Neturel 5 ☐ Pending	28a. Dete of Injury (Month, Day	Year) 28b	Time of	28c. Inju			how injury occ		-	
Sio	endir beth. or: Af the fu	atic	2 ☐ Accident Investigatio	n				Yes 2□No					No like
Division of Vital Records,	To the Hospital or Attending Physicien: The law within 24 hours effect death. To the Funeral Director: Affect this certificate has completely filled in by the funeral director, page 2	Certification:	3 Suicide 8 Could not be determined	28e. Pleca ol Inju- building, etc.	ry - At home, (Specify)	lerm, street	t, lectory, offica		28l. Location City or To	(Street and Nul own, State)	m <i>ber</i> or Ru	ral Route	Number,
	he Hospi in 24 hou he Funer pletely fill	edicai	29e. Certifier 1√ Certifying Pt (Check only one) 1√ Certifying Pt 2 Medical Example 100 Medical Example 1	ysician: To the best of niner: On the basis of end menner stet	examinetion a	ge, deeth o	ccurred et the ti	ime, dete end plec opinion, deeth occ	e, and due to the urred et the time	e cause(s) end o, dete end plec	manner as e, and dua	stated. to the ca	use(s)
	Vith To t	Σ	29b. Signeture end title of cartiller				29c. Licen	se number		29d. Date sig	ned (Month	, Day, Ye	ear)
			STAL	MD			D460	20		8	3/6/0	76.	
			30. Name end address of person who				•						
			SYED I. ALI, M. 31. Date filed (Month, Dey, Year)	D., 506 ID		AVEN	UE, EAS	TON, MD	21601				
	Sta Registr			32. Registre	of water	-Red-	Ц						
DH	MH 16 Rev 6/9	_	AUG 1 2	1330			•						

Paranta a see

State of Maryland / Department of Health and Mental Hygiene

25167

							Cert	tificate o	f Death		Reg. No.		20101
	Dhunin	·	1. Decedent's Neme							2. Dete of De Month	eeth Dey	Yeer	3. Time of Death
	Physici /Medi		Te	d (Quick					JULY	22,4	96	0944
	Examir		4a. Fecility Neme (If r	not institution, giv	ve street end number	")			4b. City, Town, o	r Location of Dee	th 4c. Count	y of Death	
			Laurel Re						Laurel			ce Ge	
п	Funeral		5. Sociel Security Nur		Sex 7. A 1 ☑ M 2 ☐ F	ge (In yrs. last	Yrs.	Months Dey		n. (Month, D	rth ay, Year)	9. Birthp	eleca (Stete or Foreign etry)
	Director		249-34-477 Usual Residence of D		K	65	113.			July 1	7,1931	South	n Carolina
	tand tand			10b. County		10c. City, To	wn or Loc	ation				1	Od. Inside City Limits
	Marylan f show	Ö	MD	Howard		Laure	1						1 ☐ Yes 2 No
	28e	Director	10e. Street end Numb	per				10f. Zip Code			10g. Citizen of	What Cour	ntry?
	3a o	0	8430 Old (Columbia	Pond			20723			USA		
	me 2	Funeral	11. Maritei Stetus	COLUMBIA	12. Wes Deceden	t Ever In U.S.	13. W		f Hispanic Origin?	(Specify Yes or N	o- 14. Re	ce - Americ	
21215-0020	d 2 should be filed within 72 hours after death with the Maryland th and Mental Hygiene. The marked other than "natural", or itema 23a or 28a-f show traumatic event, the Medical Examiner count by notified at	by	1 Never Married		Armed Forces 1 XYes 2 If Yes, Give Yeer or Detes	l No		Yes, specify Cu ☐ Yes 2 🛭 N		erto Rican, etc.)		ock, White, White	
5-0	72 ho	ted	(Specifi	5. Decedent's E	ducation	16	Se. Decede	ent's Usuel Occ	upetion	norkina.	16b. Kind of E		
21	within lene. than	Completed	Elementery/Second		College (1-4or				e during most of w red)	Orking			
	filed within Hygiene. ther than	S			2 years	L	itho	grapher	To a service and		Printi		
Maryland	d off H	Be	17. Fether's Neme (Fi	irst, Middle, Last	1)					eme (First, Middle		me)	
3	2 should be and Mental 8 marked o	2	B. C. Qui							e L. Smit			
Mar	and and is m		19e. Informant's Nem			step			et end Number or				
	CENE		Gregory Wa	*	cholson, 11	-	2815	New Hau	mpshire A				
Ö	2 0 P		20e. Method of Dispo-		Removel from State	com a	tery, crem	etory or other p	lece)	Dete	20c. Location		
Baltimore,	tmen tant:	100	4 □ Donetion 5			Four		Cemete		7/26/96	Four Oa	ks, N	IC
Bal	permit. Pag Department Important: I any injury o		21. Signature of Fube	ral Service Ucer	nsee)		Do		ress of Fecility n Funeral ott Ave.			A 207	707_4389
F	_		23a. Part1. Enter the shock, or heart	disease, of com	plicetions thet cause	ed the deeth. D	o not enter	r the mode of d	ylng, such as cardi	ec or respiretory	errest,	10 201	Approximete Interval Between
ě,	Physician		Show, or hoof	Condition Clot Only	0110 04030 011 0001	iiiio.		٨					Onset end Deeth
П	/Medical		Immediate Causa (Fi	nel	Set	Sis	an	d -	Hyper	calcer	nia		& clays
н	Examiner		resulting In death)		a	Due to (or as	a consequ	ence of):					7
-	₽ #	ine		_	. Sq1	1 Pm	orl	1 Ca	Ol Ca	nces	27	1	lueas
	and trans	Examiner	Saquentially list cond	litions,		Due to (or es	a consequ	enca of):			1		1
50,	oe ex		Saquentially list cond if eny, leeding to imm cause. Enter Underly Cause (Disease or In)	ring	dur	9 1	est	th \	meta	ntuse	7		
09289	rifficate be executed ng physician and as the buriel-transit	Medical	that initiated events resulting in death) Le			ue to (or es	consequ	ence of):					
	E 0 8			L	d						_	i	
Box	death ce e ettendir ed for use	Physician/											
o.	0 0 0	ysl	Pert II. Other significa	ant conditions o	contributing to death	but not resulting	in the und	derlying cause (given in Pert I.				the cause of death?
Δ.	es that the igned by th be detech									1 🗆	Yes 2 No	3)SProl	bably 4 Unknown
Vital Records,	8 6 8	d by								24a Was	s en eutopsy	24b. W	ere autopsy findings
Ö		Completed									ormed?	evi	alleble prior to mpletion of cause
ž	has has	dm										of	deeth?
<u>e</u>										10	Yes 2 No	10	Yes 250No
NE NE	Physician: this certific	Be	25. Wes case referred examiner?		Hospitel:				28. Place of D	eeth (Check only	one)		
o	5 00	10	1 ☐ Yes 2 No.)	1 Da Inpat	-	Dutpetient	3LI DOA	4 LI Nursing	Home 5 ☐ Res			y)
no	ding I After funer	5	1 Natural	5 Panding	28e. Dete of Inj (Month, D	By Year)	. Time of Injury	28c. In W	ork? ☐ Yes 2 ☐ No	260. Describe	how injury occu	rred	
isi	Attending r death. ector: After by the fune	Ical	2 ☐ Accidant 3 ☐ Sulcide	Investigetion 8 Could not b	OB Diese of le	njury - At home,	form etro			28f Location	(Street and Num	her or Rura	il Route Number,
Division	or Attendent efter deat Director:	Certification:	4 ☐ Homicida	determined	building, a	c. (Specify)	ioiii, strot	Bt, factory, office			wn, State)	DOI 01 11010	Troble Humber,
	Hospital 24 hours Funeral stely filled		29e. Certifiar 1	Certifying Ph	nyalcian: To the best	of my knowled	ne deeth (occurred at the	time deta and pla	ce, and due to the	causa(s) and m	anner as si	tated
		edicai	(Check only 2 one)	Medical Exam	niner: On the basis of end menner s	of examinetion of	nd/or Inve	stigation, In my	oplnion, deeth oc	curred at the time,	, dete and pleca	and due to	the cause(a)
	To the within 2 To the comple	×	29b. Signeture end titl	ie of certifie	? ~			29c. Lice	nse number		29d. Dete sign	ed (Month,	Dey, Year)
	,			50	200	M-	X	Da	2472		7/2	2/9,	6
	0		30. Nema and address	s of person who	complated cause of	deeth (Itam 23s) (Type, P	rint)	, , ,	/ -	-	t.	
			SYEN	A.	SADU	2.14	800,	4 10	St.	LAUR	Ec n	18	20707
	Sta	ite	31. Dete filad (Month,		32. Regis	rer's Signature	0.					-	
	Registr	ar	J	UL 251	996	d7 ilumbasc	Marda	14					

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ITEMS: 5. & 18. PER INFORMANT FILM g-740 10/30/96 t.t

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

25168

_	,					Cen	ilicate c	or Death		F	Reg. No.		
	Physici /Medi		Decedant's Nama (First, Middla, Last Leroy Ambros							2. Data of Dea Month August	Day 199	Yaar 96	3. Tima of Death
	Examir		4a. Facility Nama (If not institution, giva Calvert Memoria	l Hospital						cation of Death derick	4c. County		
	Funeral Director		220 01 /02/	x XM 2□ F 7. Aga 85	(In yrs. last b		If Undar 1 Ya Months Day		24 Hrs. Min.	8. Data of Birth (Month, Day Dec. 11	, Year) 1910	9. Birthi Cour Mar	placa (Stata or Foraigi otro) Yland
	e Maryland Sa-f show	ctor	Usual Rasidanca of Dacedant 10a. Stata 10b. County Maryland Prince Ge		10c. City, Tov Upper							1	10d. Inside City Limits 1 ☐ Yas 2 ☑ No
	h with th	Funeral Director	10e. Street and Number 16005 St. Thor	nas Church	Road		10f. Zip Code	20772			10g. Citizan of V U.S.A.	What Coul	ntry?
020	72 hours after death with the Maryland natural; or items 23s or 28s-f show dical Examiner must be notified at		11. Marital Status 1 ☐ Nevar Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	12. Was Decedant Ev Armed Forcas? 1 ☐ Yas 2 ☐ No If Yas, Give Yaar or Datas:			as Decedant of as, specify C		gin? (Spe n, Puarto i	cify Yas or No- Rican, atc.)		e - Amarick, Whita,	
21215-0020	C 6	Completed by	15. Decedent's Edu (Specify only highast grad Elamentary/Secondary (0-12)	cation a <i>complated)</i> College (1-4or 5+) N/A		a. Deceda (Giva ki lifa. Do	nt's Usual Oct nd of work do NOT use ret Farme	cupation na during most ired)	t of workin	ng	16b. Kind of B		dustry
Maryland	should be filed with nd Mental Hygiena. marked other than matic event, the M	To Be C	17. Fathar's Nama (First, Middla, Lest) John Qu:	inn				LILL TAN	r's Nama 11ic	(First, Middla, - Spark	Maiden Suman	na)	
	s 1 and 2 sh I Haalth and tam 27 la m other traum		19a. Informant's Name/Ralationship (Ty Barbara Ann Robins 20a. Mathod of Disposition 12 Burial 2 Cramation 3 F	son	20b. Placa comate	1865 of Disposit ary, crama	Bay St	creet H	lunti	ngtown,	Md 206	Gity or To	•
Baltimore,	permit. Paga: Department of Important: If I any Injury or once.		4 □ Donation 5 □ Other (Specify) 21. Signature of Funeral Service License	PL	rt. I	22.1	Nama and Ad	drass of Facility	y Le	e Funer	al Home	, In	
	Physician /Medical Examiner	iner	23a. Part. Enter the disaasa, or complished, or haart failura. List only or Immediata Causa (Final disaasa or condition rasulting in death)	a cause on each line.	ue to (or as a	ul.	21	lemo	X.	r raspiratory ari	Jun		Approximata fintarval Between Onset and Death
Box 68760,	eath certificata be axecuted attending physician and for usa es tha burial-transit	an/Medical Examiner	Sequentially list conditions, if any, leeding to immadiata causa. Entar Undarlying Cause, Diseasa or Injury that initiated evants resulting in death) Last	CAD.	ua to (or as a					U			
P.O.	requires that the death seen signed by the atter hould be dateched for u	y Physicia	Part II. Other significant conditions cor	tributing to death but	not resulting	In the und	artying causa	given in Part I.			obacco use co res 2 No	3 Pro	the cause of death:
Records,	2 s C	Completed by								24a. Was a perfor	an autopsy med?	av	ara sutopsy findings allable prior to mplation of cause daath?
Vital	vicien: The cartificate rector, pag	To Be Con	25. Was casa rafarred to medical axaminar?	fospital: 1 ☑Inpetienf	2 □ ER/O	utnotient	3□ DOA	Other		1 ☐ Y	P		Yas 2□ No
Division of	tending Phisath.	Certification: T	27. Manner of Death 1 12 Natural 2 Accidant 3 Sulcida 4 Homicide	28a. Data of Injury (Month, Day Y	/ear) 28b.	Tima of Injury	28c. Ir V M 1	njury at Vork? □ Yas 2 □ t	No 2	8d. Dascribe h	ow injury occur	red	ai Routa Number,
۵	Hospit 4 hour Funera tely fills	edicai Cer	29a. Certifiar 1 Certifying Phys	sician: To the best of r	ny knowledg kaminetion ar	a, daath o	ccurred et tha stigation, in m	tima, data and y opinion, daat	d placa, a	nd dua to the o	euse(s) and ma	nnar as s	tated. o tha cause(s)
	To the To the comple	Mec	29b. Signature and fittle of certifier	and mannar state	dan	~	I	2017168		2	29d. Data signe	d (Month,	Day, Year)
			30. Nama and address of person who co Dr. K. Yazdani, H	untingtown	, Md.		int) 639				•	•	
	Sta Registr		31. Data filed (Month, Day, Year) AUG1 4 19	32. Registrar's	Signatura	Rande	Щ						

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State of Maryland / Department of Health and Mental Hygiene

				Otate of W	arylari		tificate of	Death		ig. No.	96	25169
	Physic	ian	1. Decedant's Nama (First, Middla, La						2. Data of Death Month	Day	Yaar	3. Tima of Death
	/Medi			eley					July		1996	10:05 AM
	Examir		4a. Facility Nama (If not institution, gir	a street and number)			4b. City, Town, or I	ocation of Death	4c. County	of Death	
			Howard Car	unty la	ever	1 7		Columbia		Howar	rd	
	Funeral		The state of the s	187 M OF F		ast birthday)	If Ondar 1 Yaar Months Days		8. Data of Birth (Month, Day,	Year)	9. Birthpla	aca (Stata or Foraign
٠.	Director	г	215-07-8972	8	5	Yrs.			Dec 29,	1910	Mary!	l'and
	pug &		Usual Rasidance of Decedant 10a. Stata 10b. County		10c City	, Town or Loc	eation				10	d lastide Ohat teste
	sho sho	5					Zation				100	d. Inside City Limits 1 1 Yes 2 No
	Ne N	Director	MD Howard		Co.	lumbia	Time a					
	50		10e. Street and Number				10f. Zip Coda			g. Cifizan of V	Vhat Countr	y?
	234 P	rai	10799 Hickory Rid				21044			USA		
	hours after death with the Menfend ural; or items 23s or 28s-f show is Exeminer must be notified at	Funeral	11. Marital Status	12. Was Decedant Armed Forcas	?	S. 13. V	Vas Decedant of Yas, specify Cul	Hispanic Origin? (S ban, Maxican, Puart	pecify Yas or No- o Ricen, atc.)		e - Amaricai k, Whita, at	
20	S aft	by F	1 ☐ Navar Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yas 2 🛣 If Yas, Giva	No	1	☐ Yas 2 No	Specify:		Specify	White	
21215-0020	72 hours aft "natural", or oldel Exam	B	15. Dacedant's E	Yaar or Datas:	T	16a Dacad	ant's Hauel Ossu	Instian				
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	F S S S S S S S S S S S S S S S S S S S	Be C	17. Fathar's Nama (First, Middla, Last)		1 41116	- da	18. Mothar's Nan	na (First, Middle, N			CINCITO
Maryland	0 5 5 V	To B	John Reeley					Bessie	Wheeler			
ary	A DEE	-	19a. Informant's Name/Raiationship	Type, Print)		19b. Mailin	g Address (Stree	and Number or Ru	ral Route Number,	City or Town,	Stata, Zip C	Code)
	C = 21 +		Emily Reeley	spou	ıse			Ridge Ro				
9	other		20a. Mathod of Disposition		20b. Pi	ace of Dispos	sition (Nama of atory or other pla	!		Oc. Location -		
2	Peges nent of nrt: If its iry or o		1 Burial 2 Cramation 3 4 Donation 5 Othar (Special	Ramoval from Stata		_	Cemeter		7/26/96	rannev.	ille.	Maryland
Baltimore,	orta inju		21. Signature of Funeral Service Lice		11						rrre,	rarytara
m	Depermination of the series of		11/1/11/1	6/1				Funeral				- 1000
			23a Part1 Enter the disease by con-	unilications that cause	d the death	Do not ante	13 Talbo	tt Ave. L	aurel, Ma	arylanc		
15	Physician		23a. Part1. Entar tha disease, or comshock, or heart failure. List only	one cause on each li	ina.	. Do not unto		mig, over as outside	or raspitatory area		į	Approximata Intarval Batween Onsat and Death
)	/Medical		Immedieta Causa (Finel	Carl		d	- 6					2 /
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	THE STREET	Je.		Maria	/ 10	0						2 8
	ificeta be executed g physicien end es the bunal-transit	Examiner	Sequentially list conditions	b. 195014	Dua to (or	as a consequ	Jence of)				1/	2 crares
o o	en er inal-t		Sequantially list conditions, if any, leading to immadiata ceusa. Entar Undarlying Causa (Disaase or injury that initiated avants	Mc-a	0	01	10 1				2	U 1.
68760,	ysici	edicai	Causa (Disaase or injury thet initiated avants rasuiting in death) Last	c. 175Ce	Dua to Tor	as a consequ	lance of	5			d	7 days
	E 000		rasoning in Gaain) Cast				U				i	0
Box	ettendin for use	an/		d							1	
	 requires that the death cer been signed by the ettendin should be detached for use 	Completed by Physician/M	Part II. Other significant conditions of	ontributing to death b	out not rasu	lting in tha un	darlying causa g	ivan in Part I.	23b. Did tol	bacco uss cor	tributs to t	the cause of death?
P.0.	by the	Å.	Alabadasa Ala	1 eman		-/ /	,		1 □ Ye	8 2 No	3 Probe	ably 4 Unknown
Ś	se the	þ	Acciectasis, Pleura	1 EHUST:	245	Obstr	vetire					
of Vital Records,	requires that been signed b hould be dete	8	. 0 . 0 //	1	0	10	/		24a. Was an	autopsy	24b. Ware	e autopsy findings labla prior to
ပ္ထ	law re las be	De	jaundice, colls	tones	no.	nydn	ations		porioni	1001	com	plation of cause eath?
æ	The is	E				0			1 ☐ Ya	s 2 No	10	Yas 2 No
ita		Be C	25. Wes cesa raterred to medicel					26. Pleca of Dea	th (Check only one	a)		
>	Physician: r this certific and director,	To	axaminer? 1 ☐ Yas 2 ☑ No	Hospital:	ent 2 🗆 E	R/Outpatient	3□ DOA O	thar: 4 Nursing H	ome 5 ☐ Raside	nce 6 Othe	or (Specify)	
	\$ \$ p		27. Menner of Death 1 ☑Naturel 5 ☐ Pending	28a. Dete of Inju (Month, Da	Y Year)	28b. Tima of Injury	28c. Inju		28d. Dascribe ho			
Ö	ath. x: Af	atic	2 ☐ Accident Invastigetio	n	, ,	injury		Yas 2 □ No				
Division	r Atte	Certification:	3 ☐ Sulcide 6 ☐ Could not b 4 ☐ Hornicida determined		ury - At hor	ma, farm, stra	at, factory, office		28f. Location (Str. City or Town	eet and Numb	er or Rural I	Routa Number,
	ai Di	Cer			(-							
	To the Hospital or Attending Phywithin Zybours after death. To the Funeral Director: After this completely filled in by the funeral	edical	(Check only 2 Medical Exar	yalclan: To the best niner: On the basis of	of my know	rladga, daath	occurred at tha t	ima, data and place	and dua to the ca	usa(s) and ma	nnar as stat	ted.
	the F the F	Pa	one)	and mannar st	ated.	on and/or miv			i eu ai ma ima, da	ra and place, a	ind dual to t	na Gausa(S)
	With To To	Σ	29b. Signature and title of certifier	1	and			sa number	29	d. Data signed	(Month, Di	ay, Year)
			1 1011	eon.	MA	1	104	6120	J	Vla 2	23, 1	776
	2		30. Name and address of person who	complated ceusa of d	laath (Itam	23a) (Type, F	Print)	^		0		
			Fernando Delei	J 5999		rper's	Form	Road	Columbia,	MD	2040	+
	Sta		31. Deta filed (Month, Day, Yaar)	32. Registr	ar's Signati	ura P.						
	Reaistr	ar I	301 4 3 1	3301 ABAA	AN PARTIES	AND THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	Ed.					

DHMH 16 Rev 6/95

and the same of th

State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death 5:580M 16 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Howard County General Hospital Columbia Howard 7. Age (In yrs. lest birthdey) If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) Dec 9, 1928 9. Birthpiece (Stete or Foreign 18 M 2□ F Months Deys Hours Min Yrs. Maryland Usuel Residence of Decedent 10b. County 10c. City. Town or Location 10d. Inside Cltv Limits 1 Yes 2 No Ellicott City Howard 10f. Zip Code 10g. Citizen of Whet Country? 4210 College Avenue 21041 United States 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14 Rece - American Indien Bleck, White, etc. 1 Never Married 2 Merried 1 ☐ Yes 2 ☒ No Specify: 3 Widowed 4 Divorced White Year or Detes: 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Maintenance Worker Hospital 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) David Russell Anna Distler 19e. Informent's Neme/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zlp Code) Connie Runkles/Daughter 3843 London Bridge Road Sykesville, MD 21784 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) Dete 20c. Location - City or Town, Stete ₩ Buriel 2 Cremetion 3 Removel from Stete Crest Lawn Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 8-19-96 Marriottsville, MD 22. Neme end Address of Facility Harry H. Witzke Funeral Home, Inc. 21. Signature of Funerei Service Licensee tylee 4112 Old Columbia Pike Ellicott City, MD 21043 - W 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth 1ears Due to (or es e consequence of)

/Medica

Examiner

Physician

/Medical

Examiner

Funeral

Director

permit. Pages 1 and 2 should be filed within 72 hours effer death with the Maryland Department of Health and Mental Hyglene.
Important: If Item 27 is marked other than "natural", or Items 23s or 28s-1 show any Injury or other traumatic event, the Medical Examiner must be notified at ORCe.

altimore, Maryland 21215-0020

5. Sociel Security Number

212-26-9512

10e State

Maryland

11 Marital Status

10e. Street end Number

6

20e. Method of Disposition

Director

Funeral

à

Completed

Be

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Physician Examiner

tha death certificata be executed

Division of Vital Records, P.O. Box 68760.

physician and s the buriel-transit Physician/Medical attanding p ed by the a datached f signed b ð Completed hes page 2 cartificata or Attending Physician: after death.

Director: After this carifica director. Be 2

funarel

filled in by tha

Hospital 24 hours

To the Hosp within 24 hou To the Fune completely fi

Certification:

edical

Sequentielly list conditions, If eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest

Immediate Ceuse (Finel diseese or condition resulting in deeth)

Due to (or es e consequence of) 23b. Did tobacco use contribute to the cause of death?

Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I.

1 → Yes 2 No 3 Probably 4 Unknown

24e. Wes en eutopsy performed?

24b. Were autopsy findings aveilable prior to completion of cause of death?

1 Yes 2 LNo 26. Plece of Deeth (Check only one)

1 ☐ Yes 2 ☐ No

25. Wes cese reterred to medical 1 | Yes 2 | No 27. Menner of Deeth

1 Naturel

2 Accident

3 Suicide

5 Pending investigation

nung

28e. Dete of Injury (Month, Dey Year) 6 ☐ Could not be

1 ☐ Inpatient 2 ☐ ENOutpetient 3 ☐ DOA 28b. Time of

28c. Injury et Work? 1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how Injury occurred

28e. Plece of Injury - At home, term, street, tectory, office building, etc. (Specify) 4 D Homicide Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end piece, end due to the cause(s) and manner as stated.

| Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end piece, and due to the cause(s) and menner stated.

| Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end piece, and due to the cause(s) and menner stated. 29e. Certifier (Check only one)

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

29b. Signeture end title of certifier

29c. License number

29d. Date signed (Month, Dey, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Dr Young Ellicott City annapolis Rd 200 old 31. Dete filed (Month, Dey, Year)

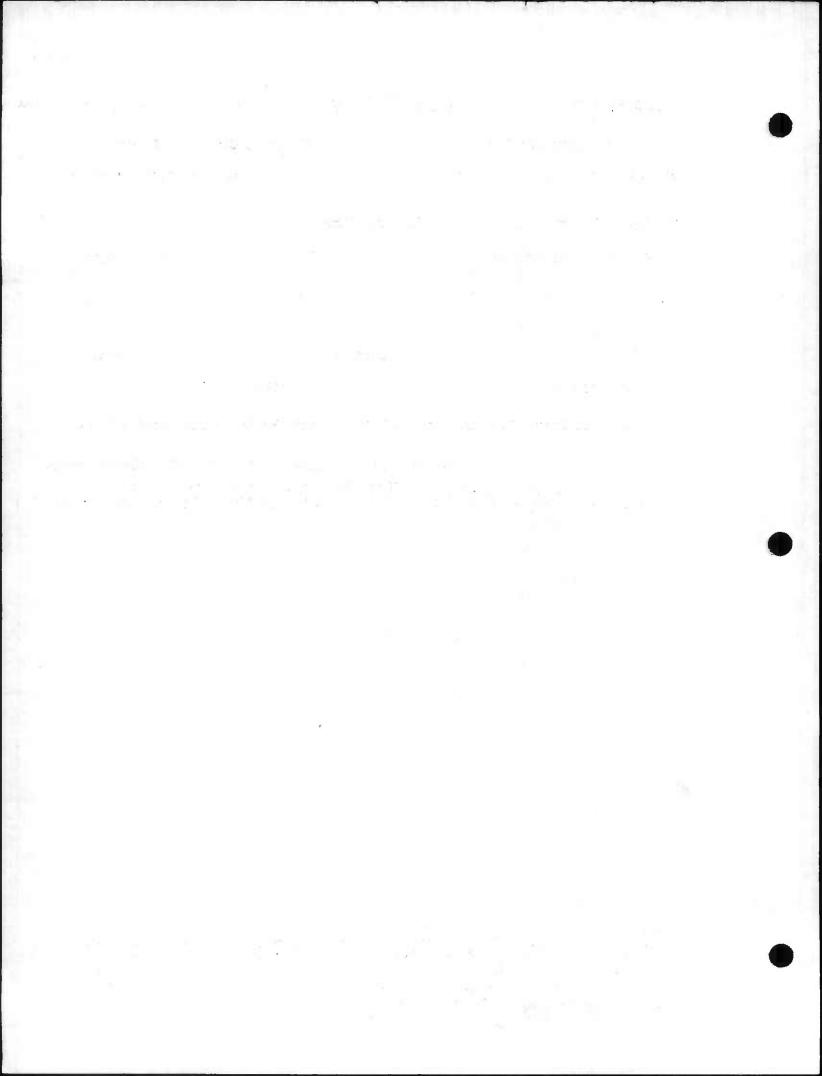
State - Registrar

32. Registrer's Signeture

6 Julia daudion Randall AUG 1 9 1996

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene

				,	Cert	ificate of	Death	Re	g. No.			
	Physici /Medi		1. Decedent's Name (First, Middle, Las		ROD	EY		2. Dete of Deetl	h	Year 46	3. Tima of Deeth	
	Examir		4a. Facility Neme (If not institution, give	street end number)			4b. City, Town, or I	Location of Deeth	4c. County	of Death		
			3334L North				Ellicot		How			
	Funeral Director		5. Sociel Security Number 6. Security S	9X 7. Age (in 82		Months Deys		8. Dete of Birth (Month, Dey, Nov 11,			lece (Stete or Fore try) rland	ign
	/lend		10a. Stete 10b. County	100	c. City, Town or Loca	ation				10	0d. Inside City Limi	Its
	Man	jo	Maryland Howard		Ellicot	tt City					1 ☐ Yes 2 N	No
	th the	Director	10e. Street and Number			10f. Zip Code		10	g. Citizen of V	Vhet Coun	lry?	
	th wit		3334L North Chath	am Road		210	42		Unite	d Sta	ites	
020	, 72 hours effer death with the Maryland "naturel", or flama 23a or 28a-f show solcal Examinet must be notified at	by Funeral	11. Meritel Stetus 1 □ Never Merried 2 □ Merried 3 ☒ Widowed 4 □ Divorced	12. Wes Decedent Ever Armed Forces? 1 ☐ Yes 2 ☒No If Yes, Give Yeer or Detes:		as Decedent of Yes, specify Cul ☐ Yes 2 No	Hispenic Origin? (S ben, Mexican, Puert Specify:	pecify Yes or No- o Rican, etc.)		e - America k, White, e	etc.	
9	in 72 hor	P	15. Decedent's Ed	ucation	16a. Decede	nt's Usuel Occu	petion		16b. Kind of Bu			
21215-0020	within ene. then	Completed	(Specify only highest grade Elementery/Secondery (0-12)	College (1-4or 5+)	life. Do	nd of work done O NOT use retir nemaker	e during most of wor ed)	king	Own	Home		
pu	tel Hygid d other event, n	Be C	17. Father's Neme (First, Middle, Last)				18. Mother's Nen	ne (First, Middle, M	faiden Surnem	e)		
Maryland		To E	Theodore Reiter				Ethe	l Parks				
lan	2 should and Men is marke	١.	19e. Informent's Neme/Reletionship (7	ype, Print)	19b. Meiling	Address (Stree	et end Number or Ru	ral Route Number,	City or Town,	Stete, Zip	Code)	
	f Heeith tem 27 other tr		Mr. Delano E. Hai			Study 1	Road Wes	tminster,	Maryl	and 2	1158	
Baltimore,	200		20e. Method of Disposition 1-		Ob. Place of Dispost cemetery, creme	tion (Neme of story or other pl	ece)	Dete 2	20c. Location -	City or To	wn, Stete	
ij	tant: tant:		4 ☐ Donetlon 5 ☐ Other (Specify) 1	Meadowride	ge Ceme	tery	8-12-96	Elkrid	ge, M	laryland	
Bal	permit. Page Depertment of Important: if any injury or once.		21. Signeture of Funerel Service Licens	This- With	leo Hai	Neme end Addr Cry H. V	ress of Facility Witzke Fur Columbia	neral Hon	me, Inc	• i+v	MD 21043	
۲	6		23a. Pentl. Enter the disease, or comp shock, or heert fellure. List only of	ollications that caused the						LCy,	Approximete Intervel Between	
	Physician /Medical Examiner		fmmediete Ceuse (Finel disesse or condition resulting in deeth)	· Atherosc		ardio					Onset and Deeth	
		ner		500	ro (oi es e consequi	ence or).				1		
	tificate be executed ig physician end es the burlel-transit	Examiner	Sequentially list conditions,	b. Due	to (or es e conseque	ence of):						_
00	se exe		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	0						i		
68760,	cate t	Medical	thet initiated events resulting in deeth) Lest	Due	to (or es a conseque	ence of):						
	certificanding pluse es l	/Me		d							15.1	
Box	atte for	Physician/										
P.0.	0 0 8	ysi	Part II. Other significant conditions co	ntributing to death but not	t resulting In the und	lerlying cause g	iven in Pert I.		_		the cause of deat	
		by PI						1 Va	s 2LUNO	3 □ Prob	ably 4 Unkno	WI
Vital Records,	requir	Completed b						24a. Wes ar		eva	re autopsy findings illable prior to npletion of cause leeth?	5
æ	0 - 5	E						1 □ Ye	6 2 No	1	Yes 2DNo	
ta	delan: The certificate rector, pay	Be C	25. Wes case referred to medical				26. Place of Dee	th (Check only one				
of <	5 00	To	exeminer? 1 Yes 2 No	Hospitel: 1 Inpatient	2 ER/Outpatient	3□ DOA O	ther	ome 5 Reside		er (Specify)	
n			27. Menner of Death 1 ☑ Neturel 5 ☐ Pending	28a. Dete of Injury (Month, Dey Yea	28b. Time of Injury	28c. Inju	ury et ork?	28d. Describe ho	w Injury occurr	red		
Sio	Attending P r death. ector: Atter t by the funer	cati	2 Accident investigation				Yes 2 □ No					
Division	rar tar di	Certification:	3 Sulcide 6 Could not be 4 Homlcide determined	28e. Plece of Injury - building, etc. (Sp	At home, ferm, stree pecify)	ot, fectory, office	i	28f. Location (Str City or Town	reet end Numb , State)	er or Rura	Route Number,	
	To the Hospital or within 24 hours after To the Funeral Director Completaly filled In	edical	29e. Certifier (Check only one) 1 ☐ Certifying Phy 2 ☐ Medical Example 1	refcten: To the best of my finer: On the basis of examend menner steted.	knowledge, deeth o minetion end/or inve	ccurred et the t stigation, in my	lme, dete end plece opinion, deeth occu	, and due to the ca rred at the time, de	use(s) and ma ite end pleca, a	nner as ate	eted. the cause(s)	
	To the To the To the Somp	Me	29b. Signature end title of certifler		Dut	29c. Licen	se number	29	d. Dete signed	d (Month, L	Dey, Year)	
			1 Sept man - St-	The Man	That	Di	31473		Lua 9	,19	96	
	\Υ		30. Neme and address of person who o	ompleted a use of death	(Item 23a) (Type, Pr	int)	• •		1	19	642	
				, MN 456			DIGWA	4 Eui	Laici7	y Mi	0	
	Sta	te	31. Dete filed (Month, Dey, Year)	32. Rigistrer's S	Ignature Rada	"				1		



State of Maryland / Department of Health and Mental Hygiene 96 25 172

						Cer	tificate o	f Death		Reg. No.		
	Physic /Medi		Decedent's Neme (First, Middle, Le Virginia		ta		RICHMON	ND	2. Data of Dec Month		विद्य	3. Time of Deeth
	Exami		4a. Facility Name (If not institution, giv. Washington County					4b. City, Town, or Hage	Location of Deeth		of Deeth ashingt	on
	Funeral Director		101-10-0103	Sax 7. Ag	a (In yrs. 7	lest birthdey) 9 Yrs.	If Under 1 Yas Months Dey			h v, Year) 6,1916	9. Birthplace Country Pennsy	e (Stete or Foreign y lvania
	erylend ehow		Usuel Residence of Decedent 10e. State 10b. County Pennsylvania Butl	or		y.Town orLoc					10d.	Inside City Limits
	88-1	Director		rer	По		1					1 ☐ Yes 2 ☒ No
	23e or 2	rai Dire	10e. Street end Number Route 1				10f. Zlp Code	038		U.S.A		}
020	be filed within 72 hours after death with the Meryland tal Hyglene. Id other than "natural", or flams 23s or 28s-f show event, the Medical Examiner must be notified at	by Funeral	11. Meritel Stetus 1 Never Merried 2 Merried 3 M Widowed 4 Divorced	12. Wes Decedent Armed Forcas? 1 ☐ Yes 2 ② If Yes, Giva Yaer or Detes:		If	Ves Decedent o Yas, specify Cu	f Hispanic Origin? (Suban, Maxican, Puar Specify:	Specify Yas or No- to Rican, etc.)	Specif	ce - American ck, White, etc. y: Whi	
5-0	72 ho	eted	15. Decedent'a Ed (Specify only highest gra	ducation		18e. Deced	ent's Usuel Occ	supation	rkina	16b. Kind of B	usiness/Indus	try
Maryland 21215-0020	filed within Hygiene. Wher then "	Completed	Elementery/Secondery (0-12) 0-12	College (1-4or	5+)	life. D	teacher	e during most of wo red)	, and	school	L	
land	e d ai	To Be	17. Fether's Neme (First, Middle, Last, Meade E.						me <i>(First, Middl</i> e, athryn M			
lan	d 2 should th end Mer 7 Ie merke treumatic		19e. Informant's Neme/Reletionship (Type, Print)		19b. Meilin	g Address (Stre	et and Number or R	ural Route Numbe	er, City or Town	Stete, Zip Co	de)
	5 = 2 -		Mr. Lemuel J. Ric	hmond/Son				Well Roa	d, Willi	amsport	, Mary	land 217
Ore	t of Hee If Item		20a. Method of Disposition 1 ☐ Burial 2 ☑ Cremetion 3 ☑	Ramoval from Stete	20b. P	lece of Disposematary, cram	sition (Name of natory or other p		Date	20c. Location		
를	tment tant:		4 ☐ Donetion 5 ☐ Other (Specif	··	Squ		Hill Ce		8-12-96	Clarion	Count	y, PA
Baltimore,	permit. Peges 1 Department of H Important: If its eny injury or ot		21. Signature of Funarel Service Licer	Menne				rass of Facility FUNERAL Wilson Bly		oratorm	wa s	21740
	Physician		23a. Pert1. Enter the diseese, or com shock, or heart feilure. List only	plications thet caused one cause on each li	tha death						Ar	pproximete tervel Between inset and Deeth
	/Medicai Examiner		Immediete Ceuse (Finel disease or condition resulting in deeth)	e. Con	jest	me-	hear	t Fouli	ne		19	192
		Je		Res	Due to (Q	r es s consequ	uence of):	Luca			8-	6-96
	cuted	Examiner	Sequentially list conditions.	b. —	Dua to (or	r es e consequ	uence of):	- Conce			1	
Ö,	e exe ien ai urlei-t		Sequentially list conditions, if eny, leeding to immediata cause. Enter Undarlying Cause (Disease or Injury	Re	na	1 =	Jaile	ne			N	A
68760,	that the death certificate be executed ed by the ettending physicien and detached for use as the buriel-transit	Medical	that initiated events resulting in death) Last	C		r as a consequ	ience of):					
Вох	eath cer ettendin I for use	an/N		d		-					i	
	he ett	Physician/	Pert II. Other significant conditions of	ontributing to death b	ut not rasu	uiting In tha un	derlying cause	given in Pert I.	23b. Dfd t	obacco use co	ntribute to th	e cause of death?
s, P.O	es that the de igned by the be detached	by Phy							10'	Yes 2□No	3 Probab	ly 4 Unknow
Records,	aw requires been s	Completed								en autopsy med?	availe	autopsy findings ble prior to etion of cause th?
<u> </u>	The ate h	Son							101	res 25 No	1 🗆 Y	es 2 No
Vital	Physician: The this certificate rei director, pag	Be	25. Wes case referred to medical examiner?	Alexander and a second					eth (Check only o	ne)		
0	Physic this o	은	1 Yes 2 No	Hospitel:		ER/Outpatient	3LI DOA		lome 5 ☐ Resid		A CONTRACTOR	
	After fune	Certification:	27. Manner of Deeth 1 🖾 Netural 5 ☐ Pending 2 ☐ Accident investigation		y Year)	28b. Time of Injury	28c. In W	jury at fork? □ Yas 2 □ No	28d. Describe h	now injury occur	Ted	
Division		Sertific	3 Sulcida 6 Could not b 4 Homicide determined	28e. Plece of Inj building, et	ury - At ho c. (Specify	ome, ferm, stre	et, fectory, offic	9	28f. Location (S City or Tox		ber or Rural R	oute Number,
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical (ysician: To the best niner: On the basis of and menner st	axaminat							
	To the within 2 To the comple	Me	29b. Signatura and titla of certifier	in mo			29c. Lice	nsa number		29d. Data signe	od (Month, Day	
			30. Name and address of person who ZUBAIR H-F		eeth (Item	123e) (Type, F	Print) C STR	EET, HAG	ERSTOW	N, MD	21742	

State Registrar 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture Wheeler to the following the second of the s

permit. Pages 1, 2, 3 should page 5 should be detached for use as the burial-transit the hospital or attending physician. once. notified at Page 6 may be pe must director, examiner funeral death. the after medical filled in by the and completely for burial, cremation event, executed traumatic 9 attending physician ntal Hygiene prior to requires that the death certificate be other 1 0 signed by the atte Health and Mental Injury. been signed by pt. of Health and 3 shows any I HOSPITAL OR ATTENDING PHYSICIAN: The law has b Dept. Hem certificate t 6 this c L DIRECTOR: After the hours after death w FUNERAL WITHIN 72 h THE PIECE

28

Dr. Vasant Datta

AUG 1 4 1996

31. DATE FILED (Month, Day, Year)

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -Irene Elizabeth Rohrer CERTIFICATE OF DEATH REG. NO DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATN 3. TIME OF DEATH VEAD -6 19 aluth apr 8 996 er 4. SOCIAL SECURITY NUMBER 4. AGIE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign Jan. 22, 1913 83 Maryland 220-30-8884 1 🗌 M 2 💢 F YRS. 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Washington Fahrney-Keedy Memorial Home Boonsboro DIRECTOR RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY Washington Maryland Hagerstown 1X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 21740 **USA** 68 East Avenue 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 If yee, specify Cuban, Maxican, Puarto Rican, etc.) 2 X NO 1 Never Married 2 Married 1 TYES 2 NO Specify. BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) housekeeper companion 18. MOTNER'S NAME (First, Middle, Maiden Sumeme) 17. FATNER'S NAME (First, Middle, Last) Harry Davis Rohrer Sarah Elizabeth Lutz BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 7044 Rock Creek Drive Frederick, Maryland 21702 C. Rohrer Ralph 20e. METNOD OF DISPOSITION 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION /Name of DATE 1X Burial 2 Cremation 3 Removal from Stata Zion Lutheran Church Cemetery 8/15 Middletown, Maryland Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Gerald N. Minnich 305 N. Potomac Street Funeral Home Hagerstown, Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata Interval Between shock, or heart fellure. List only one ceuse on each line. Onset and Death **IMMEDIATE CAUSE (Final** disease or condition resulting in death) Rupin DUE TO (OR AS A CONSEQUENCE OF): chome obtained CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24h WERE ALTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 1410 OF DEATH? 1 YES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO IN UNCERTAIN IT 26. PLACE OF DEATN (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? OTHER:
4 | Hursing Home 5 | Rasidenca 6 | Other (Specify) 1 Inpatient 2 I ER/Ouipatient 3 I DOA 27. MANNER OF DEATN 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d DESCRIBE NOW INJURY OCCURED marked, 5 Pending Investigation 1 | Natural М 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, tarm, street, factory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Nomicide determined 29a. CERTIFIER

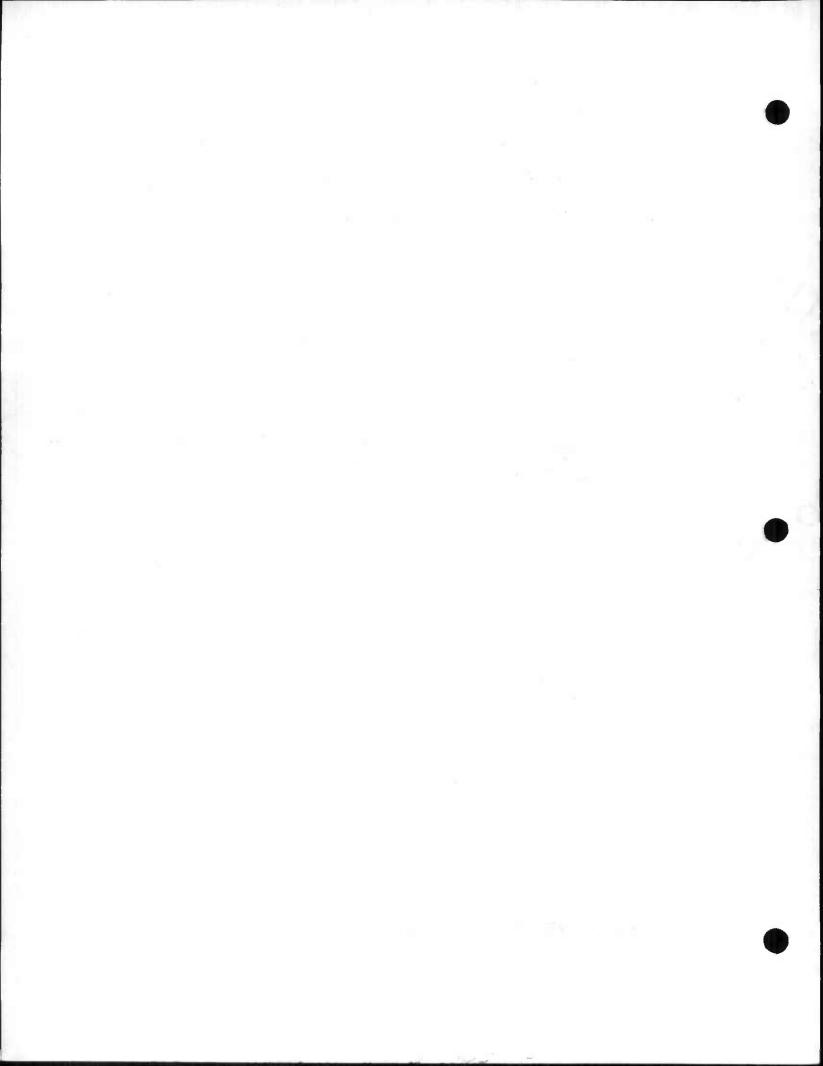
Thank and

CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. IMPORTANT: If 2
MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE - (Zata mo D (8017 > AUG 13.1976 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

334 Mill Street Hagerstown, Maryland

32. WEGISTHAR'S ENGHATURE

21740



				State of Ma	aryland / I	Departmen	t of He	alth and M	lental Hy	giene	96	251	74
						Certificat	e of D	eath		Reg. No.		C. O 1	7 7
П	Physic	an	Decedant's Nama (First, Middla, La.	st)					2. Date of De Month	eath Day	Year	3. Tima of D	eeth
F)	/Medi		Constance Rose R				[13, 19	96	5:00	AM
J	Exami	ner	4a. Facility Nema (If not institution, give	The state of the s				City, Town, or Lo			ty of Death		
L			27267 Tintop School 5. Sociel Sacurity Number 6. S		(In yrs. last bii	thday) If Under		echanics			Mary	, -	Caralan
L	Funeral Director			_M 2√2 F	82	Yrs. Months		Hours Min.	8. Data of Bir (Month, Da January	5, 1914	Cou	nplaca (Stata or I untry) ISYlvani	
	show	_	10a. Stata 10b. County		10c. City, Tow	n or Location						10d. insida City 1 ☐ Yes 2	
	the M	Director	Maryland Washing	gton	Knoxv		0.4			40. 00			. <u>DG</u> 140
	with with		1108 Hoffmaster I	Pond		10f. Zlp				10g. Citizen of United			
	leath	Funeral	11. Marital Status	12. Was Decedent B	var in U.S.			anic Origin? (Sp	acify Yas or No			rican Indian,	
020	n 72 hours after death with the Maryland "natural", or items 23a or 28a-f show solical Examiner must be notified at	by Fun	1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	Armed Forcas? 1 Yes 2 X If Yes, Give Yaar or Datas:		If Yas, spec		a <i>n</i> ic Origin? (Sp Maxican, Puerto <i>Specify:</i>	Ricen, atc.)	Spec	ack, White		
0-10	2 hou	pet	15. Decedant's Ed	lucation	16a	Decedant's Usua	l Occupation	on		16b. Kind of			
21215-0020	iene. than	Completed	(Specify only highast gra Elamantary/Secondary (0-12) 12	Collega (1-4or 5		(Giva kind of wor lifa. DO NOT us tail Sal		ing most of work	ing	Depar	tmen	t Store	
pu	be filed vital Hygie d other i	Be C	17. Fethar's Nema (First, Middla, Last)				18	8. Mothar's Nem	e (First, Middla	, Maidan Suma	ma)		
yla	should be ind Mental merked o	To	Donato Francione				T	eresa Bo	nacuse				
Maryland	end end		19a. Informant's Name/Ralationship (Type, Print)	19b	. Mailing Addrass	(Street and	d Number or Run	al Routa Numb	er, City or Tow	n, Stata, Z	(ip Code)	
	Heal Heal John		Eleanor A. Hubban 20a. Mathod of Disposition		20h Place o	O8 Hoffm Disposition (Nam	ne of	Road,	Knoxvil Date	le, MD			
Baltimore,	pemit. Peges 1 ar Department of Hea Important: if Item 2 any injury or other once.		1 ☐ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Specific			ry, cramatory or or or or or or or or or or or or or		0 22 8	13 06	Alayand	ria	Virgini	2
alti	mit.		21. Signature of Fundad Service Man	see /	1/	22. Nama an	d Addrass	of Facility		ATEXAIIU	LIG	VIIGINI	.a
m	Depa Impo any in		> Lewell	Bu !	MOOOS			neral Home	,	1 1 2061	50		
	_		23a. Part1. Entar tha disaasa, or com shock, or haart failura. List only	nsfield,	tha daath. Do	not enter tha mod	a of dylng,	such as cardiac	or respiratory a	rrest,	XO	Approximate	
Y	Physician		Shook, of Haari landia. List only	ona causa on aach iin				1			-	Intarval Betwe Onset and De	ath
	/Medical Examiner		Immediata Causa (Finei disease or condition	Aci	the (a	rebro	Ver	cular	Acar	dent		maed	cat
	LAdillilei	J	resulting in daath)			consequance of):			1		- 1		
-	be sit	Examiner		b									
	certificate be executed ding physician and use es the buriel-trensit	xan	Sequantially list conditions, if any, leading to immediate		Oue to (or es a	consequance of):					!		
8760,	be e piclan	dical E	Sequentially list conditions, if any, leading to immediate causa. Entar Underlying Cause (Disease or injury	c									
687	ficate phys	6	that initiated evants resulting in daath) Last	[Dua to (or es e	consequance of):					1		
Вох	eeth certific ettending p	2		d									
	deeth e etter ed for u	Physician/M	Part II. Other significant conditions of	ontributing to death bu	t not resulting l	the underlying of	ausa nivan	in Part I	23h Did	tohacco use c	ontribute	to the cause of	death?
P.0	t the	yh's	11 -4		· · · · · · · · · · · · · · · · · · ·	Tala bridailying or	aboo givaii			Yss 2□No			nkriown
Ś		by	y marcen	no									/
Record	been s	Completed	0'							an autopsy ormed?	c	Wara autopsy find evallable prior to complation of cause of daath?	
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Vital	delan: The certificete rector, pag	Be C	25. Was case rafarred to medical				2	6. Pieca of Deat	h (Check only	ona)		1	
>	5 00 00	To	axaminer? 1	Hospitai: 1 ☐ Inpatier	nt 2 ER/Ou	itpetient 3 DO	A Other:	4□ Nursing Ho	ma 5 Rasi	idenca 6 🗆 O	thar (Spec	cify)	
on of			27. Pending	28a. Dete of injur (Month, Day		Fima of 2 njury M	8c. injury a Work?	t s 2 🗆 No	28d. Dascribe	how injury occu	irred		
Division	or Attending effer death. Director: Afte d in by the fune	Certification:	2 ☐ Accident invastIgation 3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicida	28e. Place of Inju	ry - At homa, fa			. 20110		Street and Num wn, Stata)	nber or Ru	ral Routa Numbe	9r,
ō	Ital or ral Dir led in			building, atc	(Opacity)				Jay 07 70	, () ()			
	To the Hospital or Att within 24 hours efter of To the Funeral Direct completely filled in by	edical		ysician: To the best of liner: On the bacis of mannar stat	axaminetion en								
	To the within 2 To the comple	Me	29b. Signature and title of sertification	A		290	License n	umber		29d. Date aign	ed (Month	t, Day, Year)	
	. 3 - 0		1	47		1	19917			8/12	194		

2050 Wildewood Center, California, Maryland 20619

State Registrar 31. Date Sed (Month, Day, Year)

30. Name and address of person who completed cause of death (item 23a) (Type, Print)

James C Boyd, M.D. 2050 Wildewood Cent

Registrar's Signature Habin Saucheon Rardall The second second and the second second

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

ne 96

25175

Dhi.i												Reg. No.			
Physician /Medical	1	1. Decedent's Nem	e (First, Middle, Li Elizabet		e				-		2. Dete of De Month August (Dey	Yeer		ne of Death O p.m.
Examiner		4e. Fecility Neme (/			umber)						ocation of Deat		nty of Deet		
			Wood Driv	e					Califor			St. M	lary's		
Funeral Director		 Sociel Security N 125–28–4252 		Sex 1□M 2 X 0F	7. Age (In yr	s. lest birthdey, Yrs.	Months	er 1 Yea Deys		Min.	8. Dete of Bir (Month, De January	th by, Year) 18 1934	9. Birti Co New	hpiece (S untry) Vork	tate or Foreig
	-	Usuel Residence of						-			ouncery	10,1751	HEW	IOLIC	
anyland ahow	-1	10a. State	10b. County		10c. (City, Town or L	ocation								de City Limit
the M	3	Maryland 10e. Street and Nur	St. Mary	7 ¹ S	C	alifornia		Ip Code	Ü .			10g. Citizen	of What Co		Yes 2X1
th with 23a or	5		: Wood Driv	r e				0619				United			
ter deat	<u> </u>	11. Meritei Stetus			cedent Ever in	U,S. 13.	Wes Dec	edent of	Hispenic Or	igln? (Sp	pecify Yes or No Ricen, etc.)	- 14. F	Race - Ame	rican India	en,
j 22 j	3	1 Never Marri	ied 2 Merried	Armed F							Ricen, etc.)	E	Bieck, White	e, etc.	
72 hours effer natural; or its	2	3 Widowed		If Yes, G Year or I	2 No ive X Detes:		1 Tes	2 X) No	Specify	•		Spe	city: Wh	ite	
72 hours natural; dealers		(Spec	15. Decedent's E	ducetion ade completed)	16a. Dece	kind of w	rork done	e during mos	st of work	king	16b. Kind of	Business/	ndustry	
led within 72 ho bygiene. her then "natur nt, the Medical Completed		Elementery/Seco	ndery (0-12)	College 6	(1-4or 5+)		DO NOT cher	use retin	ed)			School	Curton		
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Te, Midt ytdiffd ATA 13-0020 1 and 2 should be flied within 72 hours of Health and Mental Hyglene. Item 27 is merked other than "natural; or other traumatic event, the Medical Exam To Be Completed by F	5	James Leo	-447-0.35	,					Marie			, wood Sun	onio/		
2 should be many and Murmet		19e. Informent's Na	ame/Reletionship	(Type, Print)		19b. Meili	ng Addre	ss (Stree	et end Numb	er or Ru	ral Route Numb	er, City or To	vn, Stete, Z	(ip Code)	1134
	-	George W.		Hus	sband				Drive,	Cali	fornia, M				
Destriction of years that a post the post that it is the month of the	1	20e. Method of Disp 1 Burial 2	XCremetion 3	☐Removei from		Plece of Dispo cemetery, cre	metory or	other pl	ece)	į	Dete	20c. Locatio	n - City or	Town, Ste	te
permit. Peges Department of Important: If is any injury or	-	4 ☐ Donetion	5 Other (Speci	. / 1	Mei	tropolita			yress of Fecili		-8-96	Alexandr	ia, Vi	rgini	a
permit. F Departm Importan any injur		170	101. UA/	Dn	1		Brine	field	Finer	al Hor	me, P.A.				
	+	23a. Pert1. Enter the shock, or hee	N. Brinsf he diseese, or con	ield, Jr	MOOC ceused the de	eth. Do not en	P.O. ter the mo	Box 2 ode of dy	79, Led	onardi cardlec	or respiretory e	yland 20 errest,	650	Appro	dmete I Between
Physician	T	SHOCK, OF HEE	it lendre. List only										1	Onset	and Death
/Medical Examiner	- 1	fmmediete Ceuse (diseese or conditio	(Finel	9	seps	15,								2	day
THE REAL PROPERTY.	4	resulting in deeth)				(or as e conse		i):	1		- 0	0		2	700014
executed in and fal-transit Examiner		Sequentially list co.	nditions	b. Rei		(or es e conse		1/	repu	Boon	tic Sc	indse	w)	4	00 / 0 / 1
		Sequentially list coin from, leading to im ceuse. Enter Unde Ceuse (Disease or that Initiated events	mediete orlying	(4I	ble	0	,.						6	MON
certificate be executed reling physician and use as the burial-transit		thet Initieted events resulting In deeth) I	Lest	с	Due to	(or es e consec	quence of								
3 _ 5 3 1 5				d											
of the death dby the atterence of for a		Pert II. Other eignif	Icant conditions	contributing to c	leath but not re	esulting in the u	inderlying	ceuse g	iven in Pert	l.	23b. Did	tobacco use	contribute	to the ca	uee of deat
											10	Yes 2 N	0 3□P	obably	4 Unkno
he law requires the has been signed age 2 should be dompieted by	2										240 Wes	an eutopsy	24h 1	Nere sut	psy findings
shou shou											perlo	ormed?		veilable p completion	
The law requir sate has been s page 2 should											10	Yes 2. No		of death? □ Yes	2□ No
Physician: The laver this certificate has rail director, page 2		25. Wes cese refer	red to medicel						26. Plec	e of Dee	th (Check only	6.0		165	20140
- X 90 2		examiner?	No	Hospitel: 1	Inpatient 2	☐ ER/Outpetie	nt 3 🗆 🖸	OOA O	ther: 4 N	ursing He	ome 512 Res	idence 6 🗆	Other (Spec	cify)	
Ing Pi		 Menner of Death Death /ol>	5 Pending		of fnjury oth, Dey Year)	28b. Time o Injury		28c. Inje			28d. Describe	how Injury oc	curred		
Attending or death. ector: Afte by the fune ifficatior		2 Accident 3 Sulcide	Investigation 6 Could not be	ne -			М		Yes 2	No	00/ 1	(0)		-10	
tai or Attending P is after death. ii Director: After ted in by the funers Certification:		4 Homicide	determined	288. PIGC	e of Injury - At ling, etc. (Spec	home, ferm, st cify)	reet, fecto	ery, office	9		28f. Location (City or To	wn, Stete)	m <i>per</i> or Hu	rai Houte	Number,
To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral Medical Certification:		29a. Certifier (Check only one)	1⊠ Certifying Pi 2□ Medical Exa	miner: On the b	best of my kr casis of examin	nowiedge, deet netion end/or In	h occurred	d et the t	time, dete er oplnion, det	nd plece, eth occur	, end due to the rred et the time,	cause(s) end dete end pled	menner as e, end due	steted. to the ce	use(s)
of the complete		29b. Signature end	titie of certifier	and mer	mor stateu.		2:	9c. Licer	nse number			29d. Dete sig	ned (Mont)	n, Day, Ye	ar)
F \$ F ŏ		•	DSh	ah	,				470	66	ò,		719		
	:	30. Neme end eddre	ess of person who	completed ceu	se of deeth (Ite	em 23a) (Type,	Print)								
		Avani D. S	Shah, M.D.		Leo	nardtown	, Mary	land	20650						
	:	31. Dete filed (Mont	th, Day, Yeer)	32. 1	Registrer's Sign	neture									

DHMH 16 Rev 6/95

. 36 I Want Vill e said signed

State of Maryland / Department of Health and Mental Hygiene 96 25 176

					Certifica	ate of	Death	R	eg. No.		
	Dharaia		Decedent's Neme (First, Middle, Last)					2. Dete of Dee	th _	Year	3. Time of Deeth
	Physic /Medi		Judy S. Rooms					Aug 8,	1996	1001	9:01 P.M.
	Exami		4e. Fecility Neme (If not institution, give street end number				4b. City, Town, or Lo	cation of Deeth		y of Death	
			Allegis of Southern Maryl	and			Clinton			ice Ge	orge's
	Funeral Director		5. Sociel Security Number 6. Sex 1 ☐ M 2	ge (In yrs. last bir 82	Yrs. If Unc Month	der 1 Yeer is Deys	If Under 24 Hrs. Hours Min.	8. Dete of Birth Month, Dey Jan 4,	1914	9. Birthp Cour Kinc	plece (Stete or Foreign play) Sport, Ten
	Maryland -f show	tor	10a. Stete 10b. County Maryland Prince George's	10c. City, Town	n or Location nton					1	0d. Inside City Limits 1 ☐ Yes ♣5 No
	3a or 28a	al Director	10e. Street end Number 9211 Stuart Lane	1	10f. 2	Zip Code	20735	1	0g. Citizen of U.S.		ntry?
21215-0020	72 hours effer death with the Maryland natural, or items 23a or 28a-f show dical Examiner must be notified at	by Funeral	11. Meritel Stetus 11. Meritel Stetus 12. Wes Deceden Armed Forces 11. Never Merried 2 Married 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	? No		cedent of I- pecify Cubo 2XXIIo	lispenic Origin? (Spen, Mexicen, Puerto Specify:	ecify Yes or No- Ricen, etc.)		ce - Americ ock, White, fy: Whi	etc.
2-0	n 72 hours "natural", edical Ex	ted	15. Decedent's Education (Specify only highest grade completed)	16e.	Decedent's Us	suel Occup	eatlon during most of work d)	ha.	16b. Kind of B	Business/In-	dustry
21	C 1 6	Completed	Elementery/Secondery (0-12) College (1-4or	5+)			d)	· · · ·	-		
7	D O -	S	5 N/A		Waitre	ess			Restu		
Maryland	of tal	To Be	17. Fether's Name (First, Middle, Last) John David Samples				18. Mother's Neme	(First, Middle, I	Meiden Sumer Hartz		
	aith and 27 is m		19e. Informent's Neme/Reletionship (Type, Print) Joseph Rooms	19b	. Meiling Addre 1500 Mas	ess (Street SS, A	and Number or Run ve, Apt 2	11, Wash	c, City or Town	n, Stete, Zip n DC 2	20005-1816
Baltimore,	ages ant of t: If If y or		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify)	cemeter	ty Memo	rotherple rial	Gardens	3,001996	Waldor	f, Ma	ryland
Ball	permit. Per Departmen Important: any injury once.		21. Signeture of Funeral Service Licensee	nser	22. Name Alexai	end Addre	ss of Fecility Le Ferry Ro	e Funera ad , Cl:	inton,	Maryl	and 20735
	Physician /Medical Examiner		23a. Pert1. Enter the disease, or complications that cause shock, or heart feilure. List only one cease of each limmediate Cause (Finel disease or condition resulting in deeth)	Due to (or es a	弘区	CA	MOIAC	ar respiretory err	est,	1192	Approximete Intervel Between Onset end Deeth
Box 68760,	deeth certificate be executed attending physicien end ed for use as the buriel-transit	in/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	Due to (or es e o		, ,	De fei	Elsal			33
P.O. B	by the	Physician/	Pert II. Other algnificant conditions contributing to death	out not resulting In	n the underlying	ceuse giv	ren In Pert I.	23b. Did to	1 1 1		the cause of death?
Ś	w requires that been signed b should be dete	by	1)000000	JW P	ILC Y		<u> </u>	24e. Wes e	n eutopsy	24b. W	ere autopsy findings alleble prior to
of Vital Record	has ye 2	Completed						1 🗆 Y		of	mpletion of ceuse death?
ta	delen: The certificate rector, pag	Bec	25. Wes cese referred to medicel examiner?				26. Plece of Deet	(Check only or	ie)		
>	5 00	To	1 Yes 2 No Hospitel: 1 Inpat	ient 2 ER/Qu	utpetient 3	DOA Oth	ner: 4 Nursing Ho	me 5 Reside	ence 6 🗆 Oti	her (Specif	y)
Division o	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	Certification:	27. Menner of Deeth 1 Neturel 5 Pending (Month, D		Time of Injury M	28c. Injur Wor 1 🗆	yet k? Yes 2□No	28d. Describe h	ow injury occu	rred	
D	ital or Att ins aftar d ral Direct lled in by	Certifi	3 ☐ Sulcide 8 ☐ Could not be determined 28e. Place of Ir building, €	ljury - At home, fe fc. <i>(Specify)</i>	erm, street, fect	ory, office		28f. Location (S City or Tow		ber or Run	al Route Number,
	To the Hospital of within 24 hours a To the Funeral Completely filled	Redical	29a. Certifier (Check only one) Check only one) Check only 2 Medical Examiner: On the basis end menner	of my knowledge of examinetion en-	d/or Investigeti	on, in my o	plnion, deeth occurr	ed et the time, d	ete end place,	, end due to	the cause(s)
)	To Too	M	29b. Signature and the of certifier	irral,	1	DZ Licens	1445	2	9d. Dete signed Aug	ed (Month,	Dey, Year)
				Branch		409	Clinton,	Marylan	d20735		
	Sta Registr		31. Dete filed (Month, Day, Yeer) AUG1 4 1996	rer's Signature	Rardall						

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

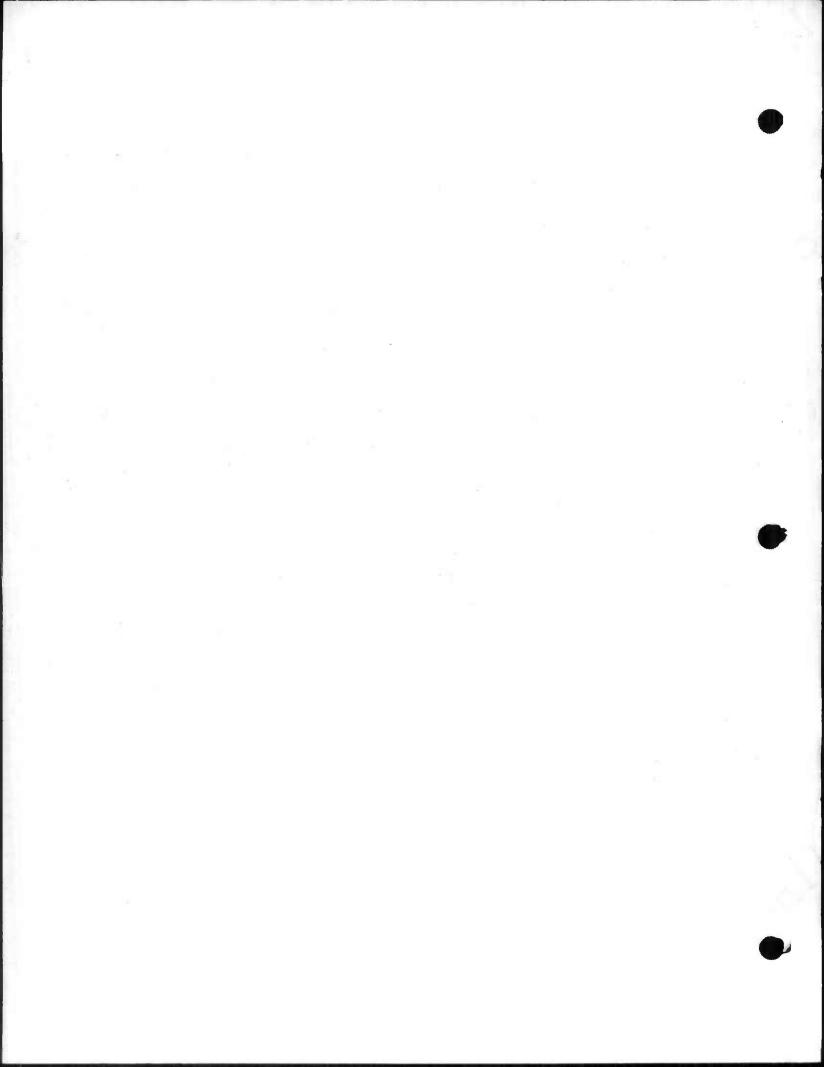
TO THE FUNEAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removel.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

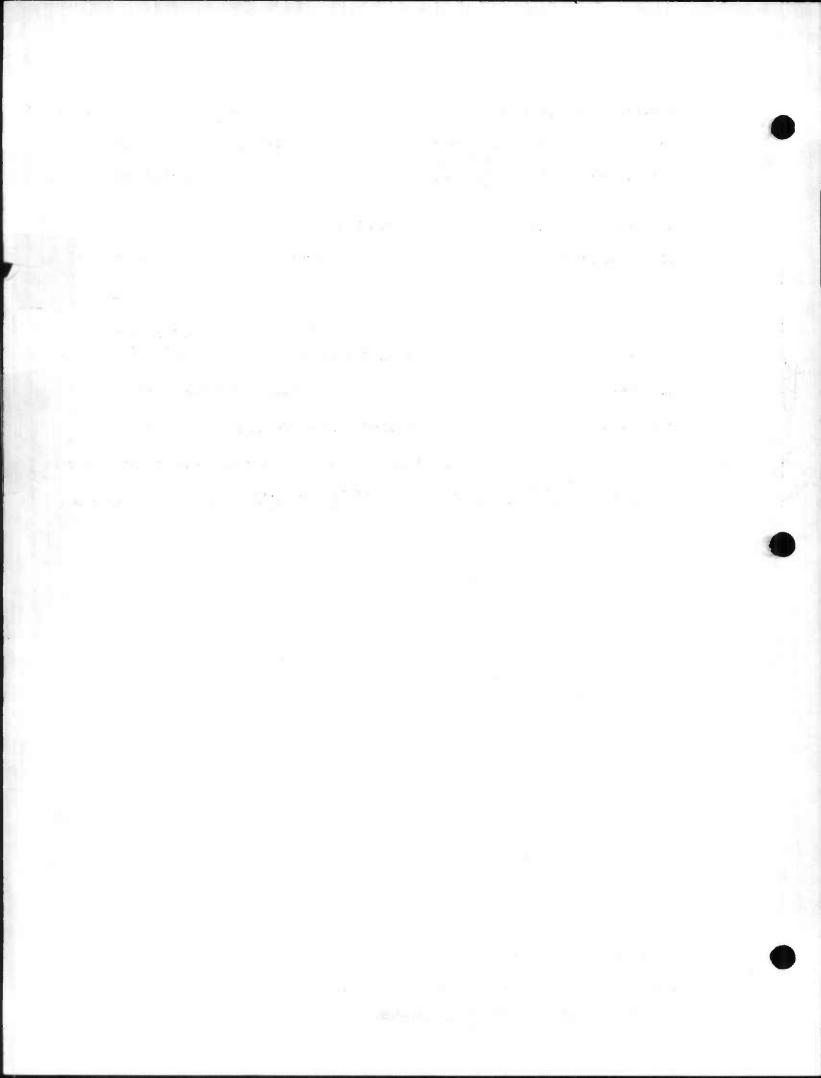
	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH															
	James H. Ruth August 9 1996												YEAR			
	4. SOCIAL SECURITY NUME	st birthday) IF UNDER 1 YEAR			IF UNDER	24 HRS.	7. DATE C	OF BIRTH			1. BIRTHPLACE (State or Foreign					
	217-20-079	0	1 🙀 M 2 🗆 F	YRS.	MONTHS	DAYS	S HOURS MIN.		April	28,1	929	yland				
	9e. FACILITY NAME (# not in	stitution, give st	reet and number)			9b. CITY,	TOWN C	R LOCATI	ON OF DE				INTY OF DE			
NG.	Calvert Ma	nor He	alth Care	e Center		Ri	sin	g Su	n			C	ecil			
DIRECTOR	RESIDENCE OF DEC			1												
E	10a. BTATE	10b. COUNTY	10c. CIT	De. CITY, TOWN OR LOCATION								10d, INSIDE CITY LIMITS?				
	Maryland	Ce	cil			Elkt								1 🔁 YES 2 🗌 NO		
RA	229 W. Hi	ah Cha			10f. ZIP CODE							HAT COUNTRY?				
FUNERAL	11. MARITAL STATUS	gn Str	12. WAS DECEDEN	7 EVED 11 11 0 11	21921							States				
	1 Never Married 2	Merried	FORCES? 1	YES 2	IMED 13. WAS DECENDENT OF HIS If yes, specify Cuben, Me 1 ☐ YES 2 ☐ NO Sp					n, Puerto Ri	(Specify Yealican, etc.)	or No—	Black, White, etc.			
B≺	3 Widowed 4 Divo	rced	IF YES, GIVE V	AR OR DATES		1	☐ YES	2 NO	Specify	y:			Specify	White		
COMPLETED	15. DECEOENT'S EDUCATION (Specify only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working											KIND OF BUSINESS/INDUSTRY				
	Elementary/Secondary (0		College (1-4 or 5	- Ma	. Do NOT us	e retired.)			rg		contractor					
MP	8				self.	-empl	.oye	d			resta	uran	t			
8	17. FATHER'S NAME (First, M										iddle, Melden					
BE	Elmer Ru		•								ldham					
2	19e. INFORMANT'S NAME (1		/ 1 1								or, City or Town			0.1		
	Sandra R.		/daughtei		/ Su	nny L	ell	Koa	d, E		on, Maryland 21921 ATE 0 20c. LOCATION — City or Town, State					
	20e. METHOD OF DISPOSIT 1 Buriel 2 X Crematic	n 3 🗆 Remo	oval from State	20b. PLACE cemetery, cre	and date of disposition (Name of ematory or other place) & Company					8ªT	rn, State					
	4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF FUNERA		ENCEE	R.A.	rer					1996 West Chester, PA						
	A A		22. NAME AND ADDRESS OF FACILITY Hicks Home for Funerals, P.A.													
	Dona	ed.	S. Hu		103 W. Stockton St., Elkton, MD 21921											
- 1	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Batween															
	IMMEDIATE CAUSE (FIR	nal											Onset and Death			
	disease or condition resulting in death) a. ACUTE MYSCHIBUR IP FARCE OS DUE TO (OR AS A CONSEQUENCE OF):											1 4 des.				
CERTIFICATION		Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):														
¥.	if any, leading to immediate cause. Enter UNDERLYING												C-14LR.			
핕	CAUSE (Disease or Inju that initiated events	CAUSE (Disease or Injury														
R	resulting in death) LAS			noscie										10 years		
	DART II Oshar similian															
MEDICAL	PART II. Other aignifica	nt condition	e contributing to	deeth but not i	resulting i	n the unc	derlying	cause (given in	Part I.	PERFORMED? AM			WERE AUTOPSY FINDINGS MAILABLE PRIOR TO		
١										- 1	1 - YES 2	NO NO	- 1	COMPLETION OF CAUSE OF DEATH?		
	DID TORACCO II	CE CONTE	NOUTE TO CA			. 50								1 TYES 2 NO		
PHYSICIAN:	DID TOBACCO U		GIBUTE TO CA		E OF DEAT	8		UNC	ERTAIN	1 🗆						
S	EXAMINER?	-	HOSPITAL:			OTHER	:									
ž I	27. MANNER OF DEATH		1 Inpatient 2 I	ye had a second of the second of the second						ther (Specify) DESCRIBE HOW INJURY OCCURED						
	1 Netural 5	INJ	URY M	1 🔲 Y	RK?	/NO	20G. DESCRIBE HOW INJURY OCCURED									
B√	2 Accident 3 Suicide 6	ma, farm, s	treet, facto				281. LOCATION (Street and Number or Rural Route Number,									
E	4 Homicide						City or	City or Yown, State)								
COMPLETED	29e. CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the best of	my knowledge, de	eth occum	d at the tir	ne dete	and place	and due	to the cour	a(s) and man	nor no min	and:			
N N														and manner as stated.		
	2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurs at the time, date end piece, end due to the c															
				29c. LICENSE NUMBER									E SIGNED (Month, Day, Year)			
BE	9/226	· 6.	26.		D07463						8-12-96					
TO BE	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type.	Print)				_		0		-		
	Hendel			-		*	t, S			- E11	kton,		2192			
	30. NAME AND ADDRESS OF ROlando A. 31. DATE FILED (Month, Day,	Najera	, M.D	-		*	t, S			- E11	kton,					
	30. NAVE AND ADDRESS OF Rolando A.	Najera	32. REGISTRA	118 No	rth S	*	t, S			- E11	kton,					



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

25178

				Otate of W	arylari		ertificate of	Death		Reg. No.	0	20170
	Physici	an	1. Decedent's Name (First, Middle, Last)					2. Date of De Month	ath	Yaar	3. Time of Death
	Physici /Medi		Stevie Allen Ro	binette					Augus	+ 9,	996	8:06AM
	Examir		4a. Facility Name (If not institution, giva	straat and number)				4b. City, Town, or Lo	cation of Deatl	4c. County	of Death	
		М	Union Hospital of					Elkto			ecil	
	Funeral		5. Social Sacurity Number 6. Sa	x 7. Ag ∄M 2□F	a (In yrs. I	Vre	Months Days	Hours Min.	8. Date of Bir (Month, Da			ca (Stata or Foreign y)
	Director		213-60-7364 Usual Residence of Decedent		44	113.			July 21	1952	West	Virginia
	athar death with the Maryland or Nems 23a or 28a-f show iminer must be notified at	-	10a. State 10b. County		10c. City	, Town or	Location				100	d. Inside City Limits
	San A	Director	Maryland Cec:	11		No	orth East					
	£ 8		10e. Street and Number				10f. Zip Coda			10g. Citizen of \	What Country	47
)	ms 23s	Funeral	21 Rowles Lane	40 Mas Danadas	Constant 1	0 4		21901	-:		d Stat	
	Nem Nem Der	Ë	11. Marital Status 1 □ Never Married 2 ☑ Married	12. Was Decedent Armed Forces?		5.	If Yes, specify Cu	Hispanic Origin? (Spe ban, Mexican, Puerto	Rican, etc.)	Blac	ck, Whita, at	
20	ours aft	by F	3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yas 2 ☒ If Yes, Give Yaar or Datas:	40		1 ☐ Yes 2 ☑ No	Specify:		Specify	white	te
21215-0020	n 72 hours after "natural", or its edical Examine	P	15. Decedent's Edu	cation		16a. De	cedent's Usual Occu	upation		16b. Kind of B	usinass/Indu	istry
215	n 7	Completed	(Specify only highast grad Elementery/Secondery (0-12)	a complatad) College (1-4or t		(Gi	ve kind of work done . DO NOT use retire	e during most of workingd)	ng	Railroa	d Car	Repair
7	d within	E	12	College (1~401 :)+)	Tra	ack Specia	alist		Railroa	d Trac	k Repair
有品	be filed tal Hygi d other event, I	BeC	17. Father's Neme (First, Middle, Last)				•	18. Mother's Neme				
10 0	should be nd Menta marked umetic ex	To	Bud Robinette					Myrtle J	osephir	ne Leste	r	
A PE	and l	'	19a. Informant's Name/Relationship (T)	rpe, Print)		19b. Ma	alling Address (Stree	et and Number or Rurs	l Route Numb	er, City or Town,	State, Zip C	(ode)
45	and salth n 27		Diane Robinette					ane, North	East,	MD 219	01	
20 or	If the H		20a. Method of Disposition 1 ဩ Burial 2 ☐ Cremation 3 ☐ F	Samousi from State	20b. Pi	laca of Dis emetery, c	sposition (Name of rematory or other pl	ace)	Date	20c. Location -	City or Tow	n, State
- SE	tment tant: I		4 Donation 5 Other (Specify)		No	rth E	ast Metho	dist Cem. 8	3/12/96	North 1	East,	Maryland
Ball	Depart Depart Import any inj		21. Signature of Funeral Service Licans	99	0		22. Nama and Add					
- m	20228		Kobust.	More	K			neral Home Main Stre	et. Nor	rth East	. MD '	21901
100	34.5		23a. Part1. Entar tha disease, or comp shock, or heart feilure. List only o	ications that caused ne cause on each li	the death	. Do not	enter the mode of dy	ing, such as cardiac o	or respiratory a	rrest,		Approximete ntarval Between
F	Physician											Onset and Deeth
	/Medical Examiner		Immediate Cause (Final disaase or condition resulting in death)	Acute	Me	1000	rlial I	nfavition	1		I,	mmediate
		<u></u>	resulting in death)		Due to (di	es a cons	sequence of):				1	11.1
~ ~	nsit ted	Examiner		b. ————							1	
2.	cete be executed physician and s the burial-transit	xar	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events		Due to (or	as a cons	sequence of):					
760	sicial buri	edical	Cause (Disease or Injury that initiated events	c	Due to for		sequence of):					
188	± 0 €		resulting In death) Last		Dua to (or	as a cons	equence or,					
ŏ	h cert andin	N/VIE		d		_	-			-	1	
9	the death certily y the attending ached for use a	by Physician/M	Part II. Other significant conditions co	ntributing to death b	ut not resu	ilting in the	underlying cause g	iven in Part I.	23b. Dld	tobacco uss co	ntribute to t	the causs of death?
00	by th	hy.	· Weerative	14.					10	Yss 2□ No	3 Probe	ably 4 Unknown
S,	on the de de de de de de de de de de de de de	by	Merative	colilis								
O Y E	aguin an s	pet								an autopsy ormed?	avail	e autopsy findings lable prior to
Reco	The law requires that te hes been signed b page 2 should be deta	Completed										plation of causa eath?
2	The Jate h	OT							10	Yes 2 No	10	Yes 2□ No
ital	ian: ortifica ctor,	Be (25. Was case referred to medical examinar?					26. Place of Death	(Check only	ona)	1	
ofv	Physician: this certific ral director,	_C	1 ☐ Yes 2 No	lospital: 1 ☐ Inpatio		ER/Outpat	IENT 3LI DOA		me 5□Rest	denca 6 □Oth	er (Specify)	
10	ng P	on:	27. Manner of Death 1 Natural 5 □ Pending	28a. Date of Inju (Month, Da	ry y Year)	28b. Time injur	y W		28d. Describe	how Injury occur	red	
Sio	Attending ir death. actor: After by the fune	cat	2 Accident Investigation 3 Suicide 6 Could not be	00 00 00 00				Yes 2 No	004 1	(Canada d Ad d	5	S
MA	or Attendi efter death Director: A d in by the f	Certification:	4 ☐ Homicide determined	building, et	ury - At ho c. <i>(Specify</i>	me, tarm,	street, factory, office	9	City or To	Street and Numb wn, State)	er or Hurai i	Houte Number,
	Hospital 24 hours Funeral I		29a. Certifier 1X Certifying Phys	elolan: To the best	of my know	uladaa da	ath accurred at the	time, date and place,	and due to the	onune(a) and ma		tod
	Pun Fun etely	Medical	(Check only 2 Medical Exami	ner: On the basis of and manner str	examinat	lon end/or	Investigetion, in my	opinion, death occurr	ed at the time,	dete and pleca,	and due to t	he cause(s)
	To the Hospital or Attending Physician: The law requires that the death cerwithin 24 hours efter death. To the Funeral Director: After this certificate hes been signed by the attendin completely filled in by the funeral director, page 2 should be detached for use	Me	29b. Signature and title of certifie				29c. Licer	nse number		29d. Data signe	d (Month, Di	ay, Year)
	->-0		n Jack	70			DIC	314		harta	190	1
	4.6		30. Name and address of person who co	ompleted cause of o	eath (Item	23a) (Tvr	e. Print)	/ / /	/	1 my 651 /	117	6
	10		H Farkas MD	Uni	14	cont.		Ikton /	m D	2192	/	
	Sta	te	31. Data filed (Month, Day, Year)	32. Registr	ar's Signat	ture		,				
	Registr	ar	AUG 1 2 1996	C las	avidsor	Mano	402					



96-4074-027

7. Age (In yrs. last birthday)

37

ITEM: 23 PART I, PER MED FILM 6-741 11/27/96 t.t
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

ITEMS: 23 PART I, 27, PER MEO FILM G-738 8/30/96 t.t

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

25179

3. Time of Death

10d. Inside City Limits

Physician	ı
/Medical	ļ
Examiner	ı

1. Decedent's Neme (First, Middle, Lest) DEBORAH SMITH

1□ M 2🖾 F

2. Dete of Deeth Day 2.1 JULY

1996 11:32A.M. 4c. County of Deeth

4e. Fecility Neme (If not institution, give street and number) HOWARD COUNTY GENERAL 5. Sociel Security Number

4b. City, Town, or Location of Deeth COLUMBIA

HOWARD COUNTY

Funeral Director

28a-f show

ò Items 23a

ò

naturai',

nd Mantai Hygiene. marked other than

. Pagas 1 and 2 should be fill ment of Haalth end Mantai Hiant: If Item 27 is marked oth

permit. Pagas 1 end 2 Depertment of Haalth e Important: if Item 27 is any injury or other trai

Director

Funeral

þ

Completed

Be

2

Examiner

Physician/Medical

by

Completed page 2 should

Be

2

Medical Certification:

traumatic event, the Medical Examiner must be notified at

with the Maryland

death

filed within 72 hours efter

Baltimore, Maryland 21215-0020

Usuel Residence of Decedent 10e State 10b. County Howard

212-82-9460

10c. City, Town or Location Columbia

Yrs.

H Under 1 Yeer H Under 24 Hrs. Months Days Hours Min. Min. Mar 27,

 Birthplace (State or Foreign Country) Maryland

10e, Street end Number

10f. Zip Code

21045

1 X Yes 2 ☐ No 10g, Citizen of What Country?

5792 Stevens Forest Road #23

Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.)

14. Race - American Indien, Bleck, White, etc.

1 □ Never Married 2 □ Married 3 ☐ Widowed 4 A Divorced

11. Maritel Status

12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Detes: 15. Decadent's Education

1 ☐ Yes 2 X No Specify:

Specify: White

Elementery/Secondary (0-12)

(Specify only highest grede completed) College (1-4or 5+) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry Warehouse

Grade 12

17. Fether's Neme (First, Middle, Last)

Clerk

18. Mother's Name (First, Middle, Meiden Surneme)

USA

Robert Lee Ridgely

19a. Informent's Name/Reletionship (Type, Print)

brother

Margaret Thompson

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7415 Cedar Avenue, Sykesville, Maryland 21784

Robert L. Ridgely 20e. Method of Disposition

1 XBuriel 2 ☐ Cremetion 3 ☐ Removel from State

20b. Plece of Disposition (Neme of cemetery, cremetory or other piece)

Ivy Hill Cemetery

20c. Location - City or Town, State

Laurel, Maryland

4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licen

22. Name end Address of Facility
Donaldson Funeral Home, P.A.

313 Talbott Ave. Laurel, Maryland 20707-4389 Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, or heart failure. Doft only one cause on each line, Approximete Interval Betw

7/25/96

Physiclan /Medical Examiner

the buriel-transit

attending physician

signed by the at d be detached for

certificate has

this

After

Director: /

within 24 hours eff To the Funeral Di completaly filled In

The law requires that the death certificate be executed

Records, P.O. Box 68760,

Division of Vital

To the Hospital or Attending Physician:

death.

Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting in deeth) Lest

Immediate Ceuse (Finel

disease or condition resulting in deeth)

SEIZURE DISORDER Due to (or es e consequença of)

CARDIAC ARRHYTHMIA

Due to (or es e consequence of):

Due to (or es e consequence of)

Pert II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24e. Wes en eutopsy performed?

H Yes 2 No 24b. Were autopsy findings eveileble prior to completion of cause of deeth? 1 des 2□ No

Onset end Deeth

25. Wes case referred to medical 1 TYes 2 □ No

1 ☐ Inpatient 2 ☐XER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Day Year)

28b. Time of

28c. Injury et Work? 1 Yes 2 No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

26. Place of Deeth (Check only one)

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28f. Location (Street and Number of Rural Route Number, City or Town, Stete)

29a. Certifier

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred at the time, dete and place, and due to the cause(s) end menner steted.

29b. Signeture and title of certifier

27. Menner of Deeth

1XX Neturel

2 Accident 3 Sulcide

4 Homicide

29d. Dete signed (Month, Dey, Year)

w

O.C.M.E.

29c. License number

JULY 22,1996

30. Neme and eddress of person who con pleted cause of deeth (Item 23e) (Type, Print)

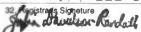
MDRYDRITA - KONOU MA 111 Penn Street, Baltimore, Maryland 21201 31. Dete filed (Month,

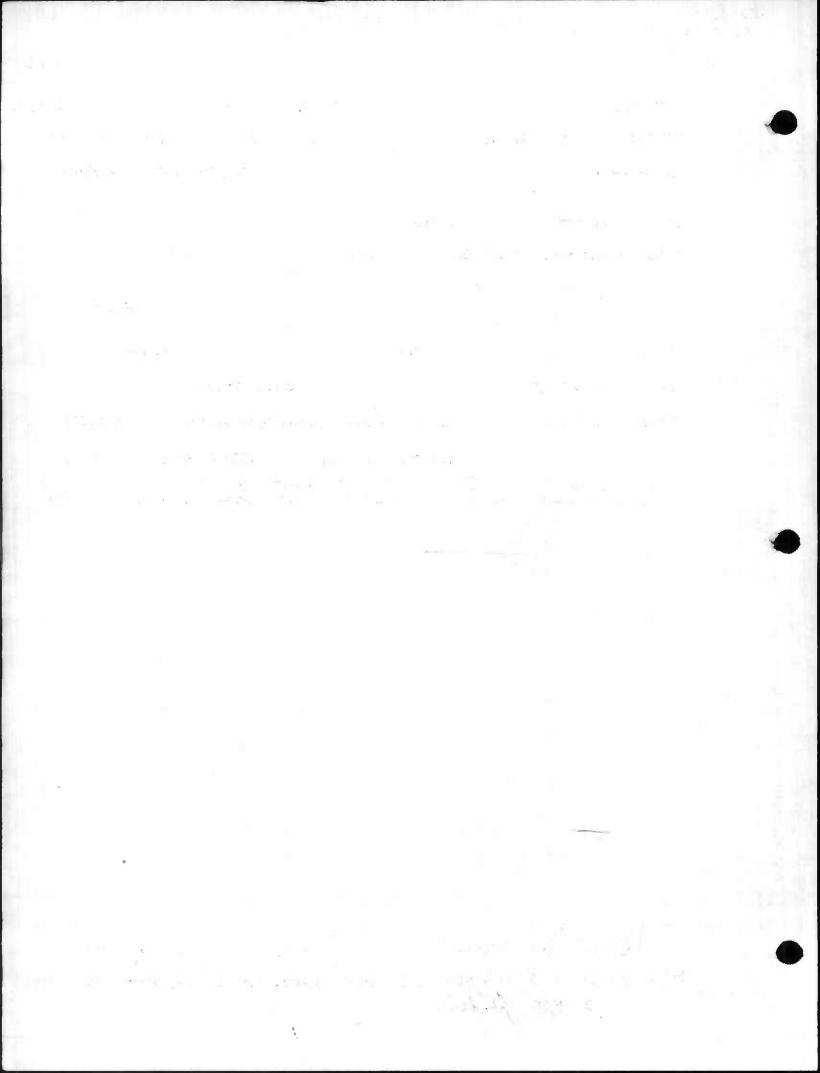
State Registrar

5 Pending

Investigation

6 Could not be determined



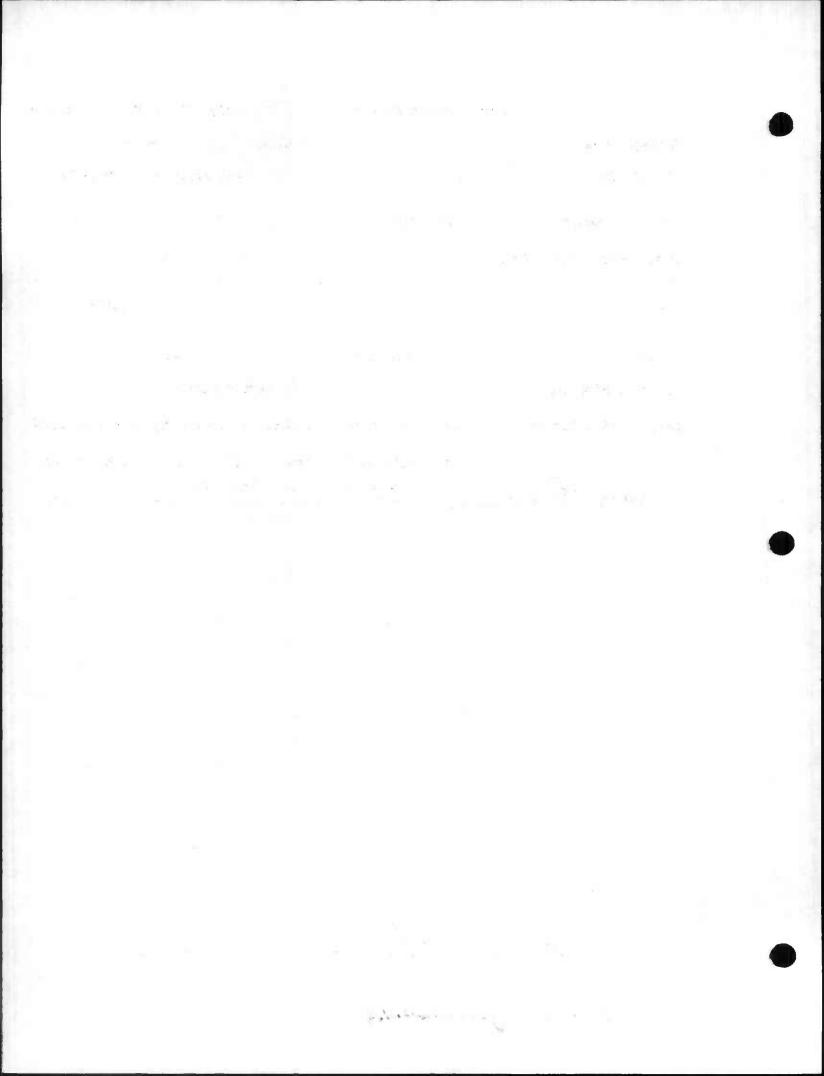


State of Maryland / Department of Health and Mental Hygiene

96

25180

						Ce	rtifica	ate of	Death			Reg. No.		•		
			1. Decedent's Nama (First, Middla, Last)								2. Data of De			3. Tima of Death		
	Physic		Mary Eugenie Sutton								July	18, Day			20 pm	
	/Medi Exami		4a. Facility Nama (If not institution,		_	inte o	accor		4b. City. Toy	vn. or Lo	cation of Death				, ZO pill	
<i>F</i>	E X d l l l l	rier			,				Columb			of Death 4c. County of Death Howard				
-			Vantage House 5. Social Sacurity Number 6	Sax 7	Ann /In ure	In at high days	lf Unc	lar 1 Yaar	_		O Date of Dis			1 (0)	- 101 m	
	Funeral	_		1 M 2 N F		last birthday) Yrs.	Month			Min.	8. Data of Bir (Month, Da	y, Year)			ata or Foreign	
	Director		471-05-6784		96	113.					Aug 27	,1899	Minn	nesot	a	
	pu a		Usual Rasidance of Decedant 10a. Stata 10b. County		100 Ci	ty, Town or Lo	nantion							1011	00.415.55	
	show	-					ocation								le City Limits	
	the Meryla 28a-f shorn notified at	oto	MD Howard		Co.	lumbia								1 X 1	Yas 2□No	
	F 2 5	15	10e. Street and Number				10f. 2	Zip Coda				10g. Citizen	of What Cour	ntry?		
	death with the Meryland ms 23a or 28a-f show r must be notified at	8	5400 Vantage Point Road 21044 USA													
		Funeral Director	11. Marital Status	12. Was Deced	ant Evar in U	,S. 13.	Was Dec	edent of	Hispanic Orig	n? (Spe	cify Yas or No Rican, atc.)	fy Yas or No- 14. Race - Amarican Inc				
0	after or its		1 Navar Married 2 Married		™ No					, Puarto	Hican, atc.)	Black, Whita,				
02		by	3 ☑ Widowed 4 ☐ Divorced	If Yas, Giva Yaar or Dat			1 ∐ Yas	2₩ No	Specify:			Specify: White				
9	n 72 hours natural',	8	15. Decedant's	Education		16a. Dace	dent's Us	ual Occu	pation			16b. Kind of Business/Industry				
7		Completed	(Specify only highest		omplated) (vork dona use ratire	during most	of worki	ng					
217	d within plene. r than	E	Grade 12	College (1-4	ior 5+)	House	owi f	2	30			Own F	iome			
D	Hyg Hyg	O	17. Fathar'a Nama (First, Middle, La	st))			Housewife			(First, Middla,					
an	od be	Be	Tamas W. Cimpson								tha Bro					
2	should be filed within and Mental Hyglene. s marked other than *	2	James W. Simpsor			1		10 Tag (17 fr)	_							
Maryland 21215-0020	le r le r		19a. Informant's Name/Ralationship								I Routa Numbe					
	1 end 2 Heelth am 27 I		Gary William Sut	ton	son				cove Dr	c. E.	llicott	_				
0	of H		20a. Mathod of Disposition 1 ☐ Burlal 2 ☐ Cramation 3	M Damouai from St		Place of Dispo ematary, crea	osition (A matory o	lama of r othar pla	ice)		Data	20c. Locatio	on - City or To	own, State	В	
3	Pages Tent of Int: If Its Iry or o		4 Donation 5 Other (Spe			. Snel	ling	Nat.	. Cem.	7	/23/96	St. Pa	aul, Mi	innes	sota	
Baltimore,	permit. Peges 1 end 2 should be filed Department of Heelth and Mental Hyg Important: if Item 27 is marked other any Injury or other traumatic svent, oncs.		21. Signature of Funaral Sandon Lie	едано												
m	permit. Departrimportu		· Con ×	1							ome, P.					
	_	_	23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, and a shock, or heart failure. List only one cause on each line. Approximate interval Between													
			shock, or heart failure. List on	mplications that cau ly one cause on ae	ised tha daat sh ilna.	h. Do not ent	tar tha m	oda of dy	ing, such as c	cardiac o	or raspiratory a	rast,		Approxi Intarvai	Between	
	Physician				1//									Onsat and Death		
7	/Medical Examiner		Immediata Causa (Final diagasa or condition										30	Olei		
в	LAGIIIIIGI		resulting in death)	d.		or as a consec	quance o							1	-43	
-	70 #	ie i														
	certificete be executed ding physician end ise as the buriel-transit	Examiner	Sequentially list conditions.	b. ———	Due to (c	r as a consec	uanca o	h:							-	
ó	exe riel-t		if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated avants resulting in death) Last Due to (or as a consequence of):													
68760,	Sici	edical														
68	ficet Physical	Pa														
XO	ding 150	M	d													
ğ	that the death of the by the etten deteched for u	Physician														
Ö	0 0	ysi	Part II. Other significant conditions	contributing to dea	th but not ras	uiting in tha u	ndariying	causa gi	van in Part I.		23b. Dld 1	se of death?				
۵.	d by	듄									1 Yes 2 No 3 Probably 4 U				4 Unknown	
Ś	8 5 8	by														
Records,	v require been si should	Pe									24a. Was	an autopsy	24b, W	ara autop	osy findings	
S	TI 00	Completed								-	,,,,,,,		00	mplation death?	of causa	
ď	0 - 0	E C									101	as 22 No			o∏ No	
ā	dcian: The certificate rector, pag		25. Was case rafarred to medical										, 11	☐ Yas	2LI NO	
of Vital	Physician: this certific ral director,	Be	axaminar?	Hospital:				Ott	her		(Check only one)					
of		10	1 Yas 2 No	1 L Inp		ER/Outpatier		DOA	4JZ Nun		na 5 Rasio			y)		
	After funer	on	1-☑Natural 5 ☐ Pending		Day Year)	28b. Tima of Injury		28c. Inju Wo			28d. Dascribe i	ascribe how injury occurred				
Division	Attending ir death. ector: After by the fune	Certification:	2 Accident invastigati				М	1	□Yas 2□No							
$\overline{\geq}$	or Attendential Director:	Ě	4 Homicida datermine	3 Suicide 6 Could not be datermined 28a. Placa of Injury - At home, farm, straat, factory, office building, atc. (Spacify)								Street and Nu m, Stata)	mber or Rura	al Routa f	Vumber,	
	s effection	S				,						,,				
	hour hour lines		29a. Cartifiar 1 Certifying F	hysician: To the be	ast of my kno	wiadga, daati	n occurre	d at the ti	ma, data and	placa, a	and dua to tha	auaa(s) and	mennar as a	itated.		
	To the Hospital or Attending Ph within 24 hours effer death. To the Funeral Director: After th completely filled in by the funeral	edical	(Check only one) 2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and manner stated.												5a(s)	
	Vithii To th	M	29b. Signatura and titla of certifiar	0 1		11, 11	12	9c. Licens	sa number			29d. Data sig	nad (Month,	Day, Yes	ir)	
	- > - 0		C . 1	2 1		11/		n	22/1	7		11.	0	ci		
			(56ry).	udy mi	2 8	4/10	7	N.	111	1		WR/	9 17	16		
	10		30. Name and addrass of person wh	o complated causa	of death (Itan	23a) (Type,		1	,			11	9 Abr	/	'	
			24 Date filed (Month Com Vo	1/3	51	4,1	1/2	10	ナナナへ	1	Q	1-4 6:	7 1161	4/61	1	
	Sta		31. Data filed (Month, Day, Year)	1996 32. Has	strar's Signa	dien Pa	J.H					/		*		



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 75 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

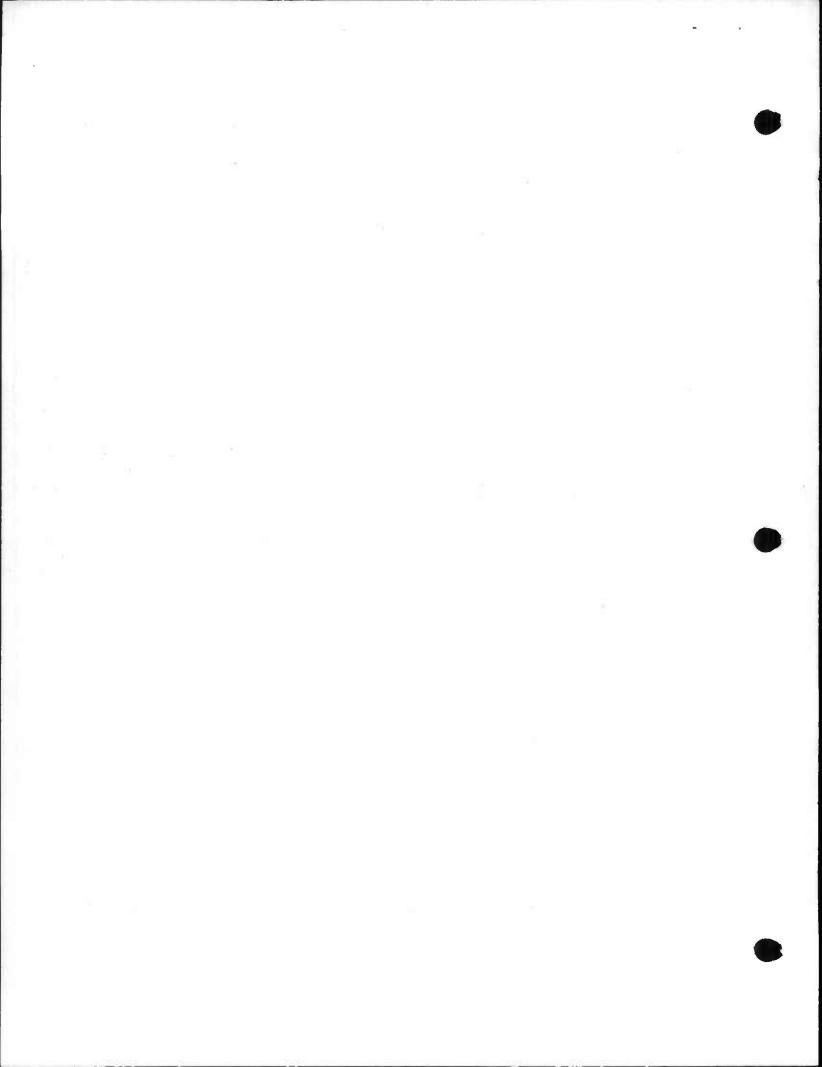
IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	nedis Inan			ENTIF	CALE	I DEA	117	H	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) ANGELA				STA	RE		2. DATE OF DE	DA	15	YEAR 1996	3. TIME OF DEATH 2054 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	S. AGE (In yrs. la	st birthday)	IF UNDER 1 YE	AR IF UNDER	R 24 HRS.	7. DATE OF B	HTH	, ,	-	PLACE (State or Foreign
	277 - 07 - 1727	1 M 2 X F	91	YRS.	MONTHS DA	YS HOURS	MIN.	(Month, De		005	Countr	y)
	9a. FACILITY NAME (If not institution, give a	street and number)			9h CITY TO	MN OR LOCATE	ON OF DEA	Jan 0	2, 1		Ohi	
Œ	SHADY GROVE ADV		HOSPT	TAT.		VILLE					TGOM	
[유	RESIDENCE OF DECEDENT		110011.	11111	NOCK	ATTIT				MOM	TGOM	IEKY
Ĭ,	10e. STATE 10b. COUNT	Y		10c. CITY	, TOWN OR L	OCATION						10d. INSIDE CITY
ä	Ohio Licki	ng		Newa	ark							LIMITS?
4	10a. STREET AND NUMBER					10f. ZIP COD	E			10g. CIT	IZEN OF W	/HAT COUNTRY?
5	26 North 5th Stre	et				43055				US		
BY FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AF	RMED	13. WAS	DECENDENT (DE HISPANI	C OBIGIN2 (Sc	activ Vac		_	- American Indian
	1 Never Married 2 Married	FORCES? 1 [IF YES, GIVE WAI		NO	If you	yes 2 X NO	an, Mexican	, Puerto Rican	, etc.)	01110	Black	— American Indian, White, atc.
	3 Widowed 4 Divorced		TON BATES		1	IES & OF HO	эрвспу:				Speci	White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DI	ECEDENT'S	USUAL OCCU	PATION		16b. KIN	D OF BUS	INESS/INI		
Ē	Elementary/Secondary (6-12)	College (1-4 or 5+)	life	a. Do NOT us	ork done durin e retired.)	most of worki	ng					
I I	Grade 12		Sal	es Cl	lerk			Reta	ail S	Store	2	
Ö	17. FATHER'S NAME (First, Middle, Last)					16. MOT	HER'S NAM	IE (First, Middle	, Maiden S	Surname)		
BE (Louis A. Stare					Mar	y Ann	Rowar	2			
10 B	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (St	set and Number				, State, Zip	Code)	
Ĕ	Deborah Paulic	nie	ece 7	17 Cc	ollege	Parkwa	av, R	lockvi.	lle,	Mary	vland	20850
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Stream		20b. PLACE	ANDDATEC	FDISPOSITIO	N (Name of		DATE			City or To	
	4 Donation 5 Other (Specify)	over from State	St. J	matory or of of oseph	n Ceme	tery		8/20	Lick	cina	Coun	ty, Ohio
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE //	1		22. NAM	E AND ADDRE	SS OF FACI	ILITY				
	DI 1/1/1/1/	() /l				aldson						
	23. PART i. Enter the diseases, or	complications that	csused the de	esth Do n	1 313	Talbo	tt Av	re. La	rel.	, Mai	cy1ar	ad 20707
	anock, or neart reliure.	List only one ceus	e on each line	9.	01 011101 1110	mode or dy	mg, sacm	aa cerdiec	oi respii	atory si	rest,	Approximats Interval Between
	iMMEDIATE CAUSE (Finel disease or condition	EE 1	1	ın.		. 0	1					Onset and Dasth
	resulting in death)	a. (eve)	H Vaje	CUENCE OF	l a	ce i'du	4/					1 week
-, I	_	DUE TO (O	A A CONSE)	in for	·Lan						2 weds
CERTIFICATION		b. / / / / / / / / / / / DUE TO (C	OR AS A CONSE	OUENCE OF) N T	11/10/	/					2 we cay
¥	if any, leading to immediate cause. Enter UNDERLYING											i i
Ē	CAUSE (Disease or Injury that initiated events	DUE TO (O	R AS A CONSE	OUENCE OF):							
ᇤ	reaulting in death) LAST	d.										
	PART II Other elegificant condition	o containute o d		101								
EDICAL	PART ii. Other significant condition	1 /				1	. 4		PERFORI		24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
ă	Fractures	hip	Cleare	d Dy	MIL	· PR	MAYI	<u>e</u>) 10	YES 2	X NO		COMPLETION OF CAUSE OF DEATH?
Σ								_′	,			1 TES 2 NO
ž	DID TOBACCO USE CONT	RIBUTE TO CAU					ERTAIN	DA				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLAC	CE OF DEAT	OTHER:	one)		/				
YSI	1 - YES 2 X NO	npatient 2 - E	R/Outpatient 3	□ DOA		Home 5 🗆 Re	saldence 6	☐ Other (Spe	iclfy)			
표	27. MANNER OF DEATH 1 A Natural 5 Pending	28a. DATE OF IN (Month, Day,		28b. TIME INJU	OF 28c	INJURY AT WORK?		28d. DESCRIB	E HOW IN	JURY OC	CURED	
BY	2 Accident Investigation					YES 2	NO					
ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, et	INJURY — At ho c. (Specify)	rme, farm, s	treet, factory,	office		26f. LOCATION	Vi (Street as	nd Number	or Rural A	oute Number,
E.	N - War											
립	(Check only CERTIFYING PHYSI	CIAN: To the best of m	y knowledge, de	oth occurre	d at the time,	date and pieca	, and due to	o the cause(a)	and man	ner aa atal	led.	
COMPL												and menner as stated.
w II	THE STONATURE AND TITLE OF CERTIFIE	-0				29c. LICE	ENSE NUMB	BER		29d. DAT	E SIGNED	(Month, Day, Year)
0	Jen Co Mu	land	M			71	5254			PA.	ATT. #	16 1996
2	38. HAM AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type,	Print)	101		-			Juli	, , , , , ,
		wich	911	Russi	ELL	AUE	6A.	THER	BUL	e Vi	ud 2	6879
	BLICO 0 4	32. REGISTAR	S SIGNATURE	P. 1	.00							(Morith, Day, Year) - 16, 1996 40879
	AUG 2 01	AAP Jahr	on marke	CIVING	14							



State of Maryland / Department of Health and Mental Hygiene 25182 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Parviz Sarem July 3:12/M /Medical 4e. Fecility Nama (If not Institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** Laurel General Hospital Prince Georges Laurel If Under 1 Yaer | If Under 24 Hrs. | 8. Date of Birth (Month, Dey, Year) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** ₩ 2 F Yrs. Director 500-44-4954 72 Apr 20, Iran Usuel Rasidance of Dacedeni the Meryland 10e State 10h County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumetic event, the Medical Examiner must be notified at 1 ☐ Yas 2 X No Directo Maryland Montgomery Burtonsville 10e. Street and Number 10f. Zlp Code 10g, Citizen of Whet Country? with 15901 Columbia Pike 20866 United States Funeral 12. Wes Decedent Ever in U,S. Armed Forcas? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Rece - American Indien, Bleck, White, etc. permit. Peges 1 and 2 should be liled within 72 hours efter of Department of Heelih and Mertel Hygiene. Important: If item 27 is marked other than "natural", or iten eny injury or other traumetic event, the Medical Examine 1 Yes 2 No
If Yes, Give
Yeer or Detes: 1 ☐ Never Merried 2 X Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: þ Specify: Iranian 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuei Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondery (0-12) College (1-4or 5+) 5+ Real Estate Investor Self Employed 17. Fathar's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Mostafa Sarem Farkhondeh Goudarzi 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Steta, Zip Coda) Mrs. Jennifer Sarem/Wife 15901 Columbia Pike Burtonsville, Maryland 20866 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ⊠ Burial 2 □ Cremetion 3 □ Ramoval from Stete 4 ☐ Donation 5 ☐ Other (Specify) Union Cemetery 8-5-96 | Burtonsville, MD 21. Signature of Funerel Service Licensaa 22. Nome and Address of Facility
Harry H. Witzke Funeral Home, Inc. 4112 Old Columbia Pike Ellicott City, MD 21043 23a. Pert 1. Enter the disease, or complications that clused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Final SEPUS ZMA OWI disease or condition resulting in deeth) Examiner Due to (or es e consequence of) Examiner bunel-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Last and a consequence of) physician a the bunel P.O. Box 68760. Physician/Medical Due to (or as a consequence of) ettending esn for signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 2 No 3 □ Probably 4 □ Unknown 1 Yes Division of Vital Records, þ 24b. Were autopsy findings available prior to completion of cause of death? should should 24e. Was an autopsy performed? Completed hes 1 Tyes 1 ☐ Yes 2 ☐ No certificate Attending Physician: 25. Wes case referred to medical Be 28. Plece of Deeth (Check only one) examiner Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes Inpatient 2 ER/Outpetient 3 DOA this 27. Menner of Deet funeral 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28d. Dascribe how injury occurred Certification: 28b. Time of After 5 Pending investigation 1 Netural To the Hospital or Attendit within 24 hours after death.

To the Funeral Director: All completely filled in by the fu death. 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28a. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Steta) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and plece, end due to the cause(s) end menner so steted.
2 Madical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, date and plece, and due to the cause(s) end mannar stated. edical 29a. Certifier 29b. Signature and titla of certifier 29c. Licansa number 29d. Date/signed (Month, Dey, Year) 145014 30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print) TSABELLE MATIRE, MO 0 MUREL 31. Dete filed (Month, Dey, Year) AUG 0 2 1996 32. Pegistrer's Signature

DHMH 16 Rev 6/95

State Registrar

Shur 85 Trigor Trill galler

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

hours after death. Page 6 may be retained by the hospital or attending physician.	y filled in by the funeral director, page 5 should be detached for use as the hurist-transit narmit pages 1.2.3 should	ition, or removal.	the medical examiner must be notified at once.
HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and com	led within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
) THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within after death, Page 6 may be retained by the hospital or attending physician.	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within after death. Page 6 may be retained by the hospital or attending physician. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hundal-transit mermit. Pages 1.2.3 should	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an interpretable of the most provided by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

2

											96	25183	
	1 - FOR STATE REGISTRAR	STATE OF M	IARYLAND C	DEPAR	RTMENT	OF H	EALTH DEAT	AND I	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF OEATH			3. TIME OF DEATH	
	CHARLES CL	AYTON	SHAN	K					August 10	100	YEAR	10:00AM	
	4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE (In yrs. Is		IF UNDER	1 YEAR	IF UNDER	24 HRS	7. DATE OF BIRTH	, 17.		PLACE (State or Foreign	
	220-26-6092	1 🕅 M 2 🗆 F	70	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)		Country)	
	9a. FACILITY NAME (If not institution, give s	trans and autoback							Oct. 17,1			ryland	
Œ	20802 Park Ha						Sbor		АТН	9c. COU	NTY OF DE	ington	
5	RESIDENCE OF DECEDENT	II Iw.				OOTI	SDOL				wasii	ington	
EC	10a. STATE 10b. COUNT	Y		10c . Y	Y. TOWN O	R LOCAT	ION					10d, INSIDE CITY	
DIRECTOR	Maryland Was	hington		3.1	Roc	nsb	oro					LIMITS?	
	10e. STREET AND NUMBER			-			ZIP CODE			T 40 - 010		1 TES 2 NO	
R	20802 Pa	rk Hall R	7			100		1713				HAT COUNTRY?	
FUNERAL	11. MARITAL STATUS										J. S.		
F	1 Never Married 2 Married	12. WAS OECEDENT FORCES? 1	YES 2	NO NO	13. V	MAS DEC f yes, spi	ENDENT O	of HISPAI n, Mexica	HC ORIGIN? (Specify Yen, Puerto Rican, etc.)	a or No	14. RACE Black,	- American Indian, White, atc.	
ВҰ	3 Widowed 4 Divorced	W. W.			1	YES	5 XNO	Specify	r.			White	
	16. DECEDENT'S EDU			ECEDENT'S	HEHAL OC	MIDATIO							
E	(Specify only highest grade	completed)	(C	Sive kind of a	work done d	furing mos	st of workin	g	16b. KIND OF BU	SINESS/INC	DUSTRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5+) ""		ruck	Far	mer		Farmi	na			
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				Luck	LULI					_		
		reach Char	1-						ME (First, Middle, Maider				
B	Howard E	vert Snan							Irene Pof				
6		/							Route Number, City or Tox				
	Mildred L. S	hank/ Wi	te	20	802 F	ark	Hal.	I Rd	., Boonsbo	ro. I	Md. 2	1713	
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremetion 3 Ram	oval from State	20b. PLACE cemetary, cn			ITION (Na	me of		DATE 20c. LC	CATION	City or Tow	n, Stata	
	4 Donation 5 Other (Specify)		Mt.	Zion	Ceme	eter	y 8-	-13-	96 Loc	ust (GRove	, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LIC						D ADDRES			6 01	d Nat	ional Pike	
	John H. Bast, Jr BAST FUNERAL HOME, Boonsboro, Md. 21713 23. PART I. Enter the discesses, pr complications that caused the death, Dp not enter the mode of dying, such as cardiac or respiratory errors.												
IJ	snock, or neart reliure. List Dnly Dne cause Dn eech line.												
- 1	immediate cause (final											Interval Batween Onset and Death	
	disease or condition resulting in death)	_ Gunsho	t wound	to h	head moments								
				IS A CONSEQUENCE OF):									
z													
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	OUENCE O	F):								
S	cause. Enter UNDERLYING CAUSE (Disease or injury	c.											
드	that initiated events	DUE TO (OR AS A CONSE	OUENCE OF	F):								
	resulting in death) LAST	d											
O	DART II Other circliffeed and dis-												
¥.	PART II. Other significant condition	a contributing to	death but not	resulting i	in the und	derlying	cause g	lven in	Part I. 24a. WAS AN PERFO			WERE AUTOPSY FINDINGS	
ă									1 _ YES :	X NO		COMPLETION OF CAUSE OF DEATH?	
¥ .												YES 2XXNO	
ä	DID TOBACCO USE CONTI	RIBUTE TO CAL	JSE OF DEA	TH YE	SON	10 🛛	UNC	ERTAIN	10				
¥.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLA	CE OF DEAT	TH (Check o	nly one)							
S	XX YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER		sV Va	eldence	8 (Concibil				
T 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT									28d. DESCRIBE HOW	NJURY OC	URED		
	1 Natural 5 Pending	August 10			ORY AM	t Y		ON	self infli	eted o	mehot	Mound	
	2 Accident Investigation	28a. PLACE OF	INJURY - At he					1	281. LOCATION (Street				
B	3 A ASUICIGO	building, e	нс. (эреслу)			.,,			City or Town, State)		or nurer no	ute number,	
	3 X Suicide 8 Could not be determined		10					Park Hall Road					
	4 Homicide determined	Hom		-		_							
	4 Homicide datarmined 29a. CERTIFIER (Check only	HOTT CIAN: To the best of r	ny knowledge, de	eth occurre	d at the tin	ne, data	and place,	and dua	to the cause(a) and ma	ner as stat	ed.		
	4 Homicide datarmined 29a. CERTIFIER (Check only	CIAN: To the best of r	ny knowledge, de	esth occurre	nd at the tin	ne, data :	and place, eath occure	and dua	to the cause(a) and ma	ner as stat	ed. e cause(a)	and manner as stated.	

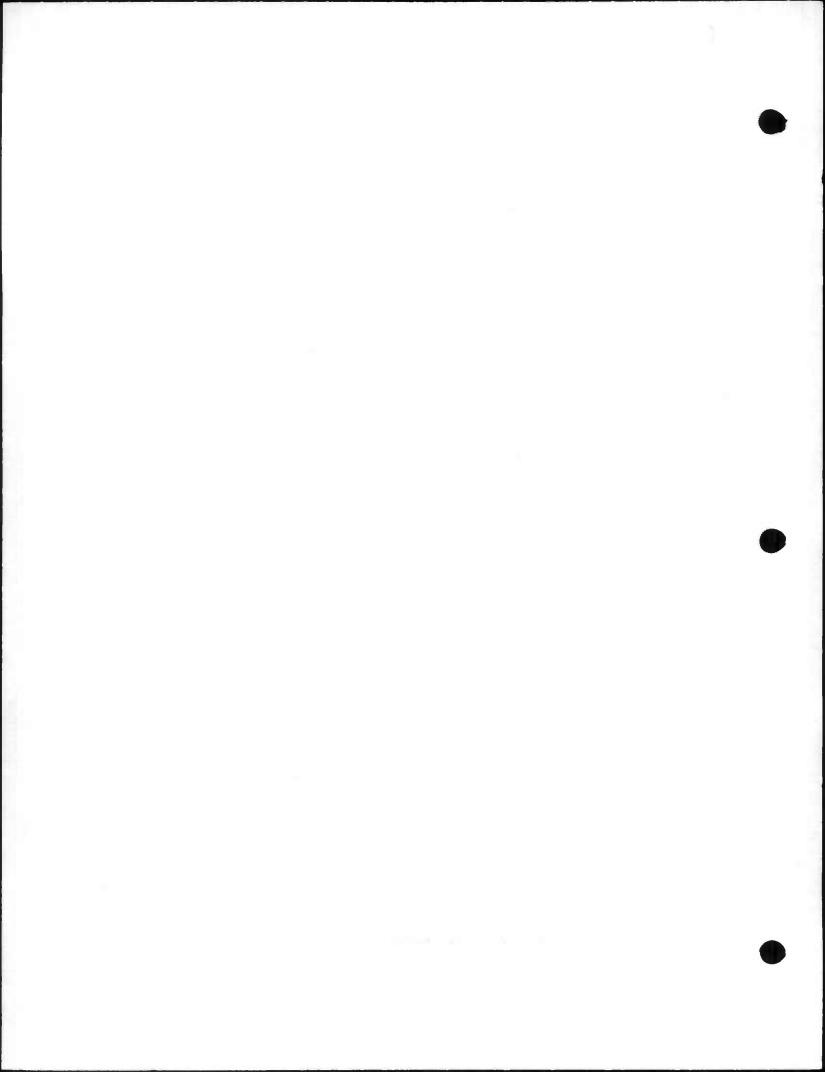
DO1062

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Edward W. Ditto, M.D. W. Washington St. III, 217 Hagerstown, MD 21740

31. DATE FILED (Month, Day, Year)
AUG 1 3 1996

August 12, 1996



State of Maryland / Department of Health and Mental Hygiene 96

25184

							Ce	rtifica	te of i	Death			Reg. No.			
	Di-		1. Decedent's Neme (Firs									2. Dete of Dec Month		Vans	3. Tim	e of Deeth
	Physic /Medi		THOMAS	BRI	GHTWELI	•	STON	1E	SR	•		August	Dey	1996	10.	35 P.M
	Exami		4a. Facility Neme (If not in		e street and nu	m <i>ber)</i>			4	b. City, To	_	cation of Deeth	77. 11.77	y of Deeth		
H	Francis		5. Sociel Security Number		өх	7. Age (In yrs.	last birthdev) If Unde	r 1 Year	If Under				,	lece (Ste	te or Foreign
	Funeral Director		216-14-6852	1	X M 2□ F	72	Yrs.	Months		Hours	Min.	8. Dete of Birt (Month, De August 1	5, 1923	Maryl	ntry)	te or Foreign
	pu *		Usuel Residence of Dece 10a. State 10b.	County		100 Ci	ty, Town or L	contion							04 114	00.11.0
	s 1 and 2 should be filed within 72 hours efter deeth with the Meryland I Health end Mental Hygiene. Item 27 is marked other than "natural", or itema 23s or 28a-f show other traumatic event, the Medical Examinar must be notified at	Director	Maryland St	. Mary's	5		idge	ocation								e City Limits (es 2 No
	or 2	Dire	10e. Street end Number						p Code				10g. Citizen of	Whet Cour	itry?	
	oth w	ra	16410 Fisherme	n Way				20	0680				United S	States		
	Rema Merra	Funeral	11. Maritel Status		Armed Fo		J,S. 13.	Wes Dece If Yes, spe	dent of H cify Cube	ispenic Ori n, Mexican	gin? (Spe	cify Yes or No- Rican, etc.)		ce - Americ ock, White,		١,
21215-0020	72 hours eft natural', or I	þ	1 Never Married 2	1111	1 X Yes If Yes, Gir Yeer or D		1945	1 🗆 Yes	2K No	Specify:			Speci	fy:	White	
5	72 h	Completed		ecedent's Ed	lucation de completed)		(Give	edent's Usu	ork done	durina mos	t of worki	na	16b. Kind of E	Business/Ind	dustry	
121	ne.	ide	Elementery/Secondery		College (I-4or 5+)	life.	DO NOT L	ise retired	1)						
	e filed within II Hygiene. other than		12	101000	2		Techni	cal Mar	nager	10.00			Telephor		any	
Maryland	2 should be filed within end Mental Hygiene. Is marked other than surmatic event, the Mental for	To Be	17. Fether's Neme (First, Howard Stone	Middle, Last)								(First, Middle, ntwell	Melden Surna.	me)		
ā	2 she end la ma		19e. Informent's Name/R	eletionship (7	Type, Print)		19b. Maii	ing Addres	s (Street	end Numbe	er or Rura	I Route Numbe	er, City or Town	, Stete, Zip	Code)	
	s 1 and 2 of Health from 27 I		Doris Louisa S		Wife		16410	Fishe	rmen V	lay, Ri	idge,	Maryland	20680			
ore			20e. Method of Disposition 1 ☐ Burial 2 🗷 Creation		Removel from		Plece of Disp cometery, cre	osition (Ne metory or	me of other plea	e)		Dete	20c. Location	- City or To	wn, Stete	
Baltimore,	permit. Pages Department of I Important: If its any Injury or or once.		4 □ Donetion 5 □ C			-1017	ropolit	an Cre	matory	7	8	-9-96	Alexandri	ia, Vir	ginia	
<u>a</u>	Depart mport any Inj		21. Signature of Funerel	Parvice Lice	8m/11		2	2. Neme e	nd Addres	s of Fecilit meral	y U					
ш	205 2 2		Edward N	Brinsfi	eld, dr.	M000						n, Maryl	and 20650)		
	_		23a. Pert1. Enter the disc shock, or heert tellu	ese, or comp	olicetions thet o	aused the dee	th. Do not en	iter the mo	de of dyin	g, such es	cardiec c	r respiretory ar	rest,		Approxi	mete Between
	Physician		Groom, or record tone	io. clot only t	5110 00030 011 C	out into.									Onset a	nd Death
7	/Medical		immediate Ceuse (Fine) disease or condition		4110	€8 C	alcen	nia						F	eW	Weeks
	Examiner		resulting in deeth)		· H7P	Due to (or es e conse	quence of)	:							
_	D #	ner				Sm			hun	0	Car	nces	Stage	m_	2-37	month.
	nd trans	Examiner	Sequentielly list condition	is,	Ь		or es e conse		:	7				4 6		
ó	eath certificate be executed attending physician and for use es the bunel-transit		Sequentielly list condition if eny, leeding to immedia cause. Enter Underlying Cause (Disease or injury	ete						V				i		
68760,	ate b hysic the b	Medical	thet initieted events resulting in deeth) Last	- 1	C	Due to (d	or es e conse	quence of)	:					1		
9 x	artific ing p	Mec		L												
Bo	th ce tend	an			d											
	law requires thet the death les been signed by the atter 2 should be detached for t	Physician	Part ii. Other significant of	conditions co	ontributing to de	eath but not res	uiting in the	underlying	cause giv	en in Pert f		23b. Dld 1	obacco uee c	ontribute to	the cau	se of death?
P.0	es thet the de igned by the a be detached i	PH.										10	Yee 2□ No	3⊠ Prol	oably 4	Unknown
Ś	es the	by														
Record	require been si	Completed											an eutopsy rmed?	av	allabie pri	sy tindings lor to
ec	hes be	ple													mpletion death?	of cause
<u>~</u>	0 - 0	Con										101	res 2⊠No	10	Yes 2	2□ No
Vital		Be (25. Wes case referred to examiner?	medical						28. Plece	of Deeth	(Check only o	ne)			
of V	5 00	2	1 ☐ Yes 2 No		Hospitel:	npatient 2	ER/Outpatie	nt 3 D	OA Oth	er: 4 🗆 Nu	rsing Ho	me 5 Resid	dence 6 🗆 Ot	her (Specif	y)	
			27. Menner of Death 1 Neturel 5	Pending	28a, Dete	of injury th, Dey Year)	28b. Time o	of	28c. Injun	at c?		28d. Describe I	now injury occu	rred		
<u>.</u>	Attending or death. Sctor: After by the fune	atic	2 ☐ Accident	investigetion		., ., .,	,	М		Yes 2 🗆	No					
Division	or Atte	Certification:	3 ☐ Suicide 6 ☐ 4 ☐ Homicide	Could not be determined	266. PIECE	of Injury - At h		reet, fector	y, office		:	28f. Location (5 City or Tox		ber or Rura	I Route N	lumber,
	To the Hospital or Attendi within 24 hours after death. To the Funeral Director; A completely filled in by the fi	edical C	29a. Certifier 1 ☑ C (Check only one) 2 ☐ M	ertifying Phy ledicat Exam	iner: On the bi	best of my kno asis of exemine ner steted.	wiedge, deel ation end/or in	th occurred	et the tim	ne, dete an	d pleca, e	and due to the	cause(s) end m	anner es si	ated.	se(s)
	To the within 2 To the comple	Me.	29b. Signeture end title of	certifier	end men	iei steted.		29	c. License	number			29d. Date sign	ed (Month	Day Yes	r)
	F 3 F 8	ffi .	And the second second second	uch	2					170€			818		-ay, rea	.,
										, , , ,						
			30. Neme end eddress of			e of deeth (Iter	n 23a) (Type	, Print)		Do						
			DR . AVAN		SHAW	onietroria Cia-	turo		L	LUNAR	TOTOW	N,MD.20	1650			
	Sta Registi	_	A. Doto med (Month, De)	LIC O	1996	And And And And And And And And And And	ruding- K	ardall								
DH			A	Uu - 8	1330	Java W	And don't a					<u> </u>				
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State of Maryland / Department of Health and Mental Hygiene

						_	tificate			u Mentai r	Reg. No.	36 2	5185
я	Physic	an	Decedant's Nama (First, Middla, Las.	1)						2. Data of Month	Daath Day	Yaar 3.	Tima of Death
Į	/Medi		Gordon Gerald							Augu	=	996	4:20AM
2	Examir		4a. Facility Neme (If not institution, give	street and number	(1)			4t	c. City, Town,	or Location of De	eath 4c. Count	y of Death	
			Southern Marylan	d Hospit	al Cen	ter			Clinto	on	Princ	e Georg	es
	Funeral Director		Social Security Number 6. Sa		Aga (in yrs. ia 85		If Under 1 Months [Yeer Days	if Undar 24 I	fin. 8. Date of (Month, NOV.	Birth Day, Year) 6, 1910	9. Birthplace Country) Maryl	(State or Foraig
	D		Usuel Rasidanca of Decedant									4	
	e Marylan Sa-f ahow	ctor	Maryland Prince G	eorge's		Town or Lo	cation prings						nsida City Limite
	th with th	ral Director	10e. Street and Number 7120 Karen Ann D	rive			10f. Zip Ci	oda 748			10g. Citizan of U.S	What Country?	
020	72 hours efter deeth with the Maryland "natural", or Itama 23a or 28a-f show idical Examiner must be notified at	by Funeral	11. Maritel Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Deceder Armed Forcas 1 Yas 2 If Yes, Give Yeer or Detas	? XNo		Was Decedar tYas, specify 1 □ Yas 🛣			(Specify Yas or uarto Rican, atc.)	Bla	ce - American ir ick, Whita, atc. iy.White	ndlan,
Maryland 21215-0020	be filed within 72 ho tal Hygiene. d other than "natur avant, the Medical	Completed	15. Decedent's Edi (Specify only highest grad Elamantary/Sacondary (0-12)	ication fa complated) Collega (1-4o	r 5+)	(Give life. L		dona di retired)	uring most of			Business/Industr	
7	e filed v il Hygie other t	ပိ	17. Fether's Nama (First, Middla, Last)	_ N/A		31	meer (Opera			ol Trans	SIL
ylano		To Be	Albert Edward S		·				Cathe		dla, Maidan Sumai Eliza	Nichols	on
	17 E		19e. Informant's Name/Relationship (T) Christine L.	ype, Print) Stewart		7120) Kare	n Ar	nn Driv	re Camp	mber, City or Town Springs,		
Baltimore,	Peges 1 en sent of Heal nt: If item 2 iry or other		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify,				sition (Nama natory or othe L1 Ceme			15 ^{Data} 1996		- City or Town,	
Balti	permit. Peges 1 er Department of Hea Important: If Item 2 any injury or other once.		21. Signature of Funarai Service Licens		20						eral Homo y Rd Cli	e, Inc.	
	Physician		23e. Pett1 Entar tha disaase, or comp show, or haart failura. List only o	lications that caus na causa on each	ed the death. line.	Do not ent	ar tha moda o	of dying	, such as car	diec or raspiretor	y arrest,	Inta	oroximate rval Batween set and Death
	/Medical Examiner		immadata Causa (Final disaasa or condition rasuiting in death)	a	()	n) Tico	juance of):					1	week
-	D #	iner			Pn	eumi	2 22000					10	days
,	ficate be axecuted g physicien and as the burial-transit	Examiner	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	D	Dua to (or	as a conseq	uance of):						udy)
292	sicle bur	edical	Cause (Disaasa or injury that Initiated evants	c		as a conseq		un	of du	eare		1 4	cars
ox 68760,	15 CO 68		resulting in death) Lest	d	Due to (01 t	as a conseq	derice or).						
Box	death se atter	icia	Part II. Other significant conditions co	atributing to doub	but not repull	tina In the co	a dorbila a acci		n in Dant I	Oah D	td tabaasa usa s	nudulinudo do dino	anne of death
, P.O.	by th	by Physician/M					CINCU				Id tobacco uee co ☐ Yee 2☐ No		
Records,	2 S C	Completed b	Abdominal	carcu	nomer	0					as an autopsy erformed?	avallab	utopsy findings le prior to tion of cause
Œ	The laste he	mo.								1	Yas 2 No	1 ☐ Ye	s 2 No
ita	an: rtifica	Be	25. Was casa referred to medical						26. Placa of	Death (Check on	ly ona)		
>	Physician: r this certific ral director,	To	exeminar?	Hospital:	tient 2 E	R/Outpatien	t 3D DOA	Othe	r: 4 Nursin	g Homa 5□R	asidance 6 Ott	har (Specify)	
Division of Vital	Attending Physicien: The is redeath. ector: After this certificate he by the funeral director, page		27. Mennar of Death 1. Netural 5 Pending 2 Accidant Invastigation	28a. Data of In (Month, E	jury Pay Year)	28b. Tima of Injury	28c	Injury Work	at ? ′as 2 □ No	28d. Dascril	e how injury occu	rred	H
Divis	2 4 4 C	Certification:	3 Sulcide 6 Could not be datamined	28a. Place of i	njury - At hon atc. (Specify)	na, farm, str	eet, factory, o	office			n (Street and Num Town, Stata)	ber or Rural Ro	ute Number,
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edicai (29a. Certifiar (Check only one)	sician: To the bes ner: On the basis and mannar:	of axaminetic	iedga, death on and/or inv	occurred at transfer in	tha time my opi	a, date and pl inion, daath o	ece, end due to t ccurred at tha tin	he ceusa(s) and m	annar as stated , and dua to tha	causa(s)
	To the within 2 To the comple	¥	29b. Signetura and titla of certifiar				29c. L	icensa	number	10	29d. Date signe	ed (Month, Day,	Year)
			1 Arow	1	/			1	1307	7	8/12/	96	

Gurbux H. Nachnani, M.D. 8926 Woodyard Rd. #601 Clinton, Md. 20735

31. Deta filed (Month, Day, Year)

AUG 1 4 1996

Julia Davidson-Revoluti

32. Registrar's Signatura

Falsa Okwulson Randoll

D13072

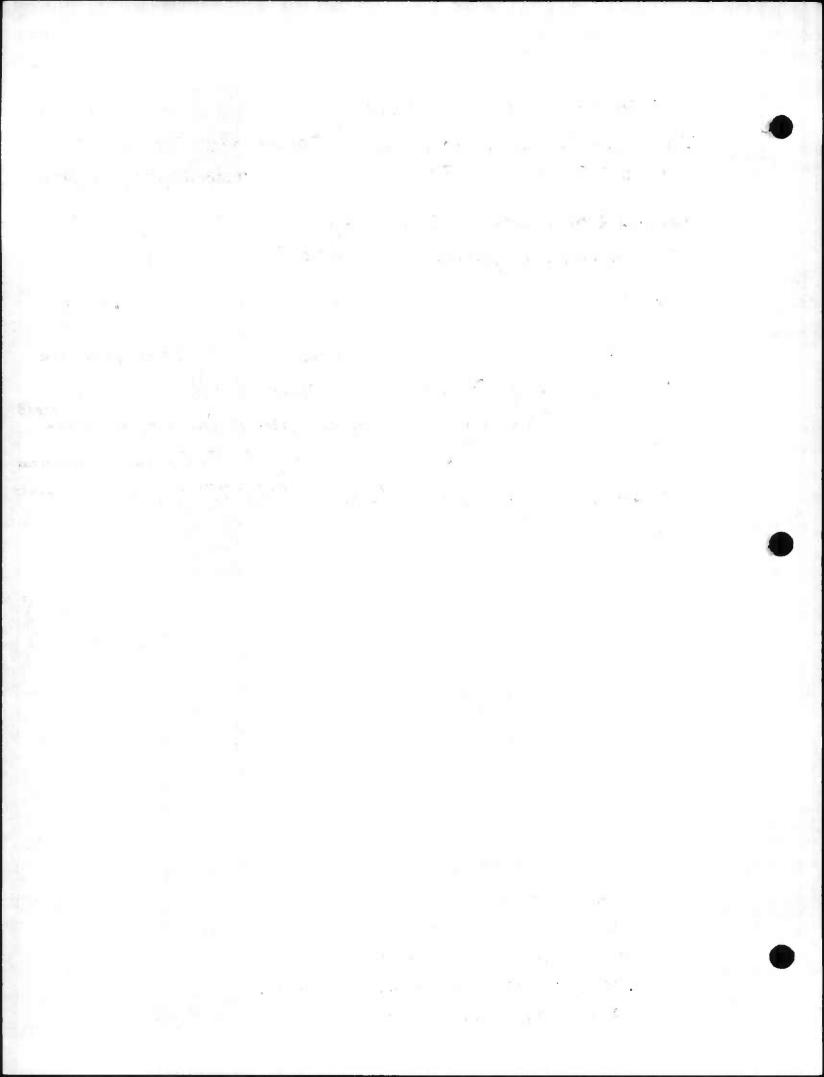
State Registrar

30. Nama and address of person who completed causa of death (Itam 23a) (Type, Print)

The second state of the second state of the second

State of Maryland / Department of Health and Mental Hygiene 96 25186

						Certificate of	Death		Reg. No.	0 23100
	Physici	an	1. Decedent's Nama (First, Middla, Last)		<u> </u>			2. Data of De	eath Day	yaar , 3. Tima of Death
	/Medi		Walter	<u>C.</u>	51	anley		144945	t 1 1	996 0300
) a	Examir	ner	4a. Facility Nama (If not Institution, give s	1				r Location of Deat	_	
			Dorchester Gen 5. Social Security Number 8. Sex		In yrs. last birti	If Undar 1 Yaar	Cambi			chester
н	Funeral Director			M 2□F	00	rs. Months Days		n. (Month, Da	ay, Year)	9. Birthplace (Stata or Foraign Country) Maky land
4	_		Usual Rasidance of Decedant		00			OCIDA	Ch 3,110 K	Makyland
	nylan ahow		10a. Stata 10b. County		Oc. City, Town	1				10d. Insida City Limits
	Serf s	cto	Maryland Dorch	ester	Ca	MbR. dg	2			1 X Yes 2 No
	vith th	금	10e. Street and Number			10f. Zip C&da	1613		10g. Citizen of V	Vhat Country?
	23e	eral	811-Fairmoun	JH AVEN			7 . 2	(O	\mathcal{U}	1 St
	fter d	Funeral Director	11. Maritai Status 1 Nevar Married 2 Married	Armed Forcas?	n ni 0,5.	13. Was Decedent of If Yes, specify Cub		orto Rican, etc.)	Biac	e - Amarican Indian, ck, White, etc.
5-0020	72 hours efter death with the Meryland natural, or itams 23a or 28a-f ahow deat Examinat barrout at	þ	3 Widowed 4 □ Divorced	If Yas, Giva Year or Dates:		1 ☐ Yes 2 No	Specify:		Specify	Black
5-0	should be filed within 72 hours nd Mentel Hyglene. marked other than "natural", imatic avant, ma Nedicel Exi	Completed	15. Decedant's Educ (Specify only highest grade	cation	16a.	Decedent's Usual Occu (Giva kind of work done	pation	norkina	16b. Kind of Bu	usinass/industry
2121	within ene.	aldr.	Elemantary/Secondary (0-12)	Collega (1-4or 5+)		lifa. DO NOT usa ratire	∍d)	Orking .		
	filed with Hyglene. ther ther		17. Father's Nama (First, Middla, Last)			Barbe		ama dEines beintelle	ENTR	efreneur
and	Mentel I Merked of artic ava	Be	N 1 1 11	12.1 CT	inley			ama (First, Middla	1	
Maryland	2 should and Mer a marks	T ₀	19a. Informant'a Name/Reletionship (Ty)			Melling Addrass (Stree	t and Number or I			022/e State, Zip Code) 21613
×	and 2 saith ar 27 la			tanley	81					Maryland
ore,	T T T		20a. Mathod of Disposition	J	20b. Place of	Disposition (Nama of		Data	20c. Location	City or Town, Stata
Baltimore	Depertment of Important: If Ite any Injury or o		1 A Burial 2 □ Cramation 3 □ R 4 □ Donation 5 □ Other (Specify)	emoval from Stata	Beth	_	1	8/12/96	Cambr	idge Maryland
alt	permit. Pag Department Important: I any Injury o		21. Signature of Funarai Service License	ю /		22. Name and Addr	ess of Facility	al Hom		0/
00	20112	, (Janello C	26 mm	1	HENRY 510 Wash				Maryland,
	Se to		23a. Page Entar the disaasa, or compli	cationa that ceused the	ath. Don	ot antar the mode of dy	ing, such as cardi	ac or respiratory a	rrest,	Approximate Interval Between
	Physician			0		1				Onset and Death
18	/Medical Examiner		Immediate Ceuse (Final disaase or condition rasulting in daath)	Rectal	Blee	ding 20	to 600	opelopa	thy	two dees
		ē			e to (or as a c	onsequance of):		/ /	/	
	d d ansit	Examiner	Sogrestially list conditions	Eucl S.	tupe	onaequence of):				five yeus.
0,	an en		Sequentially list conditions, if any, leading to immediate cause. Entar Undarlying Cause (Disease or Injury	500	a to (or as a c	лавцивнов он.				
68760,	lew requires that the death certificata be executed as been signed by the ettending physician end 2 should be detached for use as the burlei-transit	Medical	that initiated events rasulting in daath) Last	Due	a to (or as a co	onsequence of):				
-	n certific anding p use as									
Bo	eath ce ettendi for use	Physician/		,						1
o.	that the de ad by the detached	ysic	Part II. Other significant conditions con	tributing to death but n	ot resulting In	tha undartyling causa gi	ivan in Part I.	23b. Did	tobacco use cor	ntribute to the cause of death?
۵.	thet the							10	Yes 2000	3 Probably 4 Unknown
Records,	luires the n signed aid be de	Completed by						24a. Was	an autopsy	24b. Wara autopsy findinga
00	ew requir	olete						perfo	ormed?	available prior to completion of cause of death?
æ	The lev ate hes page 2	оше						10	Yas - No	1 Yes 2 No
		Be C	25. Was casa referred to medical				26. Place of D	eeth (Check only		
>		To	exeminer?	lospital:	2 ER/Out	patient 3 DOA Ot	her: 4 Nursing	Homa 5□ Rasi	dance 8 Oth	er (Specify)
	Attending Phore of death.		27. Menner of Death 1. Naturel 5 □ Pending	28a. Data of Injury (Month, Day Ye	28b. Ti	jury Wo		28d. Dascribe	how Injury occur	red
sio	tendi jeath. tor: A the f	cat	2 ☐ Accident invastigation 3 ☐ Sulcida 6 ☐ Could not be]Yas 2□No	00/ 1 20/		
Division	or Attending effer death. Director: After	Certification:	4 Homicida dataminad	28e. Place of Injury building, atc. (S	- At homa, fan S <i>pecify)</i>	m, atreat, fectory, office		City or To	Street end Numb wn, Stata)	er or Rural Routa Number,
_	To the Hospital or Attanding within 24 hours efter death. To the Funeral Director: After completely filled in by the fune		29a. Certifier 11☑ Certifying Phys	lclan: To the best of m	v knowledge	daath occurred at tha ti	lma data and plac	on and dua to the	ceuse(s) and ma	nner es eteted
	To the Hospital within 24 hours To the Funeral completely filled	Medical		ner: On the basis of axa	amination and	or Investigation, in my	opinion, daath oc	curred at the time,	date and place,	and dua to the cause(s)
	withir To th	×	29b. Signature and title of certifier			29c. Lican	sa number		29d. Date signed	(Month, Day, Year)
			1 /1/2 11001.	to allo	Les la	m Di	15541.		8/71	196 .
			30. Nama and addrass of person who con	mplated cause of daath	n (Itam 23a) (1		9911		-/-/	
			Dr. Vinodrai			eet, Cambri	dge, Md.			
	Sta		31. Date filed (Month, Dey, Year) AUG 1 2 19	32. Registrar's						
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State of Maryland / Department of Health and Mental Hygiene 96 25 187

						(Cen	tificate	e of	De	eath			Reg. No).			
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	/Medic Examir		4a. Facility Nama (If not institution							4b. (City, Tow	n, or Lo	ocation of Deat	7	. County	of Death	0.03	Calli
71	LXAIIII	ici	930 Biddle St.							Ch	0630	o a le	e City		Ceci	1		
-	Francis		5. Social Security Number	6. Sax	7. Aga	(In yrs. last birtl	rday)	If Undar			f Undar 2		8. Data of Bir	th	1		laca (State	or Foreign
	Funeral Director		205-38-9574	1□M 25kF	78		rs.	Months	Days	1	Hours	Min.	Jul 31	y, Year)	0			a or Foreign
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	land		10a. Stata 10b. County	,		10c. City, Town	or Loc	ation								1	Od. Insida	City Limits
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	28e	Director	MD Cec	. 4. 4.		Onesap	Car	10f. Zlp						10a CI	tizan of W	Shot Coun	tn/2	
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	d within 72 hours efter deeth with the Meryland isne. Then "natural", or flems 23s or 28s-f show the Medical Examinet must be notified at	Funeral	930 Biddle S						191					USA				
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pu	be filed d other avent,	Be	17. Fathar's Nama (First, Middle,	Last)						18	B. Mothar	's Nama	a (First, Middle	, Maidar	Sumame	a)		
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	日本に		Michael H. S	trange		93	0 E	3idd1	e S	t.	Che	sape	eake Ci	ty M	D 21	915		
ore	of Healt Hem 27		20a. Mathod of Disposition			20b. Place of cematary	Dispos	ition (Nam	na of thar pia	ace)			Data	20c. L	ocation - (City or To	wn, Stata	
E	Page ent mt: M		1 ☐ Burial 2 ☐ Cramation 4 ☐ Donation 5 ☐ Other (5		Stata	R A Fe					199	6		West	Che	ster	PA	
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			234. Pari 1. Enter the disease, or shock, or heart failure. List	complications that	nouned t	ha death Da a	31	18 Ge	org	e	St.	Che	sapeake	Cit	y MD	219	15 Approxim	-1-
			shock, or haart failura. List	only ona causa on	aach lina	. Do n	Ji arita	i illa mode	a or uy	iliy, a	SUCIT dis C	ar Olac C	or raspiratory a	irest,		1	Intarval B Onsat and	atween
	Physician /Medical		Immediate Cause (Final	-												1	I a	o Dodu.
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	serificate be executed ding physician and se as the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disaase or Injury that initiated avants	0.0	D	ua to (or-as a co	nsequ	ence of):	_	_	,	1	rcien			i	1	11
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387	phys the	Medical	rasulting in death) Last		D	ua to (or as a co	nsequ	ence of):										
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Bo	death certifica e attending ph ed for use as t	Physician														j		
o	0 0 %	ysle	Part II. Other significant condition	ons contributing to	death but	not rasulting In	tha un	darlying ca	ausa gi	ivan i	in Part I.		23b. Dld	tobacco	use con	tribute to	the cause	of death?
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2	Physician: this certific ral director,	70	axaminar? 1 ☐ Yas 2] No	Hospital:	Inpatient	2 ER/Out	patient	3 DO	A Ot	thar:	4□ Nur	sina Ho	ma 5 Nesi	dance	6 □Othe	ar (Specifi	v)	
10			27. Manner of Death	28e. Data	of tnjury	28b. Ti	ma of		Bc. Inju				28d. Dascribe			1 1	/	
Division	Attending P or death. Octor: After i by the funer	at 9	1∕ Natural 5 Pendir 2 Accident investi	19	nth, Day	rear) in	ury	М			s 2□N	lo						
/IS	After r des ector	E C	3 ☐ Suicida 6 ☐ Could	nined 288. Plac	e of Injur	y - At homa, fari	n, stra	at, factory	, offica	1			28f. Location (er or Rura	i Routa Nu	ımber,
á	afte Dira	Certification:	4 Homicide	build	ding, atc.	(Specify)							City or To	wn, Stati	a)			
	Hospital or 24 hours afte Funeral Dir staly filled in		29a. Certifier Scortifying	ng Physician: To th	a best of	my knowledga.	daeth	occurred e	et tha ti	ima.	dete and	place.	and dua to tha	causa(s) and mar	nnar as si	ated.	-11
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	To the within 2 To the comple	Me	29b. Signature and title of centifia	ır				29c	. Llcan	nsa nu	umber			29d. Da	nte signykt	(Month _e)	bay, Year)	
	->-0		Ats M		1				1	7	7 5	10			d	12/	06	
	1.0		30 Name and address of person	who completed	ال ا	th (Item 20-) (7	ima P	riot\ C)	>	73	10			0/	1	, ,	
	10		I'M o Hy	who complated cau	0//008	/A 1	ype, r	(/	1		21	Po-	ds P	Car-	16	Law.	1. 1	10
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dept. St. 191

Tirrist	100	Decedant's Name (First, Middla, Last)	C	ertificate	of i	Death		2. Data of Da	Reg. No.		25 88
Physic /Medi		HERBERT	LOUIS		SIN	1PE		JR.		06 Pay 19	9 bear	12:09
Examlı		4a. Facility Nama (If not institution, giva 1170 E. OLD PI		RD.		4		own, or Lo	ocation of Death		of Death	
Funeral Director		5. Social Security Number 6. Sa			y) If Undar Months	1 Yaar Days		24 Hrs.	8. Data of Birt (Month, Da)ecember	y, Year) r 11,19	9. Birthp Cour 52 M	laca (Stata or Foraign try) ary land
death with the Marylend rms 23a or 28a-f show	ctor	10e. Stata 10b. County Maryland Cecil	10c. City,	Town or		ı					1	0d. Insida City Limits 1 ☐ Yas 2 🖺 No
th with the Mar 23s or 28s-f st	al Director	10e. Street and Numbar 1170 E. Old Phil	adelphia Road		10f. Zip	Coda L 9 2 1				10g. Citizan of Un		states
ours efter al', or its Examine	by Funeral	11. Marital Status 1 Navar Married 2 Married 3 Widowad 4 Divorced	12. Was Dacadant Evar in U,S. Armed Forcas? 1	. 13	3. Was Daced if Yas, speci 1 \(\text{Yas} \) 2		lispanic Or an, Maxica Specify		acify Yas or No- Rican, atc.)	14. Rad Bla Specif	ce - Amaric ck, Whita, y: Wh	
permit. Peges 1 end 2 should be filed within 72 hours Depertment of Health and Mentel Hygiene. Important: If item 27 is marked other than "natural," any Injury or other traumatic event, The Medical Exp ance.	Completed	15. Decedant's Edu (Specify only highast grad Elementery/Secondery (0-12) 12	cation a complatad) Collaga (1-4or 5+)	16a. Dec (Gh life.	cedent's Usual va kind of won DO NOT usi Carper	dona d a ratired	during mos d)	it of work	ing	self er	nploy	ed/
uld be file fentel Hy rked othe tic event,	To Be C	17. Fathar's Nama (First, Middla, Last) Herbert Louis Si	mpers, Sr.						(First, Middla, Eileen			
nd 2 shoutth and N		19e. Informant's Name/Ralationship (Ty Margaret DeBoard/							North Ea			
Peges 1 e ent of Heant: If item		20a. Mathod of Disposition 1	lamovai from Stata cen	natary, cr	position (Nam mamatory or oth ast Met	nar piac		terv	Data 3/10 96	20c. Location		wn, Stata Maryland
Physician		21. Signature of Funarai Sarvice Licans. 23a. Part1. Entar the disaasa, or compleshook, or heert failura. List only or	cations that caused the death.	Do not e	103 W. Intar tha moda	lome	for	Fune	erals, I	P.A.	2192	1-5521 Approximata Intarval Batwaen Onsat and Death
/Medical Examiner	e.	immediata Cause (Finel disaasa or condition resulting in death)	. Shot gun	Mon	equence of):	ho i	Chea	*				
ote be executed sysician end he bunel-transit	I Examiner	Sequantially list conditions, if any, laading to Immadiata causa. Entar Undarlying Causa (Disaasa or Injury	Dua to (or a	is a cons	equance of):	•					1	
certificete buding physicuse es the buse	n/Medical	that initiated avants rasulting in death) Last	Dua to (or a	s a conse	equanca of):							
The law requires that the death certifice ate hes been signed by the ettending phypage 2 should be deteched for use es the	by Physician/M	Part ii. Other significant conditions con	tributing to death but not rasulti	ing in tha	undariying ca	usa giva	an In Part			obacco uae co /es 2 No	ntributa to	the cause of death?
e law requires hes been sig ge 2 should b	Completed b						_		24a. Was a	an autopsy med?	ava	ra autopsy findings illabla prior to nplation of causa daeth?
		25. Was case rafarrad to medical					00 Pl	-15	1	es 2□No	1/2	Yaa 2 No
ysicie s cert direct	To Be	axaminar?	ospitai: 1 ☐ inpatiant 2 ☐ EF	R/Outpatie	ant 3 DO	Othe			ma 5 Rasid		ar (Snacih	·1
Attending Physician: or death. ector: After this certific by the funeral director,		27. Menner of Death 1 Naturai 5 Pending 2 Accidant invastigation		8b. Tima Injury		c. Injury Work		. :	Suloje Ci			
To the Hospital or Attending Ph within 24 hours effer death. To the Funeral Director: After thi completely filled in by the funeral	Certification:	Stricida 6 ☐ Could not be datermined	28e. Piace of injury - At hombuilding, atc. (Specify)		treet, factory,	office			28f. Location (S City or Tow Ph. Lado (iraat and Number, Stata) 117	PERST FLA	Routa Number,
Hospi 24 hou Funer. letely fill	edical	29a. Cartifiar (Check only one) 1 ☐ Certifying Phys 2 ☐ Medical Examin	ician: To the best of my knowle er: On the basis of examination and mannar stated.	dga, daa	th occurred at	tha tim	ia, data an pinion, daa	d place, a	and dua to the ded et the tima, d	ausa(s) and ma data and placa,	annar as at and dua to	ated. tha causa(s)
E = E C	×	29b. Signatura and titla of certifiar			29c.	Licensa	number		2	29d. Data aigne	d (Month, I	Day, Year)

Division of Vital Records, P.O. Box 68760,

Baltimore, Maryland 21215-0020

State Registrar

AUG. 07, 1996 O.C.M.E.

30. Name and address of person who complated cause of dath (Item 23a) (Type, Print)

THE UDULE Miking 111 Penn Street, Baltimore, Maryland 21201

31. Data filed (Month, Day, Year)

32/Registrar's Signature

AUG 0 9 1996

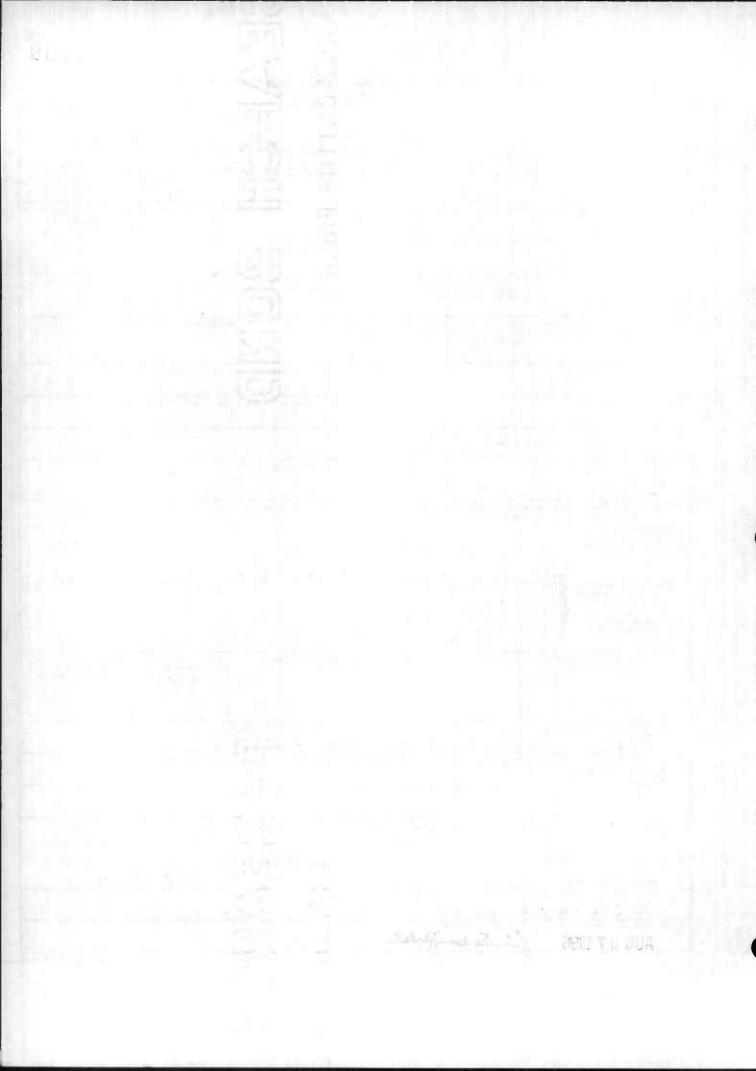
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IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENI
CI	ERTIFICATE	OF	F DEAT	H		REG. NO.

HEGISTHAH			EKITE	CAIE	OF DE	AIR		REG. NO.			
1. DECEDENT'S HAME (First, Middle, Las		11					MONT			YEAR	3. TIME OF DEATH
		well					Augu		199		
4. SOCIAL SECURITY HUMBER 217-22-7882	5. SEX 1 M 2 XF	6. AGE (In yrs. In:		IF UNDER t Y	AYS HOUR	B MIN.	(Mont	OF BIRTH th, Day, Year)		Country	PLACE (State or Foreign)
9a. FACILITY HAME (If not institution, giv	s street and number)	12		9b. CITY. TO	OWN OR LOC	ATIOH OF D		St U, I	9c. COUN		
110 Clinton S				E1kt					Ceci		
RESIDENCE OF DECEDENT											
10a, STATE 10b. COU	NTY		10c. CITY,	TOWN OR I	OCATION						10d. INSIDE CITY LIMITS?
	cil		E1k	ton			- 1				1 X YES 2 NO
104. STREET AND HUMBER					101. ZIP C	ODE			10g. CITIZ	ZEH OF W	HAT COUNTRY?
110 Clinton St					219	21			USA	1	
11. MARITAL STATUS	12. WAS DECEDER	T EVER IN U.S. AF	BMED		DECEMBEN			N? (Specify Yes	or No-	14. RACE Black	- American Indian, White, etc.
1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES			YES 2			rinount, ottory		Specif	y:
						- 15				B1	ack
15. DECEDENT'S Et (Specify only highest gra		(6	ECEDENT'S U	ork done duri	PATION ng most of wo	rking	168	. KIHD OF BUSI	INESS/IND	USTRY	
Elementery/Secondary (0-12)	College (1-4 or 5	+)	. Do NOT use	retired.)							
9th	0	Fa	ctory	Labo	rer			Vital I	Food-	Prod	luction Lin
17. FATHER'S HAME (First, Middle, Last)					16. M	OTHER'S H	AME (First,	Middle, Maiden S	Surname)		
Andrew	Sewell				M	ary 1	Emma	Smith			
19a. IHFORMAHT'S HAME (Type/Print)	IN EAST	19	b. MAILING	ADDRESS (S	treet and Num	ber or Rura	Route Num	ber, City or Town,	, State, Zip	Code)	
Thelma Brown		3	31 Lvn	n Ave	nue	New (Cast1	e, Dela	aware	197	20
200 METHOD OF DISPOSITION		20b. PLACE	ANDDATEO	F DISPOSITIO			DAT		ATION —		
1 Burlet 2 Cremation 3 Re 4 Donation 6 Other (Specify)	movel from State		ematory or oth		urch	Ctsz	8/1	0/96 Ce	ocilt	on	MD
21. SIGNATURE OF FUNERAL SERVICE	ЏСЕНВБЕ \	100011	LOII II		ME AND ADD			0/100 00	CIIL	.OII ,	rib.
1 10456	1/000	KA000046	7								Wilminton
YADILI N	C SUPERIOR			Cong	o Fun	eral	Home	201 N	V. Gr	ay A	ve. Delawa
23. PART I. Entar the diseases, o shock, or heart failur IMMEDIATE CAUSE (Finsi disease or condition	e. List only one	use on each line	е.		e mode of	dylng, su	ch ss cer	disc or respin	atory sm	est,	Approximate Interval Between Onset and Deati
resulting in death)	a. myo	OR AS A CONSE	active	•							day
					,						
Sequentially list conditions,	b. Chro	OR AS A CONSE	fucter	e pu	mal	> 0	1 see	4			274
If any, leading to immediate cause. Enter UNDERLYING			OUENCE OF):							1271
CAUSE (Disease or Injury	c. AST	(OR AS A CONSE	OUENCE OF	١.							LIY
that initiated events resulting in death) LAST		rectenció		,.							
	d. my	meter c. A.	4								614
PART II. Other significant conditi	ons contributing to	deeth but not	resulting in	tha unde	rlying caus	e given i	n Part I.	24s. WAS AN A		24b.	WERE AUTOPSY FINDINGS
								PERFORM			AMAILABLE PRIOR TO COMPLETION OF CAUSE
								1 1 163 2	DE NO		OF DEATH?
							_				1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL					26. PLACE O	E DEATH //	back only o	nel			
EXAMIHER?	HOSPITAL:	7		OTHER:							
27. MAHNER OF DEATH	26s. DATE OF	ER/Outpatient	-	7 -	Home 5		1		111894 000	NIPPO	
1 Natural 5 Pending	(Month, I	Day, Year)	26b. TIME	JRY	WORK?		28d. DE	SCRIBE HOW IN	JUHY OCC	UHED	
3 Suicide 6 Could not 8	pe building	OF IHJURY — At he, etc. (Specify)	ome, farm, st	treet, factory	, office	H		CATION (Street ar or Town, State)	nd Number	or Rural A	oute Number,
29a, CERTIFIER		-					-			-	
(Check only	YSICIAN: To the best of the bests of the bests of the bests of the bests of the bests of the bests of the bests of the bests of the bests of the best										and manner as stated.
29b, SIGNATURE AND TITLE OF CERTIF	FIER				29c. I	ICENSE N	JMBER		29d. DATE	SIGNED	(Month, Day, Year)
Jui wil Her					De	482	3		► 8°	1619	6
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAL	SE OF DEATH (ITE	EM 27) (Type,	Print)	TKL	/ 14	18	21921	,		The state of
	L,MD. 2	< 5 W. M	rave	211/ 1	- / 10	7 1	7	21121			
31. DATE FILED (Month, Day, Year)	32. REGISTR	SE OF DEATH (ITE RES SIGNATURE WILLIAM R	-d.00								
AUG 0 7 1996	Giona De	widson-No	Ilverine.		63						



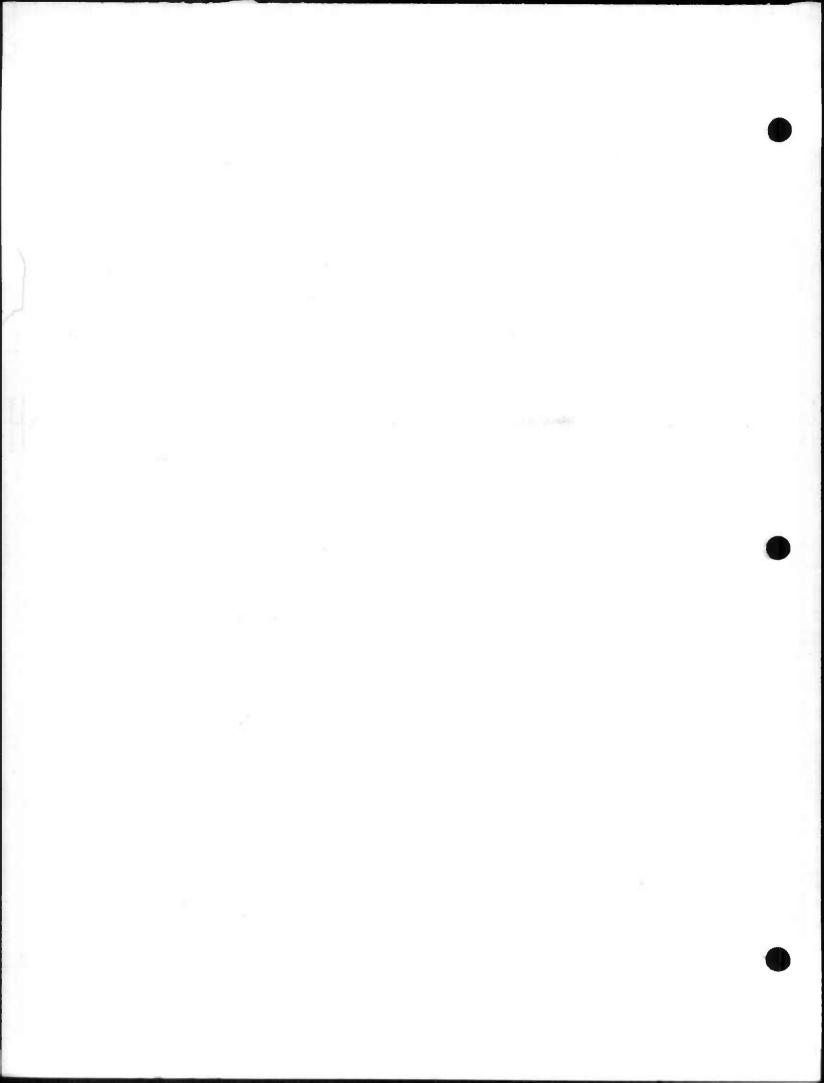
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or them 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTN REGISTRAR CERTIFIC	MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Lest)		2. DATE OF OEATH	3. TIME OF GEATH
		UNDER 1 YEAR IF UNDER 24 HRS.	August II	L 1996 10:30 P. M
		NTHS DAYS HOURS MIN.	(Manth Cost Mass)	1920 Canada
		o. CITY, TOWN OR LOCATION OF D		9c. COUNTY OF DEATH
5	Charles County Nursing Home	LaPlata		Charles
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TO	OWN OR LOCATION		10d. INSIDE CITY LIMITS?
	Maryland Charles	La Plata		1 X YES 2 NO
FUNERAL	664 Currant Court	101. ZIP CODE 20646	1	U.S.A.
N D	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPA		
BY F	1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 FORCES? 1 N YES 2 NO IF YES, GIVE WAR OR DATES WORLD WAR II	If yes, specify Cuben, Mexico 1 YES 2 NO Specif		Specify: White
COMPLETED	15. DECEDENT'S EDUCATION 16e. DECEDENT'S USI (Specify only highest grade completed) (Give kind of work	done during most of working	16b. KIND OF BUSIN	NESS/INDUSTRY
PLE	Elementary/Secondary (0-12) College (1-4 or 5+) Long Sho		Shippi	ng
MO	17. FATHER'S NAME (First, Middle, Lest)		AME (First, Middle, Melden Su	
BEC	Thomas Sinclair	Eleano	or Black S	Suttie Sinclair
2		PORESS (Street and Number or Rural STREET Court		
	20a. METHOO OF DISPOSITION 20b. PLACE AND DATE OF D	DISPOSITION (Name of	DATE 20c. LOCA	ATION — City or Town, State
	1 Description S Cremation 3 Removal from State Community, crematory or other Metropoli	tan Cremator	y 8/12 Ale	exandria, VA
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE MO0817	22. NAME AND ADDRESS OF FA	Echols Fun	neral Home, Inc.
	Huyton C- Celia- Hi	P.O. Box	567 La P1	Lata, MD 20646
	23. PART I. Enter the diseases, or complications that caused the death. Do not shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF):			interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	2		7.60,713
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions contributing to deeth, but not resulting in the CEREBROVAS CWAR STORY VOCAL CORD PARAMYS IS DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH	□ NO □ UNCERTAI	PERFORM 1 TYES 2	AVAILABLE PRIOR TO
SICI	EVAMINED? A	THER:	6 Other (Specify)	
	27. MANNER OF DEATH 1 Netural 5 Pending 28. DATE OF INJURY (Month, Day, Year) 1 Netural 1 Pending	OF 28c. INJURY AT	28d. DESCRIBE HOW IN.	JURY OCCURED
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined determined		281. LOCATION (Street an City or Town, State)	nd Number or Rural Route Number,
LET	29a. CERTIFIER	40-00-00-00-00-00-00-00-00-00-00-00-00-0		
COMPLET	(Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred a cone) MEDICAL EXAMINER: On the basis of examination and/or investigation, if			
TO BE (NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pri	D 44	436	DATE SIGNED (Month, Day, Year) August 12 96
	ASHVINKMMAR J PATEL, MD	603 POSTOR	CIZE RO V	VAL DORF MD 20602
	31. DATE FILED (Month, Day, Year) AUG 1 3 1996 32. REGISTRAR'S SIGNATURE Julia Shucker Randall			



State of Maryland / Department of Health and Mental Hygiene 95

25191

						Cei	rtificat	e of	Death			Reg. No.		
			1. Decedent's Neme (First, Middle,	ast)							2. Dete of Dec	eth	V	3. Time of Death
	Physic /Medi		Charles Ed	gar Sti	1p						Month August	Dey 9	1996	3:45PM
	Exami		4e. Fecility Neme (If not institution, g		9r)				4b. City, To	wn, or Lo	ocation of Deeth	4c. Coun	ty of Deeth	
			9253 Water St.	Road					Wa1	kers	ville	1	Freder	rick
	Funeral Director		5. Sociel Security Number 6 215-26-0881	Sex 1 □ M 2 □ F	Age (In yrs. le 76	est birthdey) Yrs.	If Under Months	1 Year Deys		24 Hrs. Min.	8. Dete of Birt (Month, De Apr. 29	h y, Year) 1920		olece (Stete or Foreign ntry) ryland
	pu ,		Usuel Residence of Decedent 10e, Stete 10b, County		10.00									
	anyle show	-			10c. City	, Town or Lo							1	Od. Inside City Limits
	Ne M	25	Maryland Frede	rick		Walk	ersvi	1116						1 ☐ Yes 2 🖾 No
	ith th	Director	10e. Street end Number				10f. Zlp	Code				10g. Citlzen of	What Cour	ntry?
	23a		9253 Water St.	Road					21	793			U.S.A	Α.
	or de	Funeral	11. Meritel Stetus	12. Wes Decede Armed Force		3. 13.	Wes Deced	ient of	Hispanic Or en, Mexica	igin? (Sp	ecify Yes or No- Rican, etc.)	14. Ra	eck, White,	
20	n 72 hours after death with the Maryland "natural", or Itema 23a or 28a-f show patical Exercities trust be notified at	by Fu	1 Never Merried 2 XMerried	If Yes, Give			1 □ Yes					Spec	itv	
8	uraf.		3 Widowed 4 Divorced	Yeer or Date	s:								Wh:	ite
Maryland 21215-0020		Completed	15. Decedent's (Specify only highest of	Education trade completed)		16e. Deced (Give	kind of wo	rk done	during mos	t of work	ing	16b. Kind of	3usiness/In	dustry
2	e filed within el Hygiene. I other than "r	E	Elementery/Secondery (0-12)	College (1-4d	or 5+)	IIIa. I	DO NOT us		*				1 .	
2		ပိ	17. Fether's Neme (First, Middle, La	p#1			I	arm		ore Nam	e (First, Middle,	Maldan Suma	dair	У
ano	ted ped by the ped of	Be	Charles D. Stup	5()							Wachte		me/	
2	2 should be on the short of the	9												
Ma			19e. Informent's Neme/Reletionship				_				el Route Numbe	-		
	Heelth Heelth om 27		Anna C. Stup/wife	<u> </u>	20h Di				. Roa	d	Walker			
0	F it of the		1 ☐ Buriel 2 ☐ Cremetion 3	☐Removel from Ste	(e)	metery, crer			ece)	1		20c. Location		
	Emen tant:		4 Donetion 5 Other (Spec		G1	lade C	emete	ry		18	3/13/96	Walker	svill	e, MD
Baltimore,	permit. Peges 1 and 2 Department of Heelth of Important: If Item 27 is any Injury or other tra once.		21. Signature of Funeral Service Lic	ensee	1.	22	2. Name en	d Addr	ess of Fecili	ty Ha	rtzler	Funera	1 Home	e
	00 = 6 d		(attarine	D. Wan	Dlon	/			Woo		oro, MD			
			23a. Pert1. Enter the diseese, or co shock, or heert feilure. List on	mplicetions thet cause	ed the death.	. Do not ent	ter the mod	e of dy	ing, such es	cardlec	or respiretory er	rrest,	1	Approximete Interval Between
T	Physician													Onset end Deeth
	/Medical		Immediete Cause (Finel disease or condition	· Tern	int 11	heton	Jatri	- N	بيذليا	ant	Lymph	ITW'S		\$3 most
	Examiner		rasulting in death)	6.		es a consac			0		10			
45	D =	iner	_										1	
	certificate be executed nding physician and use es tha buriel-transit	Examiner	Sequentially list conditions,	D	Dua to (or	es a conseq	quence of):							
Ö,	e exe ian s uriel-	Ü	Sequentially llst conditions, if eny, leading to Immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events										1	
68760,	ete b hysic tha b	edicai	that initiated events resulting in deeth) Lest	C	Due to (or	es e conseq	uence of):						1	
٥	death certifice attending pl	Me												
ROX		an		d										
	he at	Physician/	Pert II. Other significant conditions	contributing to death	but not resul	iting in the u	nderlying c	euse gi	iven in Pert	l.	23b. Dld 1	lobacco use c	ontributs to	the cause of death?
J.	by ti	Phy	0.055	1-							10	Yes 2 100	3 Pro	bably 4 Unknown
Ś	gned be de	by	1 Men ma	men								<u> </u>		
5	lew requires that the death as been signed by the atter 2 should be deteched for a	Pa	Annie V	elandar	11 1	.0	-					en autopsy med?	24b. W	ere eutopsy findings eilable prior to
ပ္ထ	s be	ple	279-20	المرادة	140-14		- Andrew				polito		co	mpletion of ceuse death?
Ĭ	0 - 0	Completed									10)	res 200No	10	☐Yes 2☐No
īg	delan: The certificate rector, pag	Be C	25. Wes case referred to medical						26 Place	a of Deat	h (Check only o			
5	Physician: rthis certificate and director,	ToB	examiner? 1 ☐ Yes 2 ☑No	Hospitel:	tient 2□F	R/Outpatier	at 3 DC	Ot Ot	hor		me 5 Pagesia		ther /Specif	(v)
Division of Vital Records, P.O.	r this eral di		27. Menner of Deeth	28a. Dete of I	njury	28b. Time of		8c. Inju		arawig rio	28d. Describe h			<i>y</i> /
0	oding th. : Afte	Itlo	1 Pending 2 Accident invastigat		Day Year)	Injury	м		ork?]Yes 2□	No				
2	Attending or deeth. ector: After by the fune	flea	3 ☐ Sulcide 6 ☐ Could not	d 200. Piece of	Injury - At hor	ne, ferm, str	eat, factory	, office			28f. Location (5	Street and Nun	nber or Run	al Route Number,
5	of or A	Certification:	4 Homicida	building,	etc. (Specify))					City or Tox	vn, Stete)		
	To the Hospital or Attending Phy within 24 hours efter deeth. To the Funeral Director: After thi completely filled in by the funeral		29a. Certifier 1 Certifying F	Physician: To the be	st of my know	ladga, daath	occurred	et tha t	ima, data ar	d plece,	and due to the	ceuse(s) end r	nenner es s	teted.
	• Ho • Fu	edicai	(Check only 2 Medical Exp	aminer: On the basis and manner	of examinetic	on end/or in	vestigetion,	, in my	opinion, de	th occur	red et the time,	deta end place	, end due to	the ceusa(s)
	within 2 To the	X	29b. Signeture and title of certifier				290	. Licen	se number			29d. Dete sign	ed (Month,	Day, Year)
1	> - 0		Circh	5.1	MAR	en.		1) - (1191		8-	12.	96
			30. Neme and eddress of person wh	n completed course	f death (ttom	23a) /Time	Print\						-	* (
								,			Freder	ols MD	2170	1
	Sta	ato	Arthur G. 31. Dete filed (Month, Dey, Year)	12 mol	18 streds Signati	nte -	nas J	ohns	son_Dr	•	Frederi	.ck, MD	21/0	T
	اد Registi		AUG 13	1996 1	strer's Signatural	orkerle	Щ							
			ROULD	1000										

DHMH 16 Rev 6/95



ù			Decedant's Nama (First, Middla, La	State of Ma	ryland /		ificate of		, ,	g. No.	6	3. Tima of Death			
	Physici /Medi		Therma Mae Tu						Month	,Dey199	6 Year	9:30am			
	Examir		4e. Fecility Nema (If not institution, giv						Location of Death	4c. County					
			Mallard Bay Ce					Cambr				hester			
	Funeral Director	Г	5. Social Security Number 6. S 217-14-8819 Usuel Rasidance of Decedent	Sex 7. Aga	(In yrs. iast		If Undar 1 Yaar Months Deys			1919	9. Birthp Mal	iaca (State or Foreign Yland			
	yland		10a. Stata 10b. County		10c. City, To	own or Loca	ition				1	0d. Insida City Limits			
	Mar al	ctor	MD. Dorchester East New Market												
	04 28 04 28	Director	10e. Street and Number				10f. Zip Coda		10	g. Citizan of \	What Coun	try?			
	s 23a		5447 Mt. Holl	~		1.0.00		631			S.A.				
aryland 21215-0020 should be filed within 72 hours after death with the Maryland nd Mentel Hyglene, ir marked other than "natural", or Items 23s or 28s-4 show umstic event, the Medical Essente	permit. Pages 1 and 2 should be filed within 72 hours after death with the Manylan Department of Heelth and Mentel Hyglene. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Examinet must be not industra	by Funeral	11. Maritel Stetus 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedant Ev Armed Forces? 1 ☐ Yas 2 1 ☐ No if Yas, Giva Yaar or Datas:		as Decedant of I /es, specify Cub	dispenic Origin? (S an, Maxican, Puar Specify:	opecify Yes or No- to Rican, etc.)		e - Americ ck, Whita, Wh					
2	72 ho	eted	15. Decedant's Ed (Specify only highast gra							6b. Kind of B	usiness/ind	dustry			
21215-0020	vithin han	Completed	Eiamantary/Secondary (0-12)	Collaga (1-4or 5+)	lifa. DC	NOT usa retire	d)		Chi	icken Farm				
N D	Hygle ther t	ပိ	17. Fathar's Nama (First, Middla, Last,	1		Der.	r rmbr	-	me (First, Middla, M			ralm			
Maryland	ld be entel ked o	To Be	Therman Park					Mari			.0)				
ary	shound M	F	19a. informant's Name/Ralationship (Type, Print)	1	9b. Mailing	Addrass (Stree	and Number or R	ural Routa Number,	City or Town,	Stata, Zip	Code) 21631			
Σ	and 2 elth e 27 is		Nancy Lee Paul	son/Daugh					d., East						
altimore,	of He fitem r oth		20a. Mathod of Disposition	Bamoval from State	ceme	itery, creme	tion (Nama of tory or other pla			Oc. Location -					
Ē	Pag ment ant: I		1 Description 2 Cramation 3 Ramoval from Stata A Donation 5 Other (Specify) Dorchester Mem.Pk. 8-10 Cambridge, MD												
Bal	Departimonic any in port		21. Signature of Funeral Service Line	real from	alvei	Cui	Nama and Addr rran-B 8 High	romwell	Funeral ambridge	Home, MD.	, P.	A. 313			
	Physician /Medical		23 Party Entar the diseasa for complications that caused the deeth. Do not antar the mode of dylng, such as cardiac or respiratory arrest, Approximate Interval Between Onset end Deeth Immediate Cause (Final disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): UCALS												
	Examiner		rasulting in death) Dua to (or as a consequence of):												
	p #	iner	_	h							50	Years			
oʻ	cate be executed physician and s the buriel-transit	Examiner	Sequantially list conditions, if eny, laading to immadiata causa. Entar Underlying Causa (Disaasa or injury	D.	ua to (or as	a conseque	ance of):								
8760,	hysici the bu	dicai	that initiated evants rasulting in death) Last	C	ua to (or as	e conseque	ince of):				1				
9	ding p	9		d											
ROX	tha death certifi y the ettending sched for use as	clan													
,		y Physician/M										contribute to the cause of death? o 3 Probably 4 Unknown			
Records,	ew requir ts been s 2 should	Completed by							24a. Was an perform		ave	era autopsy findings eilable prior to mpletion of cause death?			
	The lew ate has paga 2	Com	1						1 ☐ Ya	s 2 No	10	Yas 2□ No			
/113	ysician: The is s certificate he director, paga	Be	25. Wes case raferred to medical axaminar?						ath (Check only one)					
5	Physician: this certific ral director,	2	1 ☐ Yas 2 ☐ No	Hospital:		Outpatient	3LI DOA		loma 5 ☐ Rasider			1)			
	After fune	Certification:										I Davida Niverbas			
2	한 등 등 등		4 Homicida datamined	building, atc.	(Specify)				28f. Location (Str. City or Town,	Stata)					
	To the Hospital within 24 hours a To the Funeral Completaly filled	edicai	29a. Certifier 1 ☐ Certifying Ph (Check only one) 2 ☐ Medical Exam	ystcian: To the best of ninar: On the basis of a and mennar state	xamination :	iga, daath o and/or inva	stigation, in my	ma, data and place opinion, daeth occi	e, and dua to tha cal urred et tha time, da	usa(s) and ma ta end place,	mnar as st and due to	tha cause(s)			
	To the within ? To the comple	Me	29b. Signature end titla of certifier				29c. Lican	sa numbar	29	d. Data signe	d (Month,	Day, Year)			
			· cont	Lovel			1) (.	5 165		8/0	7 (96.			
			30. Nama and addrass of person who	1		a) (Type, Pr	int)		0	, (,	,	96 . d 21613			
				PRIFF M		105	AURO	ca 51	CAMI	Ridge	, m	d 21613			
	Sta	I A	31. Data filed (Month, Day, Year)	32. Ragistrar	s gignatura										

State Registrar

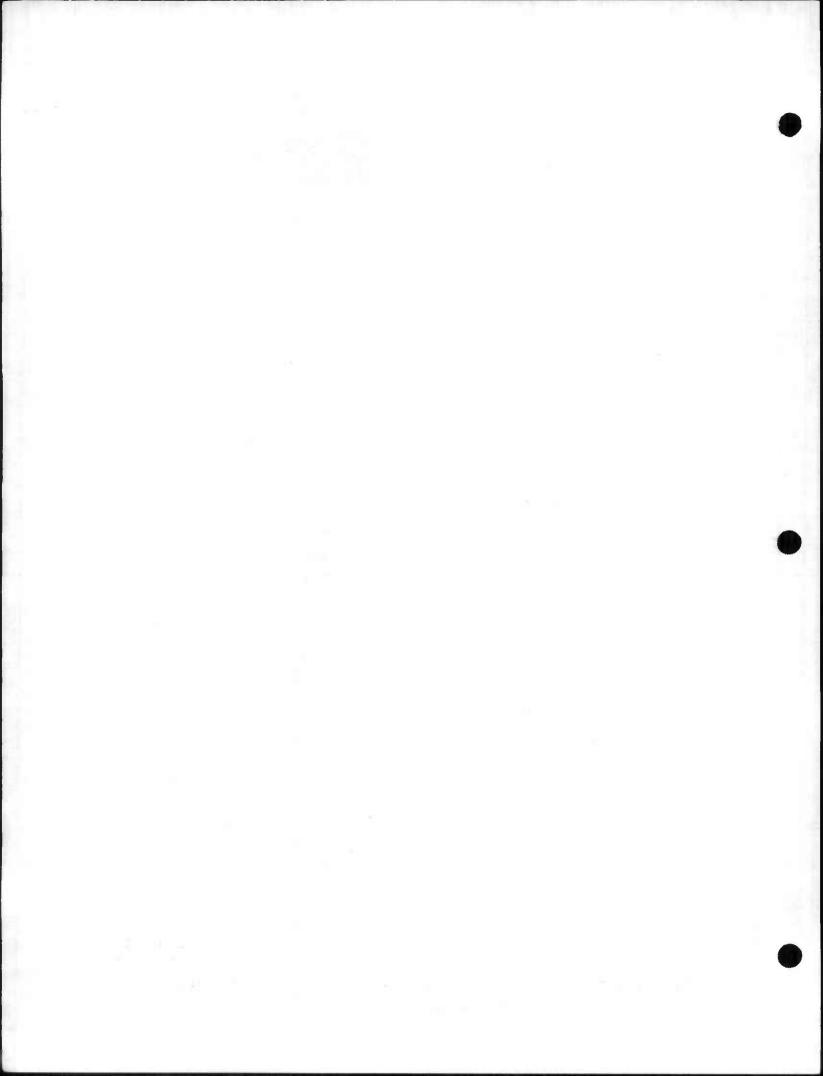
DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene 96 25 193

						Certific	ate of	Death		Re	g. No.		60120
			1. Decedent's Neme (First, Middle, La	rst)						2. Dete of Deeth			3. Time of Deeth
	Physic /Medi		Earl Lewis Tate	9						Month August	Dey 5, 19	Year 996	10:10 PM
	Exami		4e. Facility Neme (If not institution, given	re street end number)				4b. City, To	wn, or Lo	cation of Deeth	T	y of Deeth	10 10 PIII
			Carroll County	General H	ospital			Westm	inst	er			Carroll
	Funeral Director			Sex 1 M 2 □ F	e (in yrs. lest bir 81	Man	nder 1 Year ths Deys		Min.	8. Dete of Birth (Month, Dey, Sept. 9,		Coun	lace (State or Foreign
	P .		Usuei Residence of Decedent										
	anylar	_	10e. Stete 10b. County		10c. City, Tow							1	Od. inside City Limits
	Sa-f	cto	MD Carroll		Westmi	Inster							1 X Yes 2 □ No
	th with the 23a or 2	al Director	10e. Street and Number 65 S. Colonial	Avenue		10f	. Zip Code 2	21157		10	g. Citizen of United		•
020	2 should be filed within 72 hours after death with the Maryland and Mental Hygiene. Is marked other than "natural", or items 23s or 28s-f show raumatic event, or Medical Examiner must be notified at	by Funeral	11. Meritel Stetus 1 □ Never Married 2 □ Married 3 ☒ Widowed 4 □ Divorced	12. Was Decedent Armed Forces? 1 ☐ Yes 2 ☑ If Yes, Give Yeer or Detes:	CAULT .		ecedent of I specify Cub s 2 X No			ecify Yes or No- Rican, etc.)		ce - Americ ock, White, fy:	
21215-0020	2 hou	ted	15. Decedent's E	ducation	16a.	Decedent's	Usuel Occup	petion		1	8b. Kind of B	usiness/inc	
212	hin 7	Completed	(Specify only highest gro	ede completed) College (1-4or :	54)	(Give kind o life. DO NO	f work done T use retire	during mos	t of worki	ing			
7	d with	E	i2		54)	worker	5					BG&I	2
b	al Hy	Be (17. Fether's Neme (First, Middle, Last)				18. Mothe	er's Neme	(First, Middle, M	eiden Sumer	ne)	
Maryiand		To	Charles Tate						Lucr	etia And	rew		
lan	2 sho and I is me	1	19e. Informent's Neme/Reletionship (Type, Print)	19b	. Meiling Add	ress (Street			I Route Number,		, Stete, Zip	Code)
	s 1 and 2 should f Health and Mer item 27 is marks other traumatic		Betty Hernandez	z, daughte	r 74	157 Mc	Clure	Avenu	e, G	erber, C	alifor	cnia 9	96035
altimore,	permit. Pages 1 and Department of Health Important: If Item 27 any Injury or other tr 2002.		20e. Method of Disposition 1 ☑ Buriei 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specia			Disposition ry, cremetory andymou	or other ple			0/96	0c. Location		wn, Stete
att	Departm Departm Importa any inju		21. Signature of Funerel Servica Licer	•						ome & Ch	anel		100119, 110
m	88 5 5 8		Wather in s	Paitta - SI	pitain					d., West		er, M	21157
Į.	Physician		23a. Pert1. Enter the disease, or com shock, or heart feilure. List only	plicetions thet caused one ceuse on each li	the death. Do ne.	not enter the	mode of dyi	ng, such es	cardiec o	or respiretory erre	st,	1	Approximete Intervel Between Onset end Deeth
	/Medical	17	Immediete Ceuse (Finel disease or condition	(ti	Ti VIA	-	£.0.					i,	
	Examiner		resulting in deeth)	ө.	Due to (or es a	consequence	of):	Λ				10	venutes
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	icate be axecuted physician and s the burial-transit	Examiner	Sequentielly list conditions.	b. <u>923</u>	Due to (or es e								Tays
O	a axe	ŭ	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	D	rostite (Δ						-	
68760	ysic he bi	edicai	thet initieted events resulting in death) Last	V-	Due to (or es e	consequence	of):						
39 X	death certificate be axecuted e attending physician and of for usa as the burial-transit	Med	Country in country East	4	enturia							1	
80	ath contract	Physician/		U									
o.	the a	ysic	Pert II. Other significant conditions of	contributing to death b	ut not resulting in	the underlyi	ng cause gh	ven in Pert I		23b. Did tob	ecco use co	ontribute to	the cause of death?
D.	The law requires that the delate has been signed by the a page 2 should be detached to									1 🗆 Ye	8 2□ No	3 Prot	bebly 4 Unknown
ds,	sign d be	d by								24e. Wes an	autones	24h W	ere autopsy findings
Records,	v require been si should I	Completed								perform		COL	ailable prior to mpletion of cause
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						10.00				1 ☐ Yes	2 1 No	1 [Yes 2□ No
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5	Physician: this certific ral director,	2	1 Yes 2 No	12 Inpatie			DOA			me 5 Resider			0
	Attending For death. Sector: After by the luner	ation	27. Menner of Deeth 1 ☑ Netural 5 ☐ Pending 2 ☐ Accident investigetion		y Year) 28b. 1	rime of njury M	28c. Inju Wo 1 □	ryet rk?]Yes 2 □ l		28d. Describe how	v Injury occu	rred	
DIVISION	る世帯ら	Certification:	3 Suicide 6 Could not b determined		ury - At home, fe c. <i>(Specify)</i>	rm, street, fe	ctory, office		1	28f. Location (Str. City or Town,	eet end Num. Stete)	ber or Rure	l Route Number,
	To the Hospital or within 24 hours after To the Funeral Director completely filled in	edical (29a. Certifier 1 Certifying Ph (Check only one)	ysician: To the best of niner: On the basis of end menner ste	examinetion en	, deeth occur d/or investige	red et the ti	me, date en opinion, dee	d pieca, a th occurre	and due to the car ed et the time, de	use(s) and m te and pieca,	enner as st	ated. the cause(s)
	vithin 2 To the	Me	29b. Signeture end title of certifier	1202			29c. Licens	se number		29	d. Date şigne	ed (Month,	Dey, Year)
	- s - ō			\			7	1 1 4 4 1			RIA	191	
			20 Name and address	vryen	- oth // 00	Time Divis	U	77007			CAR C	114	
			30. Name and address of person who 295 Stoner Ave	121 11 10		Type, Print)	. hel		m	1 21	12		
	-01		31. Dete filed (Month, Dey, Year)			JESTIV	111171	er.	1.1	17 51	13/		
	Sta Registr			1996 Jun	er's Signature	lardall							

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1 Decedent's Name (First Middle Last) 2. Data of Death 3. Tima of Death **Physician** VOGEL SONG 1996 6.16 Pm AU Gusi SABEL Н /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** ChINTON SOUTHERN HOSPITAL MARYLAND | If Under 1 Year | If Under 24 Hrs. | 8. Data of Birth | Months | Days | Hours | Min. | Sept. 23 5. Social Security Number 7. Aga (In yrs. last birthday) **Funeral** 1 ☐ M 2√2 F 195-07-9555 81 Director Usuel Residence of Decedant permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hydiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Wed call Examinar must be notified at once. 10a. Stata 10b. County 10c. City, Town or Location 10d Inside City Limits 1 ☐ Yas 2 No Director Maryland Charles LaPlata 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 9245 Sadie Lane 20646 U.S.A. Funeral 12. Was Decedant Evar In U,S. Armed Forcas? 1 ☐ Yas 2 ☐ No If Yas, Giva Was Dacedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian. 11 Marital Status 1 Navar Married 2 Married White Saltimore, Maryland 21215-0020 1 Yas 2 No Specify: þ 3 Widowed 4 Divorced Yaar or Datas Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Homemaker Home 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nema (First, Middla, Maidan Sumama) Be Harry R. Huling Cora M. Becker 0 19a. Informant's Name/Ralationship (Type, Pnnt)
Wendy Crawford (Daughter) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 9245 Sadie Lane LaPlata, Maryland 20646 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, crematory or other place) 20c. Location - City or Town, Stata 1996 17, 1 Burial 2 Cramation 3 Ramoval from State Paxtang Cemetery Harrisburg PA 4 ☐ Donation 5 ☐ Other (Specify) August Lee Funeral Home, Inc. 21. Signature of Funaral Sapvica Licensee 22. Nama and Addrass of Facility 6633 Old Alexandria Ferry Rd Clinton, Md 20735 23a. Part1. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intarvai Between Onset and Death **Physician** Immediata Causa (Final disaasa or condition rasulting in daath) /Medical Examiner Physician/Medical Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, laading to immadiata cause. Entar Underlying Cause (Disaasa or injury that initiated events rasulting in death) Last inding physician and use as the burial-tran Division of Vital Records, P.O. Box 68760, Dua fo (or as a consequence of): been signed by the attending should be datached for use as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Dtd tobacco use contribute to the cause of death? 1 Yes 20 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? page 2 has 2 No certificate 1 Tas 2 No or Attending Physician: funeral director, 25. Was casa rafarred to medical axaminar? Be 26. Placa of Death (Check only ona) Hospitai: 1 inpatient Othar: 4 Nursing Homa 5 Rasidence 8 Othar (Specify) 1 Yas 2 No 2 2 ER/Outpatient 3 DOA After this 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Tima of Injury 28d. Dascribe how Injury occurred Certification: 28c. injury at Work? 1 Naturai 5 Panding invastigation death. 1 ☐ Yas 2 ☐ No To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A 2 Accident 6 Could not be datarmined 3 ☐ Sulcida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of tnjury - At homa, farm, straat, factory, office building, atc. (Spacify) 4 Homicida 29a. Certifier 1 Criffying Physician: To the best of my knowladga, daath occurred at tha time, data and piece, and due to tha causa(s) end manner as stated. edical (Check only one) 2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. 29d. Data signed (Month, Day, Year) 29b. Signatura and titla of certifian 29c. Licensa number

20735

State Registrar 31. Data filad (Month, Day, Yaar)

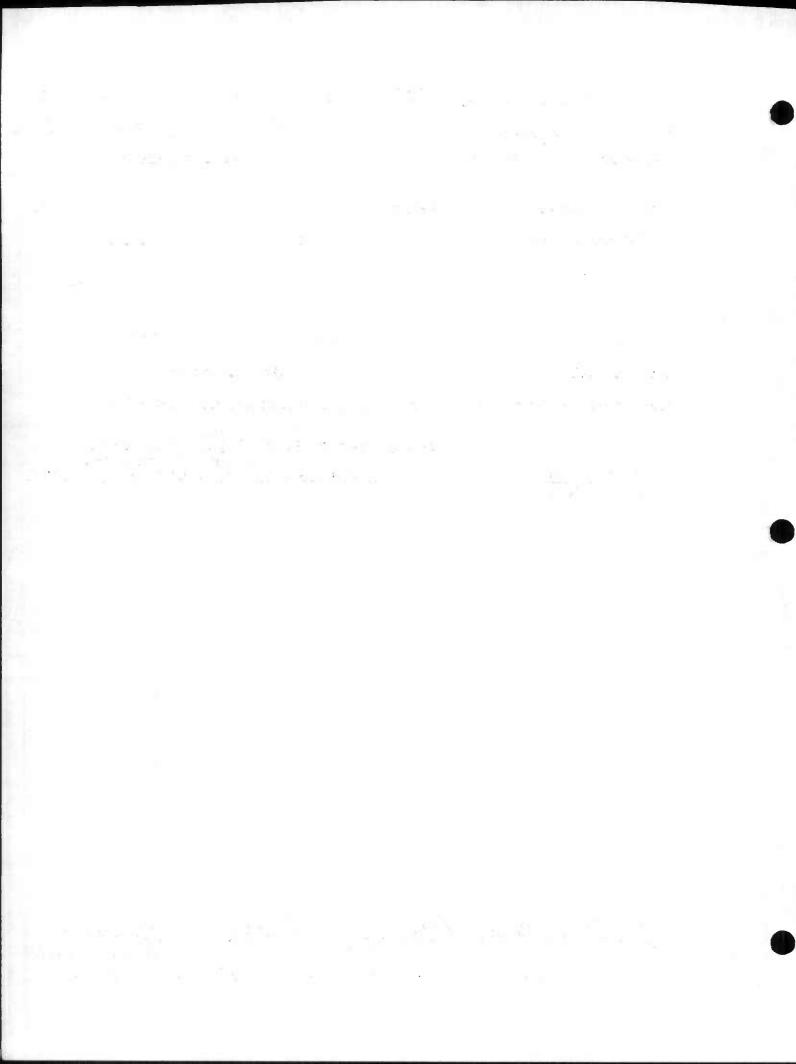
AUG1

30. Nama and addrass of person who complated causa of daath (itam 23a) (Type, Print

ZWU

32. Registrar's Signatura

Julia Shudger Randall



						tificate of	Death	vieritai rij	Reg. No.	10	25195				
Physic	ian	Decedent's Name (First, Mide	dle, Lest)					2. Date of De Month	eath Day	Year	3. Time of Death				
/Med		William Georg	e Vanderv	ort				August	6	1996	12:24 pr				
Exami		4a. Facility Nama (If not institution	on, give street end num	nber)			4b. City, Town, or L	ocation of Dea	th 4c. County	of Death					
		Union Hospital	of Cecil	County			E1kton		Ce	cil					
Funeral		5. Social Security Number	6. Sex	7. Aga (In yrs. is	ast birthdey)	If Under 1 Year		8. Date of Bi (Month, D			ace (Steta or Foreig				
Director		180-24-0654 Usual Residence of Decedant	1⊠M 2□F	66	Yrs.	Months Days	Hours Min.	August	3 1930	Penns	ylvania				
deeth with the Meryland ms 23e or 28a-f ehow	2	10e. Stata 10b. Count	у	10c. City	, Town or Lo	cation				10	od. Inside City Limit:				
Ne W	Funeral Director	Maryland	Cecil		Perry	ville									
€ 9 g	F	10e. Street and Number				10f, Zip Code			10g. Citizen of V	What Count	ry?				
eth w	<u>e</u>	92 Kirk Road				2190	3		United	Stat	es				
	ne	11. Maritai Status	12. Was Dece	dant Evar in U,S	S. 13. V	Vas Decedent of H	lispanic Origin? (Sp en, Maxican, Puarto	ecify Yas or No	0- 14. Rac	e - Amarica					
72 hours after deeth with the Menyiar netural', or items 23e or 28a-f show neal Expensive mast be notified at	by	1 ☐ Never Married 2 ☑ Ma 3 ☐ Widowed 4 ☐ Divorce	rried 1 🖸 Yas If Yes, Give Yaar or Da	ces? 2 No 9 US N tas: 1952	avy	☐ Yas 2⊠ No			ite						
d within 72 hours afi glene. r then "neturel", or tre Medical Exert	P	15. Deceda	nt's Education		16a. Deced	ent's Usuai Occup	eation		16b. Kind ot Br	usiness/Ind	ustry				
C	Completed	(Specify only high	est grade completed)	45-)	(Give	kind of work done OO NOT usa retire	during most of world	king							
filed within Hyglene. other than "	E	Elemantary/Secondary (0-12)	Coilege (1-		Repair	:	frigerati	ion	Repair	servi	ce Appliance				
Hygle Hygle		17. Father's Name (First, Middle	, Last)		vhhtra	TICE a VE	18. Mothar's Nam				ppriance				
2 should be f and Mentel I le marked of	Be C								chnitchline						
d Me	2				400 14 77										
le s		19a. Informant's Name/Relation	isnip (<i>Type, Print)</i>		19b. Mailin	g Address (Street	end Number or Ru	rai Houte Numi	er, City or Town,	Stata, Zip	Code)				
1 end Health em 27		Carolyn Vander	vort	not Di	92 Ki	rk Road,	Perryvi		21903						
H Its		20a. Method of Disposition 1 ☐ Burial 2 ☒ Cremation	3 □Ramovai trom S	State 200. Pl	ace of Dispos	sition (Neme of netory or other ple	ce)	Date	20c. Location -	City or Tov	wn, State				
permit. Peges 1 en Department of Heal Important: If Item 2 any Injury or other once.		4 □ Donation 5 □ Other (R.	A. Fer	ris Crem	natory	8/9/96	West Ch	ester	. Penna.				
perty language		21. Signature of Funeral Service Licepter 22. Name and Address of Facility													
Depa Impo any I		Crouch Funeral Home 127 South Main Street, North East, MD 21901													
_		127 South Main Street, North East, MD 21													
Physician /Medical		23a. Part1. Enter the diseasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or heart failura. List only one cause on each line. Approximate interval Between Onset and Death													
		Immediate Causa (Final													
Examiner		disease or condition a													
		Dua to (or as a consequence of): b. Ovel my occural inferella 3/96													
D =	ine														
ficate be executed physician end is the buriel-transit	me														
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nte b nysic he b	edical														
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eath certifi ettending I for use es	2	a contex crouppar													
d for	Icla	Part II. Other significant conditi	inne contribution to des	23b. Did tobacco use contribute to the cause of de											
res that tha designed by the e	Physician/M	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.													
thet det									1 Yes 2 You 3 Probably						
requires thet the death certil sen signed by the ettending hould be detached for use e	d by			24a Was	an autopsy	24b Wa	ra autopsy tindings								
v require been si should I	Completed							perf	ormed?	ava	ilable prior to				
80 80 CA	du					of d	leath?								
	Ö							10	Yes 2 No	10	Yes 2□ No				
delan: The certificate rector, pag	Be	25. Was case refarred to medica axaminer?	ai				26. Placa ot Dea	th (Check only	one)						
5 00	To	1 Yes 2 No	Hospital: 1 ☐ in	patient 2 E	R/Outpatien	3D DOA OIL	er: 4 Nursing H	oma 5 🗆 Ras	idence 6 □Oth	ar (Specify)				
Ph eral		27. Manner ot Death	28a. Date of		28b. Tima ot	28c. Injur			how injury occur						
Attending or death. ector: After by the fune	to	1 Naturai 5 ☐ Pendi 2 ☐ Accident invest	ing (Month	, Dey Year)	Injury		k? Yes 2 □ No								
deal deal	Certification:	3 ☐ Suicida 6 ☐ Could		28f Location	(Street and Numb	er or Rural	Routa Number								
Direct of A	Į.	detarmined detarmined 28e. Piace of Injury - At homa, farm, street, factory, office building, etc. (Specify)							wn, State)						
To the Hospital or Attending Phy within 24 hours after death. To the Funerel Director: After thi completely filled in by the funeral	edical C	(Uneck only 21 Medica	ng Physicien: To the bast Examiner: On the bast	sis ot examinati	rledge, death on and/or inv	occurred at the tir	na, date end piace, pinion, death occur	and dua to the	cause(s) and ma	anner as sta	ated. the cause(s)				
the the	Med	one)	and mann	er stated.		-									
5 <u>¥</u> 6 8	-	29b. Signature and title of certition				29c. Licens			29d. Date signe						
4		Jui this Here MD DC4823 8/8/96 30. Name and address of person who complated causa of daath (Item 23a) (Type, Print) This Chih Here, MD 223 W. Mam ST EIKton, Md													
+1 VA		30. Name and address ot persor		ot death (Item	23a) (Type, I			_		,	/				
TAL ALL		Jui chil	Hen,	40	223	5 W. H	warn -	>7	EIK	ton,	Md				
Sta	ite	31. Date tiled (Month, Day, Year) 32. Re	gistrar's Signate	ure										
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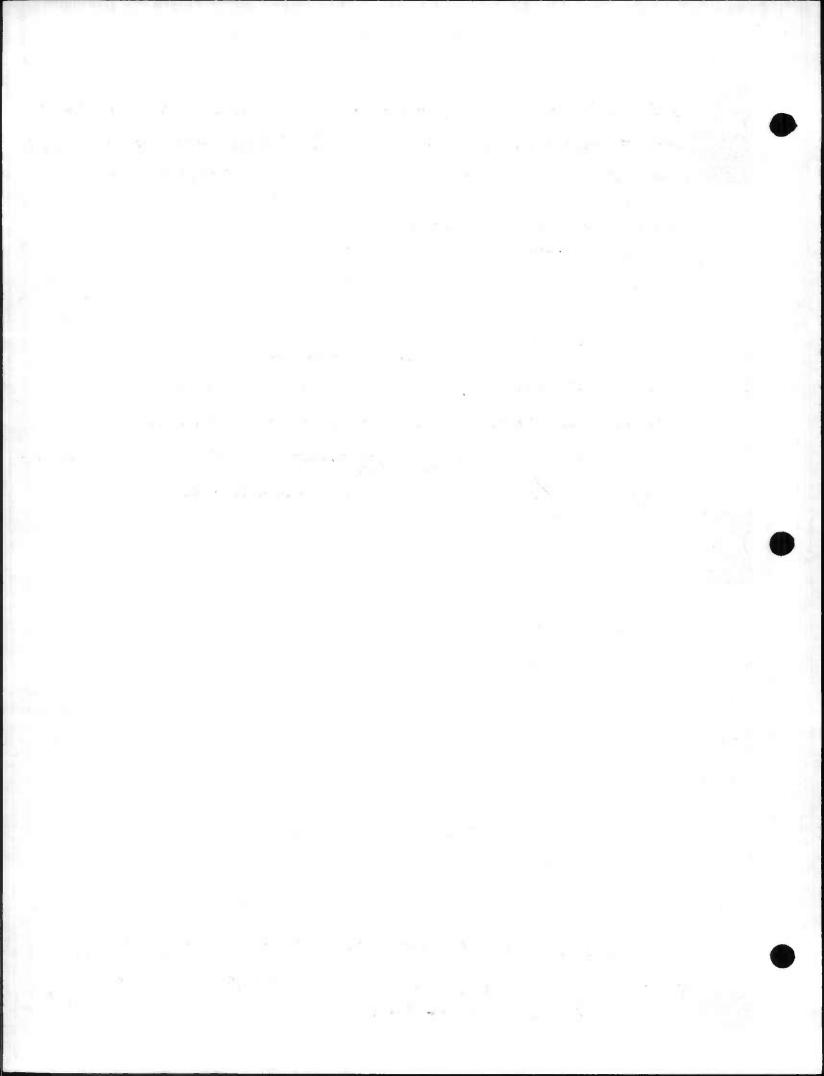
State of Maryland / Department of Health and Mental Hygiene

96 25196

					Cer	tificate of	Death		Reg. No.		
	5 1		1. Decedent's Name (First, Middle, Last)					2. Date of D		Vaar	3. Time of Death
	Physic /Medi		ELIZABETH	K. L	JATS	NO		Month	Day 18	1996	9281M
)	Exami		4a. Facility Name (If not Institution, give s				4b. City, Town, or Lo	ocation of Dea		-	
			NORTH ARUND	EL HOSPI	+AL	C	Kn BUR	Nie, M	D ANA	le Al	PUNDEL
	Funeral		5. Social Security Number 6. Sex	7. Age (In yrs.	lest birthdey)	If Under 1 Year	If Under 24 Mrs.	8. Date of Bi (Month, D	rth		lace (State or Foreign
	Director		216-44-0526	M 2 X F 51	Yrs.	Months Days	Hours Min.		y22 1945	Maryl	
	P .		Usual Residence of Decedent								
	anylan	_	10a. State 10b. County	10c. Ci	ity, Town or Lo	cation				10	Od. Inside City Limits
	the Man 28a-fah nottified	cto	Maryland Anne Arunde	L Cro	oftan						1 ☐ Yes 2 📉 No
	F 22	Director	1005 Dolla Redone Character			10f. Zip Code			10g. Citizen of		iry?
	23a		1925 Bell Arbor Circle	2		21114			US	A	
	Hems Hems	Funeral		Was Decedent Ever in U Armed Forces?	J,S. 13. V	Vas Decedent of H Yes, specify Cubi	lispanic Orlgin? (Sp an, Mexican, Puerto	ecity Yes or N Rican, etc.)	o- 14. Rec Bla	ck, White, e	
20	0 0 5	by F	DCINever Merried 2 Married	1 ☐ Yes 2 🔯 No If Yes, Give		☐ Yes 21 No	Specify:		Specif		
21215-0020	72 hours natural;		3 ☐ Widowed 4 ☐ Divorced	Year or Dates:		Control of the last					
5	- 2	Be Completed	15. Decedent's Educ (Specify only highest grade	completed)	16a. Deced	lent's Usual Occup kind of work done	eation during most of work d)	ing	18b. Kind of B	usiness/ind	ustry
12	d within giena. r than	E	Elementery/Secondary (0-12)	College (1-4or 5+)					NICA		
	e filed el Hygid other	ŭ	17. Father's Neme (First, Middle, Last)		Culliu.	ucaciois	Personnel 18. Mother's Name	e (First, Middle	NSA o. Meiden Suman		
an	Mentei Merked of arked of	To B	Forest Sherrill Wats	son			Burtice Je				
Maryland	should bend Mente a marked aumatic a	F	19e. Informant's Name/Relationship (Ty)	pe. Print)	19b. Mailin	a Address (Street	end Number or Run			State Zin	Code)
	s 1 and 2 should be filed f Heelth and Mentel Hyy tem 27 is marked othe other traumatic event,		Mrs. Melissa Meighan				Lane Sever				,
Baltimore,	T He other		20e. Method of Disposition	20b.	Place of Dispos	sition (Name of	1	Date	20c. Location	- City or Tov	wn, State
9	age ent o ht: H i		1 ☑ Burial 2 ☐ Cremation 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	ME.	. Zion Un	netory or other pleasited Metho	dist 7	-22-96	Be1	Air,	Maryland
E	pemit. Pages 1 a Depertment of He important: if item any injury or othe 2005.		21. Signature of Funeral Service License	1 Chi	irch Ceme	tery . Name end Addre	ss of Fecility		I	,	2
B	Deperiment of the police.		X// /// //	0		Slack	Funeral	Home,	P.A.		
		Н	23a Part1. Enter the disease, or complic shock, or heart feilure. List only on	MO(0535	Ellic	ott City,	Maryl	and 2104	3	Approximate
	Physician	0 1	shock, or heart feilure. List only on	e cause on each ilne.	an oo not ont	or the mode of dyn	ig, odori do ogrado .	or respiretory t	arrost,		Approximate Interval Between Onset and Death
	/Medical	П	mmediate Cause (Finel	ACITE	Dani	COORT	00				1000010
	Examiner	ш	disease or condition resulting in death) a	A CUTE Due to (6/1/0	C/C/7/	1/2				10 DAYS
		je		CHOLLE						1	10 DAYS
	cuted	Examiner	Sequentially list conditions.		or as a consequ						
0	ian a		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury	seppe s	HOCK					i.	100MG
68760,	certificate be executed ding physician and ise as the burial-transit	/Medical	that initiated events resulting In death) Lest	Due to (d	or as a consequ	uence of):					2
	5 0 6	Me	Contract of Contract when	RENAL 1	FAIL	URE				1	10 DAYS
Box	- 63	lan/	0								
0	D 0 0	Completed by Physician	Part II. Other significant conditions conf	ributing to death but not res	sulting In the un	nderlying cause giv	en in Part I.	23b. Did	tobacco use co	ntributs to	the cause of death
9	thet the ed by th deteche	Ph	COMPLETS 14	PART BL		1□	Y88 2□ No	3 ☐ Prob	ably 4 Unknow		
Š	8 58	þ	COMPLETE 14			T		7.500.00		T	entrantic eco
Records,	v requires been sign should be	etec	TAPERTENSION					24a. Wa	s an autopsy ormed?	ava	re sutopsy findings illable prior to appletion of cause
Sec.	2 S L	ldu									leath?
	E 5 8							1 🗆	Yes 2 No	1 🗆	Yes 2 No
Z.	ician: The cartificate rector, pag	Be	25. Wes case referred to medical examiner?	ospitel:		Oth	26. Piace of Deet				
of Vital	Physician: this cartific ral director,	. To	1 Yes 2 No	12 Inpatient 2	28b. Time of	3LI DOA	4 LI Nursing Ho		how Injury occur)
	After After funer	tou	1 □ Natural 5 □ Pending	(Month, Day Year)	Injury	28c. injur Wor	k? Yes 2 □ No	200. Describe	now injury occur	160	
3	Attending or death. ector: After by the fune	fica	3 ☐ Suicide 6 ☐ Could not be	28e. Placa of Injury - At h	ome farm stre			28f. Location	(Street end Numi	ber or Rural	l Route Number.
Division	or effer Oire	Certification:	4 ☐ HomicIde determined	building, etc. (Speci	fy)	ot, lactory, office			wn, Stete)		,
	spital ours heral		29a. Certifier 1 Certifying Physi	clan: To the best of my kno	wiedge, death	occurred at the tir	ne, date and place.	and due to the	cause(s) and m	anner as str	ated.
	To the Hospital or Attending Physician: within 24 hours effer death. To the Funeral Director: Affer this carlific completely filled in by the funeral director.	edical	(Check only 2 Medical Examin	er: On the basis of examina and manner stated.	ation and/or Inv	estigation, in my o	pinion, death occur	red at the time	, date and place,	and due to	the cause(s)
	Vithir To th	Me	29b. Signeture and title of certifier	0 1		29c. Licens	e number		29d. Dete signe	d (Month, E	Dey, Year)
	1		Varile Co	breibledes	M)	0 28	-221		Tulas 1	81	996
	6		30. Name end eddress of person who cor	npleted cause of death (Iter	m 23e) (Type. F	Print)	,		1771	0) (114
	15		DANIT SCHLEIMFEI	herebeelen npleted cause of death (Iter N.M. 301 32 Megistrant Sign	HOCPITA	AL DNI	ue GLEN	BURN	1/2 MM	4 LAN	vO
	Sta	ite	31. Date filed (Month, Day, Year)	32. Propistrante Sign	ature 🤌	.11				2	1061

DHMH 16 Rev 6/95

State Registrar



State of Maryland / Department of Health and Mental Hygiene

96 25197

						Certificate	e of	Death		Reg. No.		40121
т	Physic	ian	1. Decedent's Neme (First, Middle, i	•					2. Dete of Dec		Veer	3. Time of Death
2	Physic /Medi		Mary	Halahan		Woods			Augu	st 12,	1996	8:30 am
	Exami		4a. Facility Neme (If not institution, g Hill Haven Nursi:		r)		1	4b. City, Town, or Lo Adelphi	cation of Death		of Deeth Ce Ge	orge
ľ	Funeral Director		5. Sociel Security Number 6. 210–05–5902		Age (In yrs. lest bi	rthdey) If Under Yrs. Months	1 Yeer Deys	If Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, Day March		9. Birthpi Coun	lece (State or Foreign try)
	pu *		Usuel Residence of Decedent 10e. Stete 10b. County		10c. City, Tov	m or Location						
	e Maryla Se-f ehor	ctor		George		elphi					10	0d. Inside City Limits 1X Yes 2 □ No
	3a or 2	i Director	10e. Street end Number 1914 Erie Street	Apt 101		10f. Zip	Code 2078	83		10g. Citizen of V		try?
020	s i and 2 should be filed within 72 hours after death with the Maryland I Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other treumstic event, the Medical Examiner must be notified at	by Funeral	11. Meritel Status 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. Wes Deceder Armed Forces 1 Yes 2 If Yes, Give Yeer or Detes	s?] No	13. Wes Deced		dispenic Origin? (Spe an, Mexican, Puerto i Specify:	ocify Yes or No- Rican, etc.)	14. Rec	a - America k, White, e	
2-0	72 ho	ted	15. Decedent's	Education	16a	. Decedent's Usue	Occup	eation during most of worki		16b. Kind of Bu	usiness/Ind	lustry
21215-0020	within ne.	Completed	(Specify only highest g Elamantary/Secondery (0-12) Grade 10	Collaga (1-4o	r 5+)	Iffe. DO NOT us	se retired	during most or worki d)	ng	Posts		
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Š	should Ind Ment	To	19e. Informent's Neme/Ralationship	Constant	400		(0)	Mary Ki				. 11
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nore,	ages 1 and nt of Health it If Item 27 or other tr		20e. Method of Disposition	Removel from Stet	20b Place o	f Disposition (Nem ry, cremetory or of ohn The B	ne of	(a)	Dete	20c. Location -	City or To	wn, Stete
Baltimore,	permit. Pages 1 and Department of Health Important: If Item 27 eny Injury or other tr 20ce.		4 Donetion 5 Other (Special Signature of Funeral Signature University Si			netery 22. Name en Donal	d Addre	'O'	/16/96 Home P	.A.	207	
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	Physician /Medical		Immediate Cause (Final disease or condition	1	20KE							Onset and Death MON 7HS
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oʻ	e exe lan ar urial-t		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury	DI	ABETE						15	TEARS
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, P.O.	that the ed by th deteche	by Phys	Pert ti. Other significant conditions	contributing to death	but not resulting i	n the underlying ca	ause giv	en in Pert I.	236. Did to	1	3 Prob	the cause of death?
of Vital Records, P.O	aw requisite been 2 should	Completed b							24e. Wes o		ave	ore autopsy findings allabie prior to appletion of cause death?
2	0 - 0	E O							10 Y	es 2 No	1 🗆	Yes 2□No
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	ath. r: After	ation:	27. Manner of Deeth 1 Netural 5 Pending 2 Accident Investigati			Time of 25 njury M	8c. Injun Worl	yat k? Yes 2 □ No	28d. Describe h	ow injury occurr	red	
Division	al or Attendir s after death. ii Director: Af ed in by the fu	Certification:	3 Suicide 6 Could not 4 Homicide detarmine	d 28a. Place of If	njury - At home, fe etc. (Specify)	orm, street, fectory,	, office	2	PBf. Location (S City or Tow	itreet end Numb n, State)	er or Rurai	Route Number,
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	1+3		20 Name and attention	u law	w W			563		AUGUS T		
	(7)		30. Neme and address of person who	completed cause of	death (Item 23a)	(Type, Print)	000	PRIVE.	CILVER	SPRIN	9 3	0901

DHMH 16 Rev 6/95

State Registrar 31. Dete filed (Month, Dey, Year) AUG 1 4 1996

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Certificate of Death Fig., Mod. Elizabeth WOLLARD Wolling State of County Washington County Hospital Social Sacrety Number 6 Sax 20-7, Age (in yrs. as birthosy) 75 yrs. Washington County Hospital Social Sacrety Number 10 Sax 21-7, Age (in yrs. as birthosy) 75 yrs. With Martin 10 County Maryland Washington 10 County Maryland Washington 10 County Maryland Washington 10 County Maryland Washington 10 County Maryland Washington 10 County Maryland Washington 10 County Maryland Washington 10 County Maryland Washington 10 County Maryland Washington 10 County Maryland Washington 10 County Maryland Washington 10 County Maryland 10 County Maryland 10 County Maryland 10 County Washington 10 County Maryland 10 County Maryland 10 County Washington 10 County Maryland 10 County Maryland 10 County Washington 10 County Maryland 10 County Maryland 10 County Washington 10 County Maryland 10 County Maryland 10 County Washington 10 County Maryland 10 County Maryland 10 County Maryland 10 County Washington 10 County Maryland 10 County Maryland 10 County Washington 10 County Maryland 10 County Maryland 10 County Maryland 10 County Washington 10 County Maryland 10 County Maryland 10 County 10 Count	Ple									II Copies	7		25198	
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## Seldy Name (find institution, give street and number) Washington County Hospital ## Social Social Sourchy Number 2020—28-7867 Till Mind 2017 Town of Location of Deads 4c. County of Deads	1. Decedant's Nama (First, Midd	tla, Last)								2. Data of Dea	th		3. Tima of Death	
46. February Name (Inc. Internation), gave server and number) Washington County Hospital 5. Social Scority Number 6. Saw 220-28-7867 1 M 20F 7. Aga (in yrs. asr birthday) 75 Yrs.	Elizabeth		WOLL	ARD							+ 13	996	1232	
5 Scoil Scorely Number 220—28—7867 1	4a. Facility Nama (If not institution	on, giva street i	and number)					4b. City, To	wn, or Lo		4c. Count	y of Death	10-	
5 Social Sourchy Number 20—28—7867	Washington Con	unty Ho	spital					На	gers	town	Was	hingt	on	
Topic Topi	5. Social Sacurity Number			a (In yrs. iast b	irthday)					8. Data of Birth				
10a. Steels and Number 10c. Clay, Town or Location 10d. Inside City Limit Nary Jand Washington 10d. Clay Town or Location 10d. Steel and Number 427 West Church Street 10d. Zp Code 21740 USA 10d. Zp Code USA 10d. Zp Code USA 11 Martial Status 12 Was Decaded Fiver in U.S. 12 Was Decaded Fiver in U.S. 12 Was Decaded Fiver in U.S. 12 Was Decaded Fiver in U.S. 12 Was Decaded Fiver in U.S. 12 Was Decaded Fiver in U.S. 12 Was Decaded Fiver in U.S. 12 Was Decaded Fiver in U.S. 12 Was Decaded Fiver in U.S. 12 Was Decaded Fiver in U.S. 13 West Decaded Fiver in U.S. 12 Was Decaded Fiver in U.S. 13 West Decaded Fiver in U.S. 13 West Decaded Fiver in U.S. 14 Pages A Page Fiver in U.S. 15 Decaded Fiver in U.S. 16 Pages Page Fiver in U.S. 16 Pages Page Fiver in U.S. 16 Pages Page Fiver in U.S. 16 Pages Page Fiver in U.S. 16 Pages Page Fiver in U.S. 16 Pages Page Fiver in U.S. 16 Pages Page Fiver in U.S. 16 Page Page Page Page Page Page Page Page	220-28-7867	1 □ M 2	2⊠ F	75	Yrs.	Months	Days	Hours	IVIII.					
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3 Suicida 4 Homicida 28e. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28e. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)	4 ☐ Homicida detam	nined 28e	e. Place of Inju building, atc	ry - At homa, f	am, stre	et, fector	y, office					ber or Rura	Routa Number,	

/Medical Examiner Examiner Division of Vital Records, P.O. Box 68760, attending physician for use as the buria certificate be Physician/Medical 8 The law requires that the death signed by the ģ 28 Completed been : within 24 hours after death. To the Funeral Director: After this certificate has 08062 or Attending Physician: Be Certification: To filled in by To the Hospital Medical

Physician

/Medical

Examiner

Director

Funeral

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Completed

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Funeral

Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "naturel", or items 23a or 28a-f show any injury or other treumatic event, the Medical Experiment must be notified an once.

Physician

Baltimore, Maryland 21215-0020

29a. Certifier (Check only one)

Certifyi On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and manner stated.

31. Data filad (Month, Day, Year)

32. Registrar's Signature 4 1996

State Registrar NO. 30 C

funeral director,

136

filled in by

and completely fi burial, cremation

signed by the attending physician a Health and Mental Hygiene prior to

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this certificate hi

After 1

DIRECTOR: /

FUNERAL I HOSPITAL

2

Edward W. Ditto,

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permit, Pages 1, 2, 3 should

OR ATTENDING PHYSICIAN: The law requires that the death certificate be

Amend # 20b. Wash.	Co.	L. B.	August 96,	13051	99
STATE OF MARYLAND / DEPARTMENT OF	HEALTH	AND MENTAL	HACIENE		

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1996 ROY BENJAMIN WINGERD August 13 1:15 A M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign /Month, Day, Yea Jan. 2, 1 X M 2 - F HOURS 215-18-1222 73 YRS. 1923 Pennsylvania 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Washington County Hospital Hagerstown Washington RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Washington Hagerstown 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 560 Salem Avenue 21740 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If was, apacify Cuban, Mexican, Puerto Ricen, etc.) RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Ri 1 Never Married 2 X Married 1 TYES 2 NO В Specify: 3 Widowed 4 Divorced W.W.II white COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
"Takes kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) entary/Secondary (0-12) College (1-4 or 5+) pipe voicer organ 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Otis Rhea Wingerd notified at Edna Ruth Saum BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Betty Wingerd - wife 560 Salem Ave., Hagerstown, Maryland 21740 pe 20b. PLACE AND DATE OF DISPOSITION (Name of Lawn cemeiery, crematory or other place) Ceddar Lawn 8-15-96 Hagerstown, Maryland 20s. METHOD OF DISPOSITION
1

■ Burlel 2 □ Cremetion 3 □ Removal from State must Donation 5 Other (Specify) medical examiner 21. SIGNATURE OF EUNERAL SERVICE LICENSEE MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740 23. PART i. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart feiture. List only one cause on each line. **IMMEDIATE CAUSE (Final Onset and Death** the diseese or condition Recent Acute Inferior Myocardial Infarction 72 hrs resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): Severe Ischemic Cardiomyopathy CERTIFICATION years Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING and Multivessel Coronary Artery Disease years CAUSE (Disesse or injury other t DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST shows any injury, PART ii. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO Diabetes Mellitus Type I COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO XX UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 - YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 10 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28 is marked 1 🔯 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be determined 4 Homicide If Item 29a, CERTIFIER 1XXCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE AGU Wa

D01062

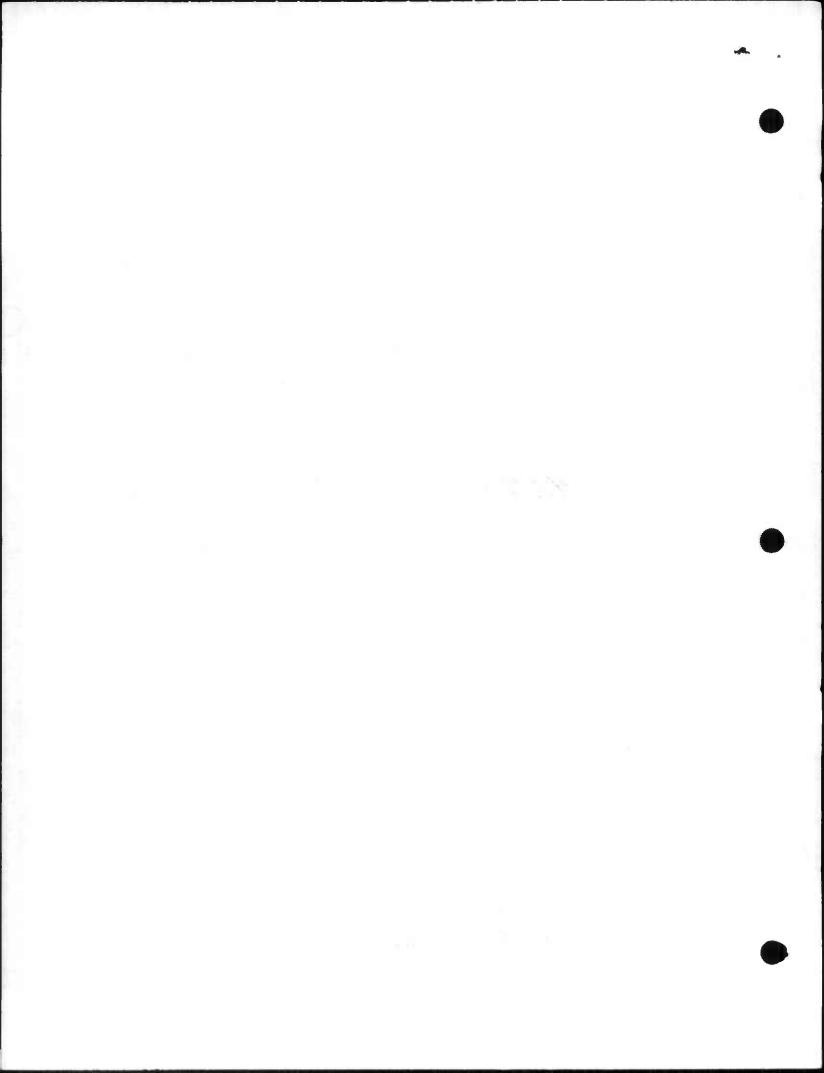
217 W. Washington St. Hagerstown, MD

M.D.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

III,

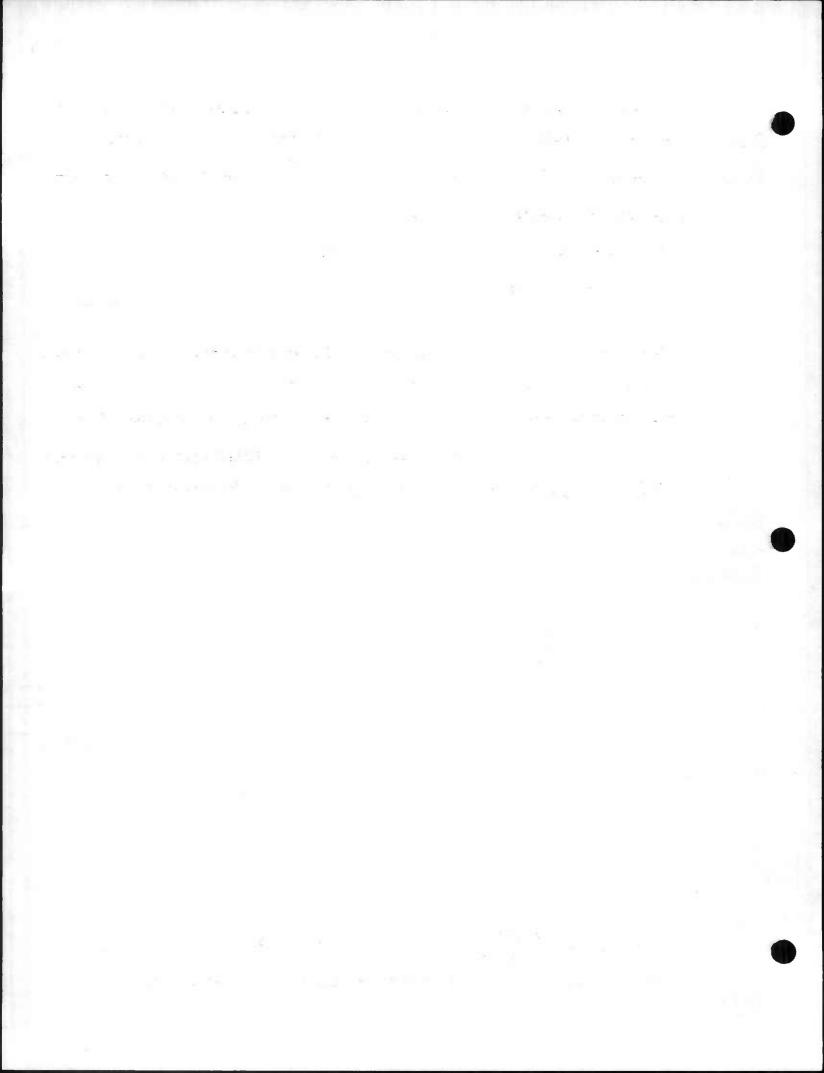
August 14, 1996



State of Maryland / Department of Health and Mental Hygiene 96

						C	ertificat	e of	Death			Reg. No.			
	Di!		1. Decedant's Nama (First, Middl	a, Last)							2. Data of De	eath Day	Year	3. Tima	of Death
	Physic /Medi		JOSEPH V	VARREN	W	OOD					August	12	1996	1:31	I P.M.
	Exami		4e. Facility Nema (If not institution						4b. City, To	wn, or Lo	ocation of Deet	h 4c. Count	y of Deeth		
1			St. Mary's Hos	spital					Leona	rdto	wn	St.	Mary	y's	
	Funeral		5. Social Security Number	6. Sax 1⊠ M 2□ F	7. Age (In yr	s. lest birthda	y) If Under Months	1 Yaar Deys		24 Hrs. Min.	8. Dete of Bir (Month, De	rth av. Year)	9. Birthr	olaca (State	or Foreign
	Director		217-36-8569	IZIM ZUF	56	Yrs.						1940	1	ryland	-
	pue *		Usual Rasidence of Dacedant 10a. Stata 10b. County		10c. (City, Town or	Location							10d. Inside	
	e Maryl	Funeral Director		Mary's		ollywo									s 2½ No
	中 9, 28	Oire	10e. Street end Number				10f. Zip	Code				10g. Citizan of	What Cour	ntry?	
	23a	rai	141 Morgan Roa	ad			2	2063	6			U.S.A	4.		
	tem Trans	nue	11. Marital Stetus	Armed F	cedant Evar in orces?	U,S. 13	. Was Deced If Yas, spec	dant of I	Hispanic Ori an, Mexicer	igin? (Spi n, Puerto	ecify Yes or No Rican, atc.)		ce - Amaric		
21215-0020	within 72 hours after death with the Maryland ene. than "naturat", or itama 23a or 28a-f ahow he Modeal Examine must be notified at	by	1 □ Navar Married 2 ☑ Marri 3 □ Widowed 4 □ Divorced	If Yas G			1 ☐ Yes	2 ∑ No	Specify:			Specia		ite	
5-0	d within 72 hours jiene. r than "neturel", the Mevical Ex	Completed	15. Decedan (Specify only highs:	t's Education)	16a. Dao	edant's Usua va kind of wo	al Occup	pation	t of work	Ina	16b. Kind of E	usinass/in	dustry	
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pu	be file ntal Hyg d othe avent,	Be	17. Fathar's Nama (First, Middle,						18. Mothe	ar'a Nami	a (First, Middle	, Maidan Sumai	na)		
X	2 should be f end Mental I la marked of raumatic ave	၉	Joseph	Archie		Wood			Ma			Melen		enwel	Ll
Maryland	12 and		19a. Informant's Name/Reletions Mary Margaret				_					er, City or Town Marylan			•
e,	is 1 and Median 2 other		20a. Mathod of Disposition		1	Place of Dis	position (Nar		(ce)		Data	20c. Location	- City or To	own, Stata	
Ē	Page ment of mr. H		1 ⊠ Burial 2 ☐ Cramation 4 ☐ Donation 5 ☐ Other (S			. John				8,	/17/96	Hollywoo	od. M	arvla	nd
Baltimore,	permit. Pages I Depertment of H Important: If Ne any injury or ot once.		21. Signature of Funeral Service	Licensee;			22. Nama an	nd Addre	ass of Facili	ty					
m	88 5 8		Muchand	Hard	Paris							al Home,			
			23a. Part1 Enter the disaase, or shock or haart failura. List	domplications that	causad tha da	ath. Do not e	ntar the mod	ia of dyl	ng, such es	cardiac	or raspiratory a	Maryla rrest,	na Z	Approxim	
	Physician		SHOCK OF HEART FAIRURE. LIST	only ona causa on	aacri iirie.								1	Onset end	
7	/Medical	Н	Immediate Causa (Final diseasa or condition	Co	Joh	Ca	ncer							2 1/2	1101
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	D #	je j		- 6											
	icate be executed physician and s the buriel-transit	Examiner	Sequentially list conditions, if any, leading to immadiate	0	Dua to	(or es e cons	aquance of):						i		
68760,	clan clan		Causa. Enter Underlying Cause (Disease or Injury	c											
87	cate physic	Medical	that initiated evants rasulting in daath) Last		Dua to	(or as e cons	equance of):								
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Box	eeth	Physician									1				
O.	that the deeth ed by the etter detached for u	ıysı	Pert II. Other significant condition	1	Í i		undarlying c	ause gi	ven in Part i	l.		tobacco use co			
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of Vital Records,	uld be		0,	ver el				J				an autopsy		are autopsy	
8		jet		ser el	7.						pend	ormed?	CO	allabla prior mplation of deeth?	
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ta	certificate rector, per	0	25. Was casa rafarred to madica						OF Place	o of Doot	h (Check only			7 102 21	J 140
5		OB	examiner? 1 ☐ Yes 2 M No	Hospital	Inpatient 2	☐ ER/Outpati	ent 3 DC	Ot Ot	her			Idence 6 🗆 Oti	har (Snacii	64)	
0		E	27. Mannar of Death	28e. Data	of Injury	28b. Time		28c. Inju Wo				how Injury occu		<i>y</i> /	
ion	oding ith. : After e funer	ation	1 Netural 5 Pandin 2 Accident investi	9	nth, Day Year)	Injury	М		rk?]Yas 2∐	No					
Division	Attanding or death. actor: After by the fune	ffice	3 ☐ Suicida 6 ☐ Couid	Ined 288. Plac	e of Injury - At	homa, farm,	street, factory	y, office				Streat and Num	ber or Run	al Route Nu	mber,
ō	of effection	Certification:	4 Homicida	build	ling, etc. (Spec	city)					City or 10	wn, Stata)			
	To the Hospital or Attant within 24 hours efter death To the Funeral Director: completely filled in by the	edicai (29a. Cartifiar (Check only one)	g Phyaician: To the Examiner: On the b	e best of my kr pasis of axamir nnar stated.	nowladga, dat nation and/or	th occurred invastigation	at tha ti	me, dete en opinion, daa	nd place, ith occurr	and dua to the ed at tha tima,	cause(s) and m dete and piece	annar as a , and due to	tated. o tha cause	n(s)
	To the Youthin 2 To the comple	Me	29b. Signature and title of certifie	1001			290	c. Licen:	sa number			29d. Data sign	ed (Month,	Dey, Year)	
	->-0		> Wan 11	Uhll	^		i	7	997	19		81	12/9	11.	
			30. Nama and address of person	who completed cau	sa of death (Its	am 23a) /Tvn	Print)	10	1//			0/1	-11		
01			DR.WILLIAM K	U				RCI.	E N.W	. WA	SHINGTO	N,D.C.2	0037		
	Sta	te	31. Data filed (Month, Dey, Year)	32. 1								. ,			
	Registr	ar	AUG 1	5 1996	Registrar's Sign	DESCH-NON	204								
Ph. 11				0			_								

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 25201 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death Month Bay 1996 ar **Physician** WATSON 6.04 P.M. WILLIAM August COCHRANE /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner St. Mary's Hospital Leonardtown St. Mary's if Under 24 Hrs. Hours Min. 8. Data of Birth (Month, Day, Year) April 10, 1936 If Under 1 Year 5. Social Security Number Birthplace (State or Foreign Country)

New York 7. Age (In yrs. last birthday) **Funeral** 1**X** M 2□ F 60 Yrs Director 183-26-9492 Usual Rasidence of Decedent permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Cepariment of Heelth and Mentel Hygiene. Important: if item 27 is marked other than *natural; or items 28 or 28s-f show any injury or other traumatic event, the Medical Examinar must be notified at angles. 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits 1 ☐ Yes 2 ☐ No Directo Maryland St. Mary's Lexington Park 10e. Street and Number 10f. Zip Code 10a. Citizen of Whet Country? United States 420 Essex Drive 20653 Funeral 12. Was Decedent Ever in U.S. Agned Forcas? 1 M Yes 2 □ No If Yes, Giva Yaar or Datas:1953—1956 11. Marital Status Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indien, Black, Whita, atc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 🔀 No ģ Specify: 3 ☐ Widowed 4 ♣ Divorced White Completed 18a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Design Patent Examiner U.S. Patent Office 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surnama) Be 2 Mary Cochrane James Lenox Watson 19a. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 420 Essex Drive, Lexington Park, Maryland 20653 Heather M. Long Daughter 20b. Pleca of Disposition (Name of cametery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) Metropolitan Crematory 8-8-96 Alexandria, Virginia 22. Nama and Addrass of Facility Brinsfield Funeral Home, P.A. Michael K. Blankenship P.O. Box 279, Leonardtown, Maryland 20650 23a. Part . Entar the disease, or complications that of used the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause a much line. Approximata Interval Between Onset and Deeth Physician · Obstructive jaundice Hypercalcemia /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Due to (or es a consequence of): extensive Examiner Cources physician end the buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initieted events rasulting in death) Last Due to (or as a consequence of): Hyper Kalemia Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): 980 signed by the e Part ti. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23h. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ģ 24b. Ware autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed hes certificate 1 Yas 2 X No 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: 25. Was case referred to medical exeminer? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) ၉ 1 Yes 2 No 1⊠Inpatient 2□ ER/Outpetient 3□ DOA After this 28a. Dete of Injury (Month, Day Year) 27. Manner of Deeth 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending Investigation 1 🖾 Natural ofter death. Director: Aft 1 Yes 2 No 2 Accident 6 Could not be 3 Sulcide Location (Street and Number or Rural Route Number, City or Town, State) 28e. Piace of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 4 Homloide 24 hours e 29a. Certifian Medical 1🏿 Certifying Physician: To the best of my knowledga, daath occurred at tha time, date and plece, and dua to tha causa(s) and mannar as stated. (Check only one) 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated.

State Registrar

DR.AVANI D. SHA 31. Date filed (Month, Day, Year)

29b. Signature and title of certifian

AUG - 9 1996

Dsuah

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

32. Registrar's Signature Jaka Davelen Rardall 29d. Data signed (Month, Day, Year)

47066

LEONARDTOWN, MD. 20650

MD

To the To the To the F

3. TIME OF DEATH

YEAR

REG NO 2. DATE OF DEATH DAY

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

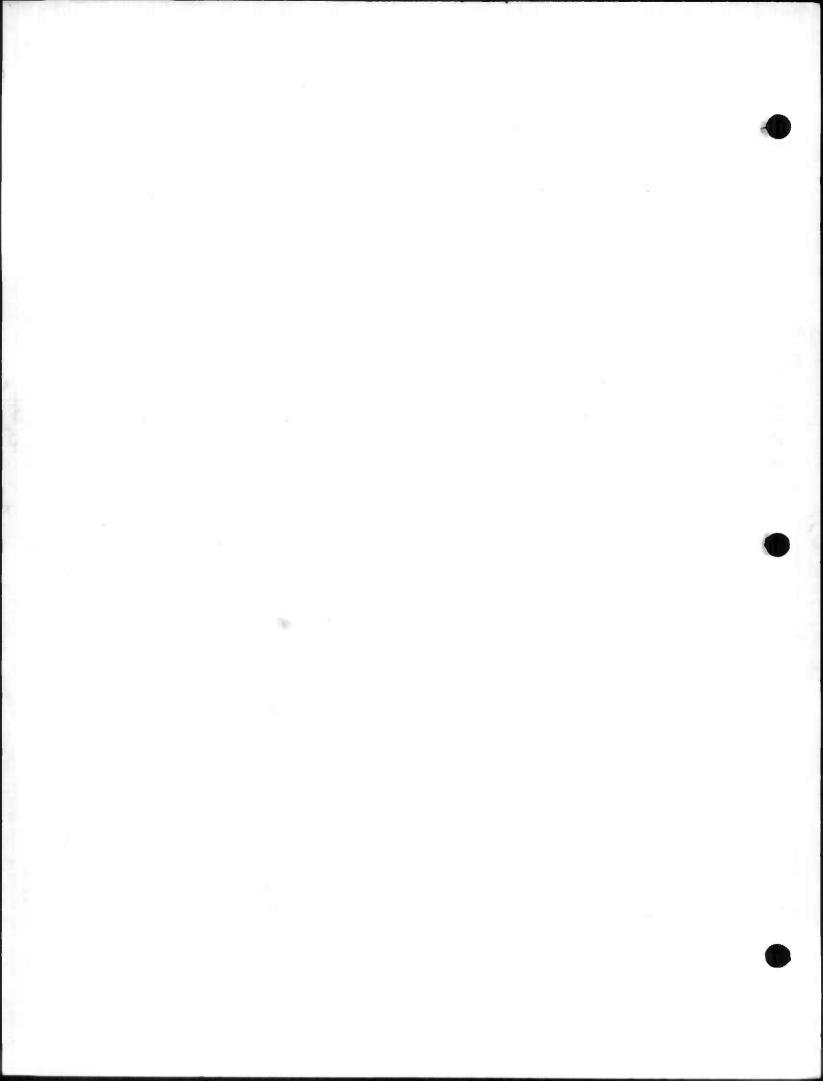
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	
	i

Thomas August 4, 1996 Roger Yates 5:15 A M 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) B. BIRTHPLACE (State or Foreign Country) 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 220-32-5949 1 X 2M 2 □ F 86 MD August 4 909 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Bayside Nursing Center Lexington Park St. Mary's RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY St. Mary's Avenue MD 1 YES 2 X NO permit. FUNERAL 10e. STREET AND NUMBER 10/ ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA 20609 retained by the hospital or attending physician. 5 should be detached for use as the bunal-transit General Delivery 12. WAS DECEDENT EVER IN U.S. ARMED 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—if yes, specify Cuben, Maxican, Puarto Rican, atc.)

1 □ YES 2 ☒ NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Merried 2 Married Specify BY 3 Widowed 4 Divorced White ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Seafood COMPL Waterman 6 once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Frances Ruth Bailey H Charles Joseph Yates notified funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 2 General Delivery Avenue, MD 20609 Lois R. Yates/sister-in-lav within 24 hours after death. Page 6 may be 9 20a. METHOD OF DISPOSITION
1 № Burial 2 ☐ Cremation 3 ☐ R 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must 4 Donation 8 Other (Specify) SAcred Heart Cemetery 8/7/96 Bushwood, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Mattingley-Gardiner Funeral Home, P.A. inen filled in by the fillion, or removal. Mera P.O. Box 270. Leonardtown, Maryland 20650 medical 23. PART / Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory strest, shock, or heart feiture. List only one ceuse on each line. Interval Between Onset and Deeth IMMEDIATE CAUSE (Finel the cremation, disease or condition heroselantor Cardinamila and completely fi o burial, cremation resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF Ync other traumatic CERTIFICATION DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditiona, 2 If sny, leading to immediate cause. Enter UNDERLYING physician g Dinor certificate CAUSE (Disesse or injury Hygiene p DUE TO (OR AS A CONSEQUENCE OF): that initiated evente aftending resulting in death) LAST 6 the aften Mental F Injury. PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL and and PERFORMED? AMAILABLE PRIOR TO any COMPLETION OF CAUSE signed the 1 TYES 2 NO shows a 1 WES 2 TO NO been of to DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: Dept. 23 28. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? tem certificate h HOSPITAL : 4 Nursin Inpetient 2 ER/Outpetient 3 DOA Nursing Home 5 Residence 8 Other (Specify) 10 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c marked, 1 Natural 2 Accident 5 Pending Investigation 1 YES 2 NO DIRECTOR: After to hours after death v BY ATTENDING 3 Sulcida 28s. PLACE OF INJURY - At home, farm, atreet, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State 69 8 Could not be ETED 4 Homicide 28 hours a item 8 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. COMPL TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 ho (Check only one) 24 MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIED 29c, LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE An 11/285 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2 William D. Boyd, II, M.D. Leonardtown, Maryland 20650 31, DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Julia Davideon Rardall -6 1996 DHMH-16 Rav 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

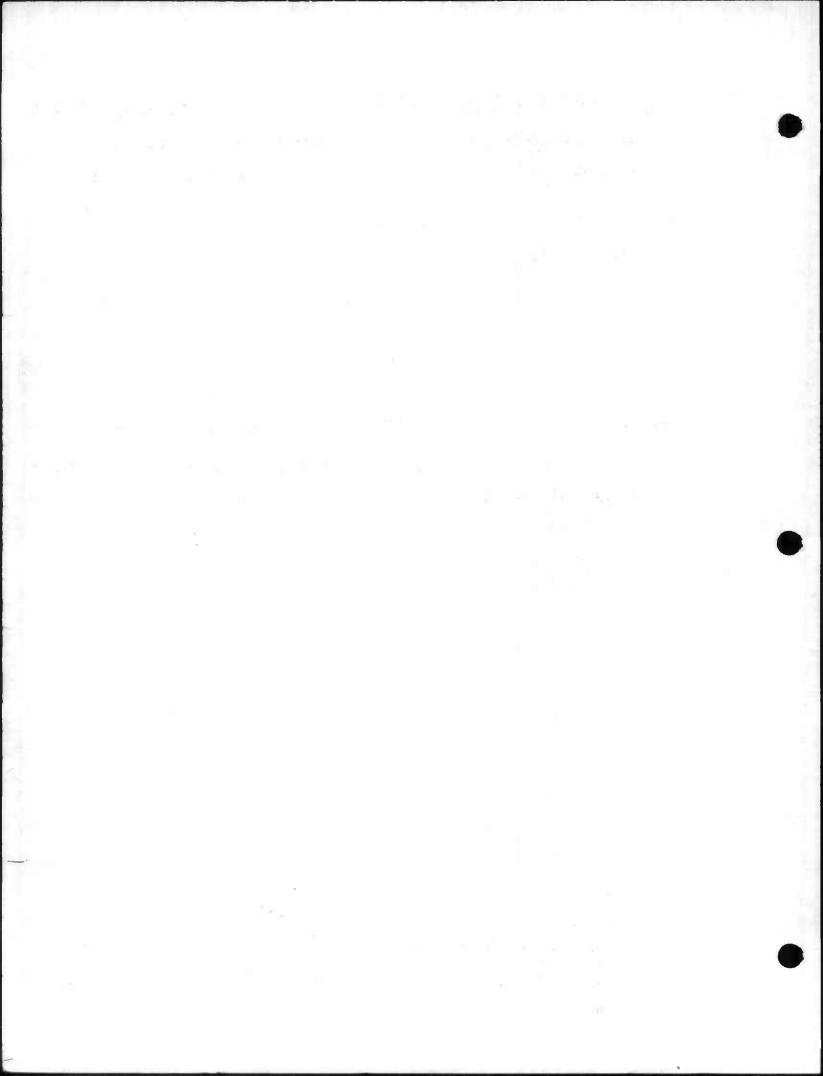
CERTIFICATE OF DEATH



State of Maryland / Department of Health and Mental Hygiene

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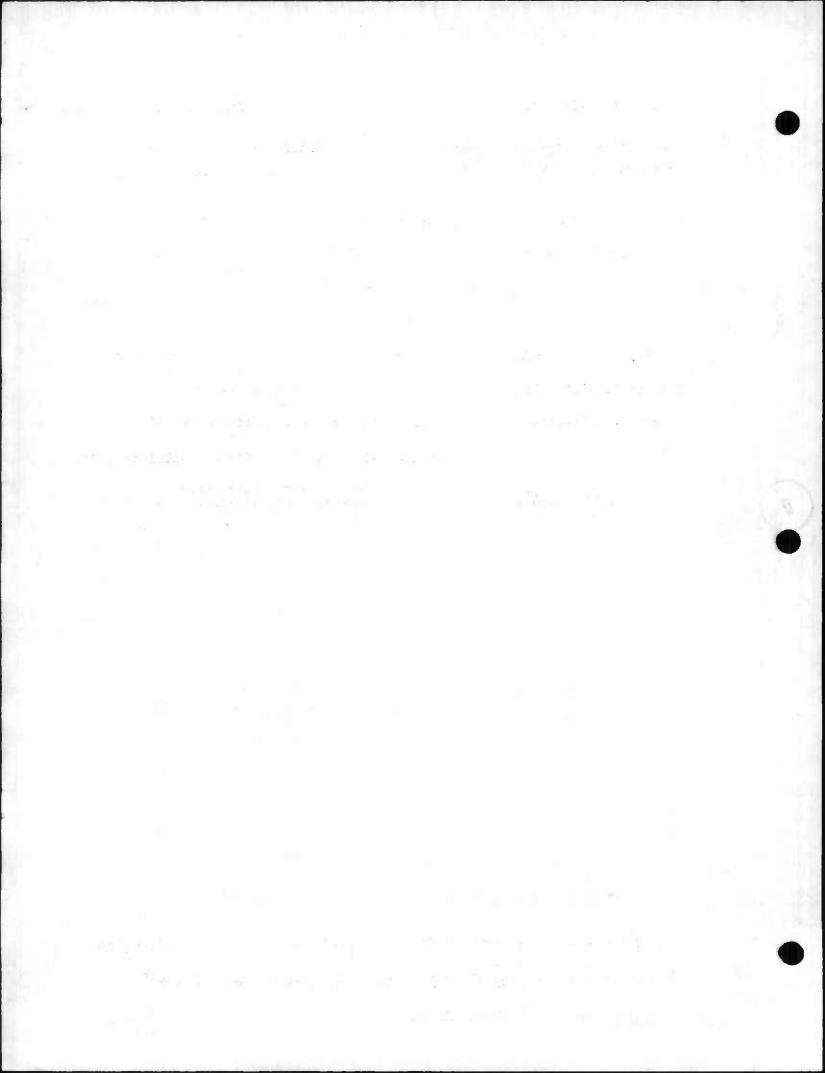
				Certificate of	Death		Reg. No.		-0-00
			Decedent's Name (First, Middle, Last)	C00.		2. Date of D		17:	3. Time of Death
	Physici /Medi		1. Decedent's Name (First, Middle, Last) CATHERINE 2	-01		Month	Bay (Year	4.40m
Ì.	Exami		4a. Facility Name (If not institution, giva street and number)		4b. City, Town, or L	ocation of Dea	th 4c. County	of Death	1)11
1			Carroll County Hospital		Westmins	ter	Car	roll	,
	Funeral		5. Social Security Number 6. Sex 7. Aga (In yrs. last b	oirthday) If Undar 1 Year	If Undar 24 Hrs.	8. Date of Bi (Month, D			elece (Stete or Foreign
	Director		183 - 07 - 8942 ¹□м ²\XF 83	Yrs. Months Deys	Hours Min.	May 27	1913	Coun	MD
	מי		Usual Residence of Decedent		1		, 1)13		TID
	ylan		10a. Stata 10b. County 10c. City, Tot	wn or Location				10	0d. Inside City Limits
	Mar Fed	to	MD Carroll Wes	tminster					1 Yes 2 □ No
	filed within 72 hours after deeth with the Maryland Hygiene. ther than "naturel", or items 23s or 28s-f show int, the Medical Examiner must be notified at	Director	10e. Street and Number	10f. Zip Code			10g. Citizen of V	Vhat Coun	itry?
	With the second		174 S. Court St.						,.
	# 25	Funeral	11. Marital Status 12. Was Dacedant Evar in U.S.	211		point Vac or N	U.S.	A . e - America	an Indian
	ther d	in.	Armed Forces?	13. Was Dacedant of I If Yes, specify Cub	en, Maxican, Puerto	Rican, etc.)		k, White,	
20	s af	by F	If Yas, Give	1□ Yes 2□ No	Specify:		Specify	: т.п.	hite
8	72 hours "naturel",	B	•				1.0		
5	n 72 ho natur	Completed	15. Decedent's Education (Specify only highast grada completed)	a. Decedent's Usual Occup (Give kind of work done life. DO NOT use retire	pation during most of work	ting	16b. Kind of Bu	siness/ind	Justry
12	within then then	E	Elementary/Secondary (0-12) College (1-4or 5+)		(a)		Class	T	
2	Hygie ther ther	ပိ	8	Sewing	10.00.00.00.00	- 150-4 8 61-4-51	Shoe		ory
E		Be	17. Father's Name (First, Middle, Last)		18. Mothers Nam	⊕ (FIFST, MIDDIE	e, Maidan Sumam	a)	
1	should be ind Mental marked o umatic eve	10	Peter Myers		M	ary Sho	ook		
a	O1 03 W W			b. Meiling Address (Street	t and Number or Rui	ral Route Numi	ber, City or Town,	State, Zip	Code)
2	1 end 2 Heelth em 27 i		Kathy Eyler	174 S. Co	urt St.	Westmir	ster. M	21	157
Sre Sre	m 0		comet	of Disposition (Name of ery, cramatory or other pla		Date	20c. Location -	City or To	wn, State
Ĕ	Peges nent of int: If its iry or o		1 Erbunal 2 Deramation 3 Diemoval from State			(10	106 P1		
Baltimore, Maryland 21215-0020	교 된 된 중 .		21. Signature of Funeral Service Licensee	ant Valley Co 22. Nama and Addra	ass of Facility	ug.0,19	ago Prea	sant	Valley,MD
m	Depa Impo eny i		DR. 1 Title						
	_		239 Part 1 Enter the disease or comblinations that squeed the days.	pictie 5 r	•11• J4 FE	apre Av	e. Litti	estor	wn, PA 1734
			23a. Part1. Enter the disease, or comblications that caused tha down Do shock, or heart failure. List only one causa on each line.	>	ing, such as caldiac	or respiratory i	arrast,		Approximata Interval Between Onset and Deeth
	Physician /Medical		Immediate Cause (Final	mpy	4.580	nA	,	1	10401
1	Examiner		disaasa or condition resulting in death)	-60111	100	11			10/19.
В		6	Due to (or as a	a consequence of):	/			!	
Т	per isc	듣	b. ———						
	certificate be executed iding physician and ise as the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	consequence of):				į	
68760,	be e ician buría		cause. Enter Underlying Cause (Disease or Injury						
87	phys the	Medical	thet initiated events resulting in death) Last Due to (or as a	consequenca of):				į	
×	ding p	Me	d					į	
Bo		lan	<u> </u>						
	0 0 0	Physician	Part II. Other significant conditions contributing to death but not resulting	In the undarlying cause gir	ven in Part I.	23b. Did	tobacco use con	itribute to	the cause of death?
P.0	thet the ed by th deteche	F	GASTRO-TNISCT	INA1 - 2	SLEDI) 1/2	Y 00 2 □ No	3 Prob	bably 4 Unknown
	es th	by	0 115160 3.123.	1					
Records,	requires been sign should be	be					s an autopsy ormed?		ere autopsy findings allable prior to
S	× 0 0 ×	ple				, , ,		con	mpletion of cause death?
ď	0 - 2	Completed				1□	Yes 2 No	1.	Yes 2 No
Vital	icien: The certificate rector, pag	Be C	25. Wes case referred to medical		26. Place of Deat	h (Check only			7
>		To B	examiner?	Outpatient 3 DOA Oth	her:		idenca 6 Othe	er (Snecih	vi
ō	rthis eral d		27. Menger of Death 28a. Date of Injury 28b.	Time of thijury Wo			how tnjury occurr		7
9	Attending F r deeth. ector: After by the funer	tloi	to Metural 5 ☐ Pending (Month, Day Year) 2 ☐ Accident Investigation		rk?]Yes 2 □ No				
S	deeth deeth ctor: / y the f	fica	3 Suicide 6 Could not be determined 28e. Place of Injury - At home, t			28f. Location	(Street and Number	er or Rura	I Route Number.
Division	or Attendation of Director:	Certification:	4 Homicida building, etc. (Specify)				wn, State)		
_	24 hours 24 hours Funeral letely filled		29e. Certifier Cartifying Phyalctan: To the best of my knowledge	an death accurred at the ti	mo date and place	and due to the			lated
	Fun Fun Fun Fun Fun Fun Fun Fun Fun Fun	edical	(Check only 2 Madicat Examiner: On the basis of examination a	nd/or investigation, in my o	opinion, death occur	red at the time	, date and place, a	and due to	tha causa(s)
	To the Hospital or Attending I within 24 hours after deeth. To the Funeral Director: After completely filled in by the funer	Mec	one) and manner stated. 29b. Signature and filte of certifier)	29c. Licens	se number		29d. Date aigned	(Month (Day Yearl
	₹ ¥ ₽ 8		1 (DP /4 -DI) NO.	MAD T	2921	16	C · L	1.	26
	27		1 Confour	100/ 1).	-109	0	0	1	(0,
1			30. Name and address of person who completed cause of death (ttem 23a)	(Type, Print)	1stem -	Ht.	WASTY	nin	ster, -
			N. HAJPIANT Mg. 2()	wysm,	0	100		M	0) 2/15/
	Sta		31. Data filed (Month, Day, Year) AUG 9 1996 Villa Daude	an Royal					
	Registr	ar	Many of 1990 Miny mines	in startially					



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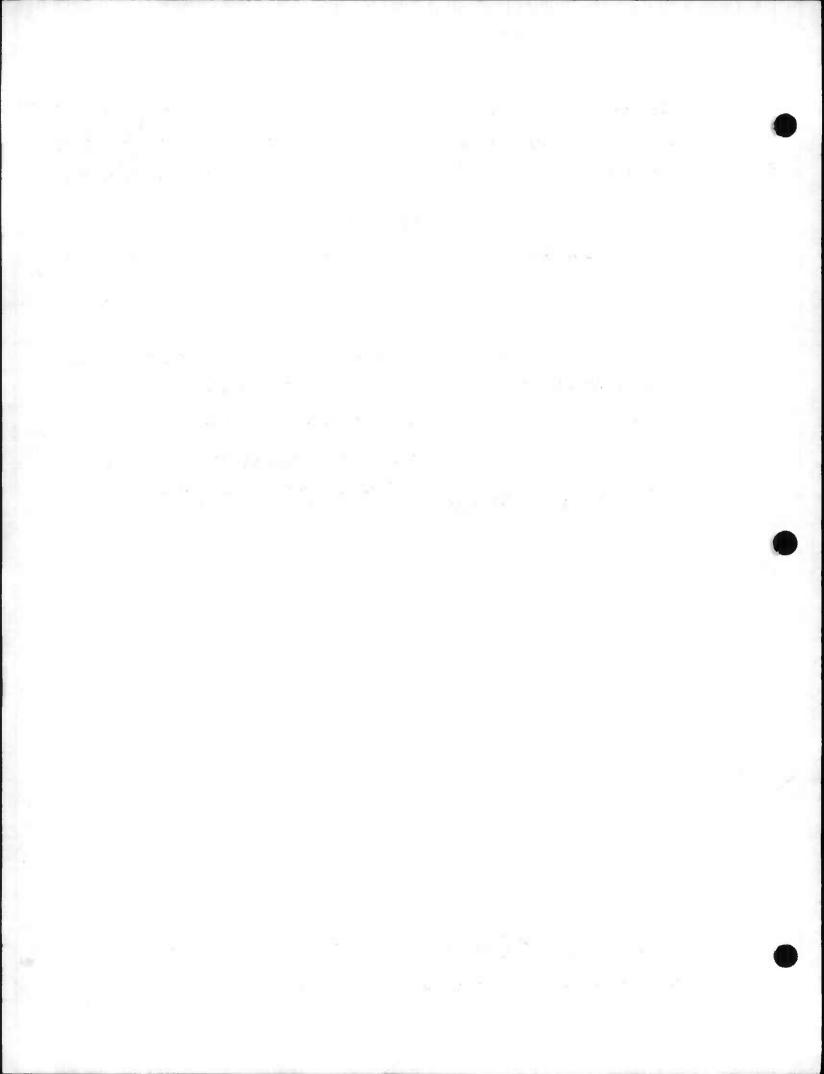
	Der tiffea Decedant's Nama (First, Middla, Last)	te of Death	2. Data of Death	g. No.	3. Tima of Death				
hysician	Earnest A. Aliff, Jr.		Month Aug. 23	Day Yaar	7:30 A				
/Medical xaminer	As Castley Many (Many) in the standard of the	4b. City, Town, or I		4c. County of Daat					
.xanıner		10.014		4c. County or Daat					
maral	Johns Hopkins Bayview Hospital 5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) If Under	Baltimor	8 Date of Birth	n/a	halana /Ctata az Farair				
nerai ector	214-40-0777 1XM 2 F 54 Yrs. Months	Days Hours Min.	8. Data of Birth (Month, Day, Y 7-8-42	Year) S. Birt	hplaca (Stata or Foreig untry) rgina				
30131	Usual Rasidanca of Dacadant		7-0-42	V I	Igina				
M 11	10a. State 10b. County 10c. City, Town or Location				10d. Insida City Limit				
to to	Md n/a Baltimore, Mo				1 ☐ Yas 2月N				
man naturel, or tems 23s or 28s-f above the Medical Experience must be notified at ompleted by Funeral Director	10e. Straat and Number	Coda	100	g. Citizan of What Co	untry?				
D	315 Homberg Avenue 21	221		USA	una, .				
era era	11. Manital Status 12. Was Decedant Evar in U.S. 13. Was Dace		posity Vac or No.	14. Race - Ama	ricen Indian				
	Armed Forcas? 1 Navar Marriad 2 Marriad 1 Yas 2 No	dant of Hispanic Orlgin? (S cify Cuban, Maxican, Puart	Rican, atc.)	Biack, White					
by i		2 No Specify:		Specify:	h d 4				
# D	Taal of Datas:	,			hite				
a se	15. Decedant's Education (Spacify only highast grada complétad) 16a. Dacedant's Usu (Giva kind of w	al Occupation ork dona during most of wor sa ratired)	king 16	6b. Kind of Businass/	Industry				
r, the Medical i	Elamantary/Secondary (0-12) Collega (1-4or 5+)	sa ratired)							
	12th n/a Printer			Md Cup Co	0.				
event, Be Co	17. Fathar's Nama (First, Middla, Last)	18. Mothar's Nan	ne (First, Middla, Ma	uidan Sumama)					
	Earnest A. Aliff, Sr.	Erm	a Miller						
traumatic	19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addras	(Straat end Numbar or Ru	ral Routa Number, C	City or Town, State, 2	(ip Coda)				
	Ernest A. Aliff, III 8012 High	point Rd. Ba	ltimore, M	d. 21234					
other	20a. Mathod of Disposition 20b. Placa of Disposition (Na	na of		c. Location - City or	Town, Stata				
7 0	1 Burial 2 □ Cramation 3 □ Ramoval from Stata 4 □ Donation 5 □ Othar (Specify) Gardens of		-26-96	Baltimore	Md				
any injury o		d Addrass of Facility	20 70	Darcimore	, rid.				
once		ey Miller Fu	neral Hom	e					
	Yarlly Gills 7527	Harford Rd.	Raltimore	Md 212	34				
	231. Part 1. Enter the disease, or complications that causad tha death. Do not antar tha mos shock, or heart failure. List only one cause on each line.	a of dylng, such as cardiac	or raspiratory arrast	t,	Approximata Intarvai Batwean				
as the bural-transit	Sequantielly list conditions, if any, laading to immediate cause. Entar Undarlying Couse (Disaese or injury that initieted avants								
	rasulting In death) Last Dua to (or as a consequence of):								
be detached for use by Physician/A				1					
sy si	Part II. Other significant conditions contributing to death but not resulting in the underlying of			scco use contribute	to the cause of death				
e deta	ProgressIVE MULTIFOCAL Leuko	emoRhaloPor	ly 1□ Yes	2. No 3 □ Pr	obably 4 Unkno				
bed			-						
paga 2 should			24a. Was an a performe	d? a	Vara autopsy findings vailable prior to				
N Q				0	omplation of causa of death?				
O			1 ☐ Yas	2000 1	□Yas 280 No				
Be C	25. Was casa rafarred to madical	26. Place of Deel	th (Check only ona)						
To B	examinar? 1 Yas 2 No Hospital: La Inpatiant 2 EP/Outpatient 3 DC	Other		ce 6 □Other (Spec	vifu)				
	27. Mennar of Death 28a. Date of Injury 28b. Tima of 2	8c. Injury at	28d. Describe how		"7)				
Certification:	1 ☑ Natural 5 ☐ Panding (Month, Dey Year) injury 2 ☐ Accident Invastigation M	Work? 1 ☐ Yas 2 ☐ No							
lica	3 Suicida 6 Could not be 28a Place of Injury - At home farm street factors		28f Location (Street	et and Number or Ru	rel Route Mumber				
Ta	4 Homicida detarmined 28a. Place of injury - At homa, farm, streat, factor building, atc. (Specify)		City or Town, S	Stata)	room rumber,				
Ö	29e. Cartiflar 19 Certifying Physician: To the best of my knowledge death occurred	A the Core to							
edicai	(Check only 2 Medical Examinar: On the basis of examinetion and/or Investigation	at tha tima, date end place, In my opinion, deeth occur	and dua to tha caus red at tha tima, deta	sa(s) and mannar as and piece, and dua	stated. to the cause(s)				
Med	and mannar stated.								
3	29b. Signatura and titla of certifiar	Licansa number		Data signed (Month					
	I has Sur wi)	96712		8/23/9	6				
	30. Nama and address of person who completed causa of death (Item 23a) (Type, Print)			-11					
	HYON SED 4940 EASKINAVE	BALTIMOVE	E QN	1224					
State	31. Data filed (Month; Day, Year) 32. Registrar's Signature								
	AUG & 1996 Juli Davidson Rarday								
egistrar									

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State of Maryland / Department of Health and Mental Hygiene

						Certi	ficate of	Death		Reg. No.	20	0 0 0
			1. Decedent's Neme (First, Middle, Le	est)					2. Deta of D			3. Time of Death
	Physic		Theodore Au	browi du	JR.				Month OS	Dey 24	Yaer 96	11:15 AM
	/Medi Examii		4a. Facility Neme (If not Institution, giv		UK.		N.	4b. City, Town	n, or Location of Dea		nty of Deeth	
	Exami	101	Univ. Maryland 1	Med. Cotr.	22 S. G	reene	St.	Bal	timore	B	altim	ove ctmy
	Funeral				a (In yrs. last b		If Under 1 Yaar	If Under 24				
	Director		213-52-1804	XXM 2□F	46	Yrs.	Months Deys	Hours	Hrs. 8. Date of B	4,1950		placa (Stata or Foreign
			Usuei Residence of Decedent						DULI Z	4,1930	MAR	YLAND
	dance # 0		10a. State 10b. County		10c. City, Tov	vn or Loca	tion				1	Od. Inside City Limits
	Man	ō	MARYLAND N/	Δ	PAT.	ТТМОБ	E CITY					1 ☐ Yes 2 ☐ No
	tha 28	Director	10a. Street end Number	•	Dist	121101	10f. Zip Code			10g. Citizen o	of What Cour	ntrv?
	With the second	0	1655 DARLEY AVE	NUE			2121	3		U.S		,
	aath ma 23	Funeral	11. Maritai Status	12. Wes Decedent	Ever in U.S.	13 Wa			n? (Specify Yas or N		ace - Amaric	an indian
	the for	P	1 Never Married 2 Merried	Armed Forces? 1 ☐ Yes 2 ☐ J		If Y	as, specify Cuba	an, Mexican,	Puarto Rican, atc.)		ieck, White,	
22	d within 72 hours after death with the Menyland Jena. r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at	by	3 ☐ Widowad 4 ☐ Divorced	If Yes, Give X Yaer or Dates:	10	1□	Yes 2 No	Specify:		Spe	city: BLAC	CK
Ö	2 hou		15. Decedent's E		188	. Deceden	t's Usuei Occup	ation	·	16b. Kind of	Business/Inc	dustry
5	in 7	Completed	(Specify only highest gra	ade completed)		(Give kir.	d of work done	durina most o	of working			,
27	J within Jiena.	E	Elementery/Secondery (0-12)	Coilege (1-4or 5	p+)	Т	OOFER			DDTYZ	TE CON	ADA NRI
D	al Hygie other i		17. Fether's Neme (First, Middle, Last			1	COLLIN	18. Mother's	s Neme (First, Middl			PANI
lan	Mantal Mantal arked o	To Be	THEODORE AWKWARI	O SR.				AUREL	IA GREEN			
2	2 should be and Manta is marked sumetic ev	F	19e. informent's Neme/Reletionship (Type Print)	19	b. Meiling	Address (Street		or Rurel Route Num		vn State Zin	Code
Maryland 21215-0020	2 8 5 8		AURELIA AWKWARD	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			BARCLAY			MD. 21		0000)
	f Haaith Hem 27 I		20e. Method of Disposition				on (Neme of		Dete		n - City or To	wn State
<u>ō</u>	Pagas nant of I ant: If ite ury or o		1 Bunel 2 ☐ Cremetion 3 ☐		camete	ery, crame	ory or other plac					
트	rtma rtant		4 Donetion 5 Other (Special	- 11	MIT.		CEMETER		29, 199	b BALT	IMORE,	, MD.
Baltimore,	permit. Paga: Department of Important: If I any Injury or		21. Sonutura of Funerel Service Luce	naee V	01	CAL	ame end Addra VIN B.	SCRUGG	S FUNERAL	HOME		
	1		Calumb	Brue	my lo	141	2 E. PR	ESTON	STREET B	ALTO MD	. 2121	3
			23a. Pert1. Enter the diseese, or com shock, or heert feilure. List only	pilcetions thet cause one ceuse on each	(the death) Do	not enter	the mode of dylr	ng, such es ca	ardiec or respiretory	errest,		Approximate interval Between
	Physician										1	Onset end Deeth
1	/Medical Examiner	ш	Immediate Cause (Final disease or condition	· Eso	phogeal	l wo	er her	morch	COC.			
	LAdillile		resulting in deeth)				er her				1	
-	D #	Examiner		Acsi	iived 1	www	ande.fr	cience	Syndra	MAP	į	
	tificata be axecuted g physician and as the burial-transit	me:	Sequentially list conditions,	B	Due to (or es e	conseque	nca of):	uch	39,000	7.77		
Ö,	ian a	û	Sequentially list conditions, if any, laading to immediate cause. Enter Underlying		ovachy		Hemor				1	
68760,	ertificata be axecut ling physician and a as the burial-trar	edical	Ceuse (Diseese or injury thet initieted events resulting in daeth) Last	c. 500	Dua to (or as a	consequal		nag	<u> </u>			
	as t	Med	resulting in destiny cast								l i	
XO	death certifi attanding of for usa as	an/		d								
Ö.	that tha death cert ed by tha attandin datached for usa	Physician	Pert II. Other significant conditions of	ontributing to death b	ut not resulting	In the unde	erlying cause giv	en In Pert i.	23b. Dio	tobacco uss	contributs to	the cause of death?
P.O.	by th	Å.					, , , , , , , , , , , , , , , , , , , ,		1□	Yes 2 No	3 □ Prol	bably 4 Unknown
	law requires that as been signed b s 2 should be date	by F							_			
5	v require been sig should b									s an eutopsy	24b. We	ere autopsy findings eileble prior to
00	aw requisite been 2 should	siet							per	formed?	co	mpletion of cause death?
2	The lay ata has page 2	Completed								Yes 2 No		Yes 2□ No
Division of Vital Records,			25. Wes casa referred to medical					00 51			1	1198 2LINO
>	certi	o Be	exeminer?	Hospitel:			2□ DO4 Oth	er.	of Deeth (Check only			
ō		h	1 ☐ Yas 2⊠.No 27. Menner of Death	1 k Inpatie		Time of	3LI DOA	4 LI Nurs	Ing Homa 5 ☐ Res	how Injury occ		y)
n	Attending Physician: ir daath. actor: Aftar this certific by the funeral director,	lo	1 ⊠Neturel 5 □ Pending	(Month, Day		Injury	28c. Injur Wor	k? Yes 2 □ No	- C 70,775	now injury occ	unea	
S	daati daati tor:	cal	2 Accident investigation 3 Suicida 6 Could not b	e One Place of Init	un. At home 4			163 2 140		(Ctenet and Alu	mhar ar Bura	/ Pouto Number
<u>≥</u>	after deat Director:	Certification:	4 ☐ Homicide determined	28e. Pleca of Injubuliding, at		erm, street	, ractory, omce		City or To	own, Stata)	nuer or mura	il Routa Number,
	urs a urs a liled		00 0 111									
	Hose Pun Fun	edical	(Check only 2 Medical Exer	ysician: To the best on niner: On the besis of	examinetion ar	e, deeth oo nd/or Inves	curred et the tin tigetion, In my o	ne, dete end pini <i>on</i> , deeth	pleca, end due to the occurred et the time	e ceuse(s) end , dete end piec	menner as st a, and due to	teted. tha ceuse(s)
	To the Hospital or Attending Ph within 24 hours after death. To the Futheral Director: After th completely filled in by the funeral	Med	one) 29b. Signeture and titia of certifier	end menner ste	ered.		29c. Licans			29d. Dete sig		
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	1		2 yabell	DIOCEN	mo			191		8-8	14-9	4
	1		30. Name end eddress of person who			(Type, Pri	nt)		St. Balt		200	10224
			Elizabeth Stoller		50 1.0	So	with Gr	eene	St. Balt	more,	(1 Ar I)	L~1_L!
	Sta	_	AUG 26 1996	320849600	A SHARIF							
	Registr	ar	(10000									



State of Maryland / Department of Health and Mental Hygiene 96

						Ce	rtificate	e of	Death			Reg. No.			
ı	Physic	ian	1. Decedent's Name (First, Middle, Li	- '							2. Dete of Do	_	Vaor	3. Time of Death	
J	/Med		Catherine h		76	¥					Aug.		1996	8:30 a	
9	Exami	ner	4e. Fecility Neme (If not institution, gir					-			ation of Deel	h 4c. (County of Deeth	1	
			Cherrywood Nursi			-	Miladas	4 Vans	Reist				Baltimo		
	Funeral Director			Sex 1□M 2 X F	7. Age (In yr.	s. lest birthday) Yrs.		Deys	If Under 2 Hours	Min.	8. Dete of Bi (Month, Do	th ey, Year) 26, 1	9. Birth Cou	npiece (State or Foreign untry) yland	
	death with the Maryland ims 23s or 28s-f show ims 25s or 28s-f show	ctor	Md. Carro	11	10c. (Finks								10d. Inside City Limits 1 ☐ Yes 2 No	
	23a or 26	Funeral Director	10e. Street end Number 3029 Old Gamb	er Road	3		10f. Zip	Code 2104	8				en of Whet Cou	intry?	
5-0020	or its	by	11. Marital Status 1 ☐ Never Merried 2 ☐ Married 3 ፟	Armed Fo	2 No		Was Decedif Yes, spec		lispenic Orig en, Mexicen, Specify:	in? (Spec Puerto R	cify Yes or Notican, etc.)		4. Rece - Amer Bleck, White Specify: Wh		
5-0	72 hours "netural",	etec	15. Decedent's E (Specify only highest gro	ducation ede completed)		16e. Dece	dent's Usue	l Occup	etion during most	of workin	a	16b. Kin	d of Business/I	ndustry	
121	within iene.	Completed	Elementery/Secondery (0-12)	College (1	1-4or 5+)				d)	or working	9				
d 21	should be filed within and Mental Hygiene. merked other than imetic event, the Mental Hygiene.		17. Fether's Neme (First, Middle, Last	1		Hous	sewife		10 Mathad	do Blama	(First, Midøle		memaker	,	
lan	Mental Mental Srked o	o Be	Conrad Mann	,									,		
Maryland	end Men s marke	2	19e. Informent's Neme/Reletionship (Type, Print)		19b. Meilii	na Address	(Street			ie F. Wilhide Route Number, City or Town, Stete, Zip Code)				
	C1 0 m m		Robert Bower			3029	Old G	amb	er Rd.	Fi	nksbu	ksburg, Md. 21048			
more	Baltimore, Marylis permit. Pages 1 and 2 should Department of Health and Marin Important: If Nem 27 Is marke any Injury or other traumatic once.		20e. Method of Disposition 1		Stete	Plece of Dispo cametery, crem		City or Town, Stete							
alti	ortar Injur		4 Donetion 5 Other (Specify) Finksburg Cemetery 08/26/96 Finksburg, Maryland 21. Signeture of Funerel Servica Licensee 22. Name end Address of Fecility Eckhardt Funeral Chapel												
Ö	Deparitment in the sun of the sun		> MO 501	2 0+	2	E	ckhar	dt 1	Funera	1 Ch	apel				
	Physician /Medical Examiner	Examiner	23a. Pert1. Enter the disease, or comshock, or heart feilure. List only Immediate Ceuse (Finel disease or condition resulting in deeth)	e. Res	Pirate Due to Mun	YU TO	tilure juence of):						1 to MI	Oriset end Deeth	
ox 68760,	In entificete be executed inding physician end if use as the buriel-transit	/Medical	Sequentlelly list conditions, if eny, leeding to immediate cause. Enter Underfying Ceuse (Disease or injury that initiated events resulting in deeth) Lest	c. Co	NO Wa	or es a conseq	wter	y	dise	ease	, Sp	o W	T		
0	d d	Physician	Pert II. Other significant conditions of	ontributing to de	eath but not re	sulting in the u	nderlying ca	use giv	en in Pert I.		23b. Did	tobacco u	se contribute t	to the cause of death?	
S.	gned be detect	by Phy									10	Yes 2	No 3□Pro	obably 40 Unknown	
Records,	hes been sign 2 should	Completed							_		perfo	en eutops med?	8\	Vere eutopsy findings veileble prior to completion of cause i death?	
Vital	iclan: The certificete rector, peg		25. Wes case referred to medical								10		No 1	Yes 2 No	
>		o Be	exeminer?	Hospitel:	npatient 2	ER/Outpatien	t 3 DO/	Oth	ar /		Check only o		70than (0	74.1	
ot	g Physer this seral d		27. Menner of Deeth		of Injury h, Dey Year)	28b. Time of		c. tnjun Worl			d. Describe		Other (Special occurred)	97)	
io	Attending For deeth. ector: After by the funer	atio	1 Neturel 5 Pending 2 Accident investigation		n, Dey Year)	Injury	М		Yes 2□N	0					
Division	lat or Attendents efter deet	Certification:	3 Suicide 6 Could not be determined	28e. Pieca	of Injury - At h	nome, farm, stre	et, fectory,	office		28	f. Location (: City or To		Number or Run	al Route Number,	
	To the Hospital or within 24 hours efter To the Funeral Dir completely filled in	edical	29a. Certifier (Check only one)	ysiclen: To the niner: On the ba end mann	isis of examin	owledge, deeth	occurred et estigetion, i	t the tim	e, dete end olnion, deeth	pleca, en occurred	d due to the et the time,	ceuse(s) a dete end p	nd menner as s lace, end due t	iteted. o the cause(s)	
	To the within To the comple	-	29b. Signeture end title of certifier	1//	1/		29c.	License	number			29d. Date	signed (Month,	Dey, Year)	
			1111111		11		17	D	464	196		8	13219	3/	
	10	1	30. Name and address of person and	completed cause	of deeth (Ite	m 28e) (Type,	P(int)	1	70/	10	11.11	104	1-11	1117	
	Y		21 Date filed 41 - 4 2 2	ugh	101-	Tiela	de	1)	Dwin	951	111115	1911	1) d	1117	
	Sta		31. Date filed (Month, Dey, Yeer)		egistrer's Sign	eture Prod	.02			/					

and the second s T 14 Andrew Arthurson Michigan Court of the Park Zapal, Istalia, Holera

State of Maryland / Department of Health and Mental Hygiene

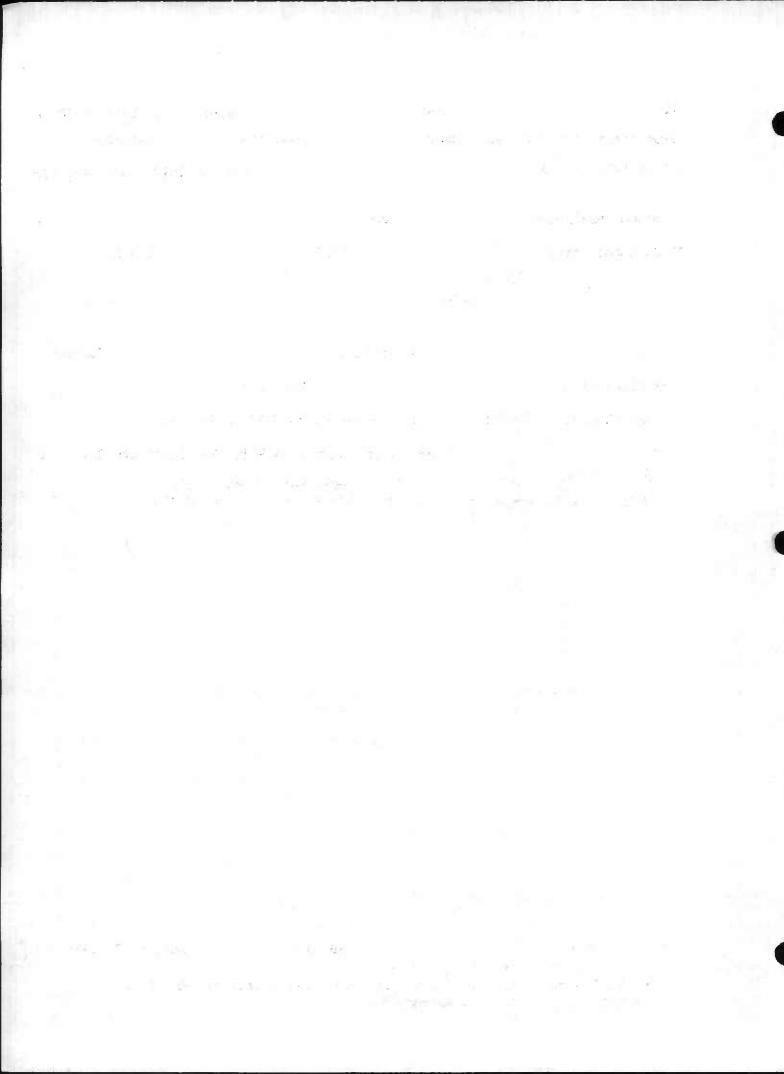
Certificate of Death

25207

						Ce	nificate	OT	Death		Re	g. No.		
	Physic /Medi		1. Decedent's Name (First, Midd Ralph	fle, Last)	В	EAM					Date of Death Month	Day	Year 1996	3. Time of Death 5:20_pm
	Exami	ner	4a. Facility Neme (If not institution Franklin Square			er		1	Rossvi	or Loca	tion of Death	4c. Cour	nty of Death	
	Funeral Director		5. Social Security Number 236–20–5650	6. Sex 1 ½ M 2□ F	7. Age (In yrs	s. last birthday) Yrs.	If Under 1 Months	Year Days	If Under 24 H Hours M	in. At	Date of Birth (Month Day, UIG 20,	1919	9. Birth Cou West	place (State or Foreign ntry) Virginia
	e Maryland 8a-f show	ctor	Usuel Residence of Decedent 10a. State 10b. County Maryland Balt		10c. C	City, Town or Lo								10d. Inside City Limits 1 ☐ Yes 2 → No
	th with th	al Director	10e. Street and Number 11 National Dra	ive			10f. Zip C	ode 22	1		10	og. Citizen o	.S.A.	ntry?
0200	d within 72 hours effer death with the Marylar piene, then "neturel", or flems 23a or 28a-f show the Medical Examiner must be notified at	by Funeral	11. Marital Status 1 □ Never Married 2 ☑ Mai 3 □ Widowed 4 □ Divorced	Armed For	edent Ever in orces? 2 No over the lates.		Was Deceder f Yes, specify 1 ☐ Yes 2		llspanic Origin? an, Mexican, Pu Specify:	(Specification Rice	y Yes or No- can, etc.)	No- 14. Rece - American Indian, Bleck, White, etc. Specify: White		
21215-(and be file of othe event,	Completed	15. Deceder (Specify only higher Elementary/Secondery (0-12)	nt's Educetion st grade completed) College ((Give	dent's Usual (kind of work DO NOT use	done retired	ation during most of v d)	vorking	1	Prin		Company
yland		To Be	17. Fether's Neme (First, Middle, Marcellus Bear	,			18. Mother's Name (First, Midd Mary Curtis					faiden Sumi	ame)	
			19e. Informant's Neme/Relationship (Type, Print) Elizabeth P. Beam (WIFE) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, 2 11 National Drive Essex, Md. 21221 20a. Method of Disposition 1 Removal from State 20b. Place of Disposition (Name of cemetery, crematory or other place) Cardens Of Faith Cemetery 8/26/1996 Baltimore											
Baltimore,	permit. Pages 1 er Department of Hea Important: If Item; any injury or other once.			Specify)	State Ga	rdens O	E Faith Name and	n Ce Addre	metery (ss of Facility Funera Eastern	8/26 al H	5/1996 Home P.	Balti A.	more (Co. , Md.
68760,	Physician penneducal Examiner penneducal Examiner penneducal estimates estimated and penneducal pen	licai Examiner	23a. Pa nt Enter the disease, o she is or heart failure. List Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury thet initiated events resulting in death) Last	a. Asp	Due to (Due to (Due to (Creatic		onia uence of): estruct	of dyin	g, such es card					Approximate Interval Between Onset end Death 18 hours 8 months 3 weeks
P.O. Box	the death y the ette sched for	by Physician/Medical		d	outing to death but not resulting in the underlying ceuse given in Part f.							pecco use c		o the cause of death?
of Vital Records,	e iaw requir hes been s ge 2 should	Completed b									24a. Was en perform	eutopsy ed?	av	ere eutopsy findings allable prior to impletion of cause death?
tal			25. Was cese referred to medice								1 🗆 Ye	21.11	1[Yes 2 No
>		To Be	examiner? 1 ☐ Yes 2 ◯ No	Hospital:	npatient 2	BR/Outpatien	3□ DOA	Oth	28. Place of D		5 Resider		than (Canal	4.1
Division of	Afte fune		27. Manner of Death 1 Natural 2 Accident Accident	28e. Date (Monigation		28b. Time of Injury		Injun Worl		-	d. Describe how			<i>y</i> /
DIV	To the Hospital or Attending Ph within 24 hours efter death. To the Funerel Director: After th completely filled in by the funerel Medical Certification:		3 Sulcide 6 Could determ	lined 286. Place buildi	ng, etc. (Speci						City or Town,	Stete)		al Route Number,
	To the Hospital within 24 hours of To the Funerel Completely filled	Medicai	one) 2 Medical		best of my kno asis of examina ner stated.	owledge, death ation end/or inv	estigation, in	my o	ointon, death oc	ce, end curred e	et the time, de	te end plece	, and due to	o the ceuse(s)
	ot ot o		29b. Signature and title of certifie	holve			F		1916				t 22, 1996	
	SY) Sta	te	30. Name and eddress of person Dr. M. Emda 31. Date filed Worth, Say, Year	dul Haque	9000		in Squ	are	e Dr. Ba	lti	more,]	MD 21	.237	

State Registrar

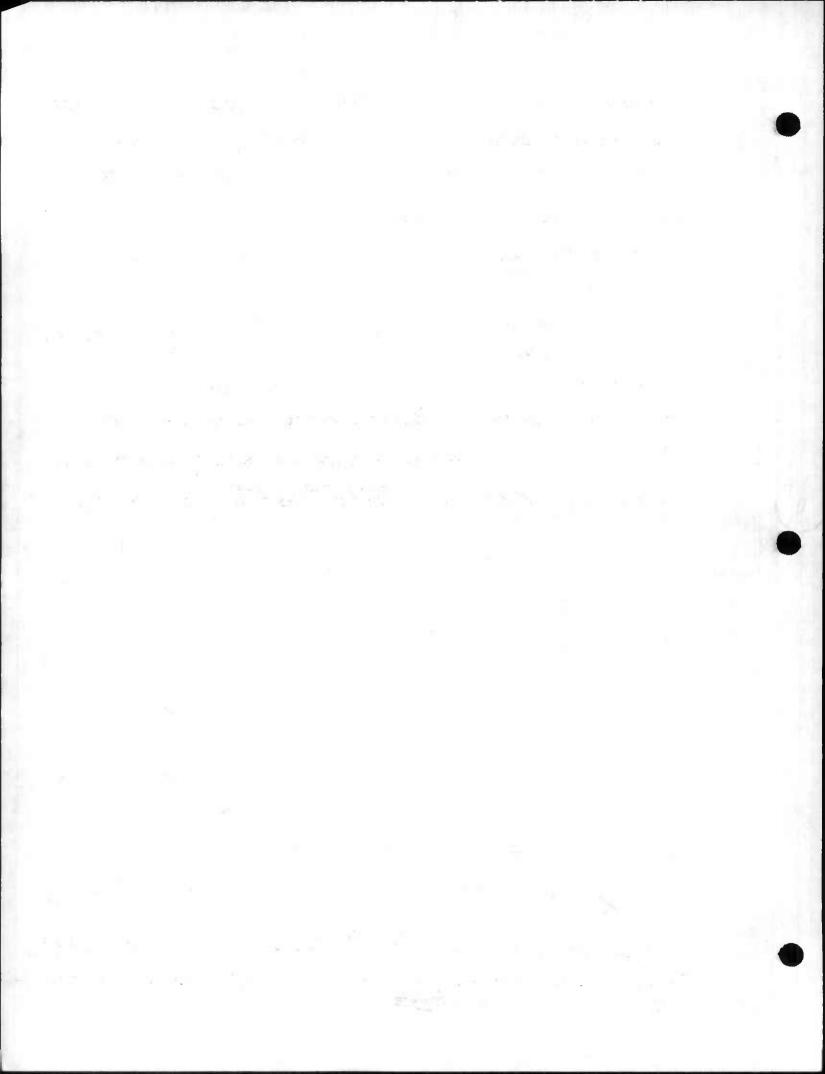
31. Date filed Month Say Year 1996



State of Maryland / Department of Health and Mental Hygiene

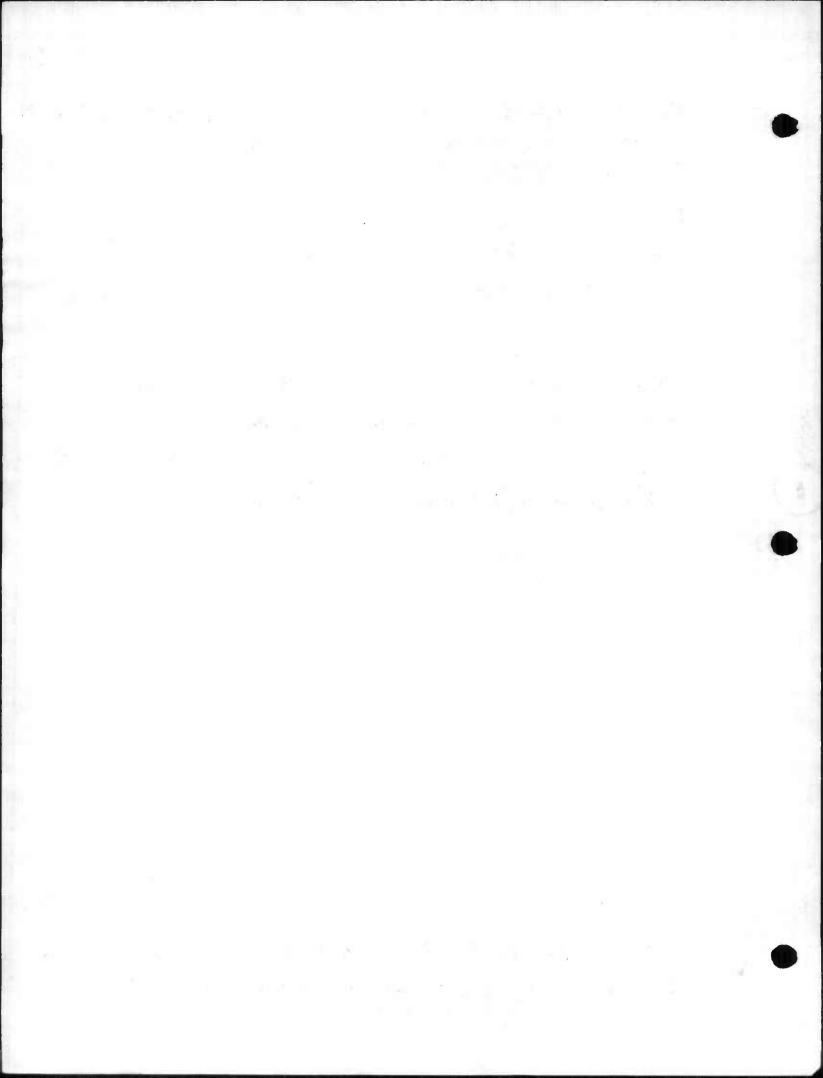
25208 Certificate of Death

		_				Cei	lilicale U	Dealli		Reg. No.			
	hysicia /Medic	_	Decedent's Name (First, Middle DONALD	le, Last) BURTON			BEIL			2. Date of Death Month Day, 1996 3. Time of Death AUGUST 19, 1996 11:24			
	xamin		4e. Facility Nema (If not institution 9070 WALTHAM					4b. City, Town, CARNE	or Location of Dee		y of Deeth	ORE	
1000	neral actor		5. Sociel Security Number 564–28–3875	6. Sex 10X M 2□ F	7. Age (In yrs	. last birthdey) Yrs.	If Under 1 Yes		8. Dete of Bi (Month, D 10/15	irth ey, Year)	-	place (Stete or Foreign	
land	-		Usuei Residenca of Decedant 10a. State 10b. County	,	10c. C	ity, Town or Lo	cation					lod. Inside City Limits	
Mary	contined at	tor	MARYLAND BALT	IMORE		CARNEY						1 ☐ Yes 2 No	
ith the	97 JO	Director	10e. Street end Number				10f, Zip Code			10g. Citizen of	Whet Cou	ntry?	
w the	Tage	rai	9070 WALTHAM					234			JSA		
5-0020 72 hours efter deeth with the Maryland	The Medical Examiner must be notified at	by Funeral	11. Maritel Status 1 Never Married 2 Marriad 3 Widowed 4 Divorced	If Yas Giv	rces? 2 □ No e taxate	11	Vas Decedent of Yes, specify Cu ☐ Yes 2 🕱 No		(Specify Yes or N erto Rican, etc.)	o- 14. Ra Bia Specia	ck, White,	een indlen, etc. HITE	
72 ho	dicel	eted	15. Deceden (Specify only higher	nt's Education st grade completed)		16e. Deced	ant's Usual Occi	upation e duning most of s	vorkina	16b. Kind of E	usiness/In	dustry	
	nt, IDM Me	Completed	Elementery/Secondary (0-12)	Collaga (1 2 YEARS			ONOT use retir	e during most of s		CORP.		UF. INC.	
ylan yld be Mental	atic event,	To Be	17. Fethar's Neme (First, Middle, RAYMOND BEIL	L				HAZ	Ieme (First, Middle EL COWDE	N			
Ma pd 2 s ith ar	rtrau		19e. Informent's Neme/Reletions DEBRA LEONARD	hip (Type, Print) DAUGHT		1209	LONGMEA	DOW ROAD	Rural Route Numb BOOTHW		State, Zip 1906.	_	
Baltimore,	or of		20e. Method of Disposition 1 ₭ Burial 2 □ Cremetion		Stete		etory or other pl	*	Dete	20c. Location	- City or To	own, Stete	
Iltin	any injury or of once.	-	4 ☐ Donation 5 ☐ Other (S) 21. Signeture of Funerel Service		DU		ALLEY M	EM. GAR.	8/23/9	6 COCKI	EYSVI	LLE, MD	
Bemit. Departs	any		16:+	. 1	/	W J	OHNSON :	FUNERAL					
		1	23a. Pert1. Enter the disease, or shock, or heert failure. List	complications that	wood theches	Do not ente	the mode of dy	H RAVEN ring, such es card	BLVD. To lec or respiretory	OWSON, Norrest,	ID 2.	Approximete Interval Between	
Physic /Med Exam	dical niner	ner	Immediate Ceusa (Final disease or condition resulting in death)	· Sul	f influ	cted o		at wo	und of	Lead		MMEDIATE	
O, executed an end		Examiner	Sequantially list conditions, if eny, leading to immadiata cause. Enter Underlying Ceuse (Disease or injury	b	Due to (d	or es e c <i>on</i> saqu	ience of):						
ox 68760, certificate be executed anding physician end	r use es the bunel-trensit	an/Medicai	Ceuse (Disease or injury thet initieted events resulting In deeth) Lest	c	Due to (c	er es e consequ	ence of):				i		
hat the deat d by the ett	ached fo	Physici	Pert II. Other significant conditio	ens contributing to dea	ath but not res	ulting in the un	darlying ceuse g	iven in Part i.		tobacco use co		the cause of death?	
Cords requires been sign	8	Completed by								en eutopsy ormed?	eva	ere eutopsy findings aileble prior to mpletion of cause deeth?	
The law	page	Co							10	Yes 2 No	1 [Yes 2XNo	
Of Vital Physician: Th	ector	e e	25. Wes case referred to medical examinar?	Hospitel:					aath (Check only	one)			
Phys r this	al di	2	27. Manner of Deeth	1 In 28e. Dete of		ER/Outpatient 28b. Time of	3LI DOA	her: 4 Nursing		dence 6 Oth		<i>(</i>)	
VISION Attending F r death.	e fune	atior	1 ☐ Netural 5 ☐ Panding Invastig	g (Month	, Day Year)	16 232	28c. Inju	rk? Yas 2 No	Sall	mllie	ted		
DIVISIO I or Attend efter death	completely filled in by the fune	Certification:	3 Suicide 6 ☐ Could n 4 ☐ Homicide determi	not be 28e. Plece o		ome, ferm, stre	et, fectory, offica	4	28f. Location City or To	Street and Numb	er or Rure	l Route Number,	
or set or or or or or or or or or or or or or	illed ir			14	ome				1070 h	ALTITITY	n No	obs RD	
To the Hospital within 24 hours of To the Funeral I	etely f	edical	29e. Certifier (Check only one)	g Physician: To the b Examinar: On the bas end manne	ils of exemine	wladge, deeth	occurred et the t estigation, in my	ime, dete end pla opinion, daath oc	ce, end due of the curred et tha tima,	date end placa,	inner es st and dua to	the ceuse(s)	
To the Vithin	ідшос	-	29b. Signature end title of certifier		or stolog.		29c Licen	se number		29d. Date signe	d (Month, i	Dey, Yeer)	
			J. CroHan	· OHone	ortan.	m.D	Do	7632		Augu	ofic	9, 1996	
IOX	'	1	30. Name end address of person v		of deeth (Itan	n 23a) (Type, P				0) 1,4	
(J.CROSSAN O:	HONOUAN.	n.D.	, 2112	. Dan'	DACK	AVE.	BALTO	m	D 7 15 53	



State of Maryland / Department of Health and Mental Hygiene 96 25209

			Certif	ficate of Death	Reg. No.	20203			
Г	Physici	an	Decedent's Neme (First, Middla, Last)		2. Dete of Death Month Dev Y	3. Time of Deeth			
	/Medi		Patricia Clark-Ferguson		August 20,19	796 12:21 PM			
	Examir	ner	4a. Fecility Neme (If not institution, give street and number) THE JOHNS HOPKINS HOSPITAL	4b. City, Town, or t		Death			
-	Funeral			BALTIMOR If Under 1 Yaar If Under 24 Hrs.		Birthpleca (Stata or Foreign			
	Director			Months Days Hours Min.	n. Month; Dey, Year) 1959 Country A				
	yland		10a. State 10b. County 10c. City, Toyen or Locati	ion		10d. Inside City Limits			
	e Mer	ctor	ma NA Balt	10		Yes 2 No			
	th with th	ral Director	3924 Norfolk Ave	101. Zip Coda 21216	10g. Citizen of Who	at Country?			
5-0020	d 2 should be filed within 72 hours after death with the Meryland th and Mental Hygiene. T is marked other than "natural", or flams 23e or 28e-f show trsumatic avent, the Moore Examiner must be notified a	by Funeral	1 Never Married 2 Married 1 Yas 2 No	s Decedent of Hispanic Origin? (Sjas, specity Cuben, Maxican, Puarto Yes 2 No Specity:	pecify Yas or No- o Rican, atc.) 14. Rece- Black, Specify:	American Indien, White, etc. Black			
15-0	netu	Completed	15. Decedent'a Education 16a. Decedent (Specify only highast grada completed) (Give kind	t's Usuel Occupetion d of work done during most of work NOT usa retired)	king 16b. Kind of Busin	ness/Industry			
2121	within ene. than	дшо	Elementary/Secondery to-12) College 11-407.5+) 1 \ ~	rare Ande	1 a Pet	te academi			
	filed with Hygiene. other than	Be Co	17_Fathar's Nema (First, Middle, Last)	18. Mother's Nan	na (First, Middle, Maiden Sumama)				
/lar	Mentai Mentai arkad o	ToB	Horace Clark	Shirl	ley Snowde	n			
Maryland	1 and 2 should Health and Men em 27 is marks other traumatic		19e. Informant's Name/Reletionship (Type, Print) 19b. Melling A 3924		rai Routa Number, City or Town, St.	21 21 6			
more,	8 5 = 0		20e. Method of Disposition 20b Pieca of Disposition	on (Name of ory or other placa)	8/27/96 Arbut				
Baffi	permit. Page Department of important: If any injury or once.		21. Signature of Funeral Service Licensee	ema and Address of Facility	west	-,			
	_		23a. Part I. Enter the dispase, or complications that caused the death. Do not enter the shock, or heart tatum. List only one cause on each line.		* *	Approximate Interval Between			
	Physician		anous, or have talling. List only one cause on each line.			Onset and Death			
	/Medical Examiner		Immediate Cause (Final disease or condition	ation		Iday			
	ZAGIIIII	7	resulting in deeth) Due to (or es a consequent	nce of):					
	ned Insit	Examiner	. Subarachnoid	Hemorrhag	e	Iday			
ó	icete be executed physician and s the burial-transit	Еха	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseasa or injury	100 01):		37.10-00			
68760,	ote be nysicie he bui	Wedical	Ceuse (Diseesa or injury that initiated evants resulting in death) Last Due to (or es e consequences that the	ICLYOME		3 rgears			
	artifice ing ph e as ti	Med							
Box	eath cer attendir for use	Physician/	d						
P.O.	res that the designed by the a	ysic	Part II. Other significant conditions contributing to death but not resulting in the under	rlying cause given in Pert I.	23b. Did tobacco use contri				
	that the ded by dete	by Pr	Subdural Spind Hematome	λ	1 □ Yas 2 1 No 3	☐ Probably 4 ☐ Unknown			
Vital Records,	requi	Completed b			24a. Wes an autopsy performed?	24b. Wara autopsy findings avelleble prior to completion of cause			
Re	The law ate has page 2	дшо			1 No 2 No	of death?			
ta		8	25. Wes case referred to medical	26. Pleca of Dec	oth (Check only one)	10 165 2,410			
1		To B	examiner? 1 Yes 2 No Hospitei: 1 Impatient 2 ER/Outpatient 3	Othor	oma 5 Residence 6 Othar	(Specify)			
n of	ng Ph fter thi		27. Menner of Deeth 1 Maturei 5 □ Pending 28e. Dete of Injury (Month, Day Year) 28b. Time of Injury	28c. Injury et Work?	28d. Describe how Injury occurred				
sio	death. ctor: A y the fu	cati	2 Accident investigation	M 1 Yes 2 No					
Division	al or At s after of it Direct od in by	Certification:	determined determined determined determined determined 28e. Pieca of Injury - At home, ferm, street, building, etc. (Specify)	fectory, office	28f. Location (Street and Number City or Town, State)	or Rural Route Number,			
	To the Hospital or Attanding is within 24 hours after death. To the Funeral Director: After completely filled in by the funer	edical (29e. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, death occurrence on the best of exeminetion end/or investigation and menner steted.	curred et the time, dete end plece, ligetion, in my opinion, deeth occur	, end due to the ceuse(s) and mann rred et the time, dete end piece, and	er as stated. d due to the cause(s)			
	To the within 2 To the comple	Me	29b. Signatura and title of cartifier	29c. Licanse number	29d. Date signed (Month, Day, Year)			
	, (J.G. W. Resident Phrician	N1243	Avanct	20,1996			
	H		30. Neme end addrass of person who completed cause of deeth (Item 23e) (Type, Prin	0	August ore, MD 212P				
			Kevin A- Walter Goo N. Woll	e St. Baltim	ore, MD 2128	7			
	Sta Registr		31. Dete filed (Month, Day, Year) 6 32. Registrer's Signature ALIGO R 1996						

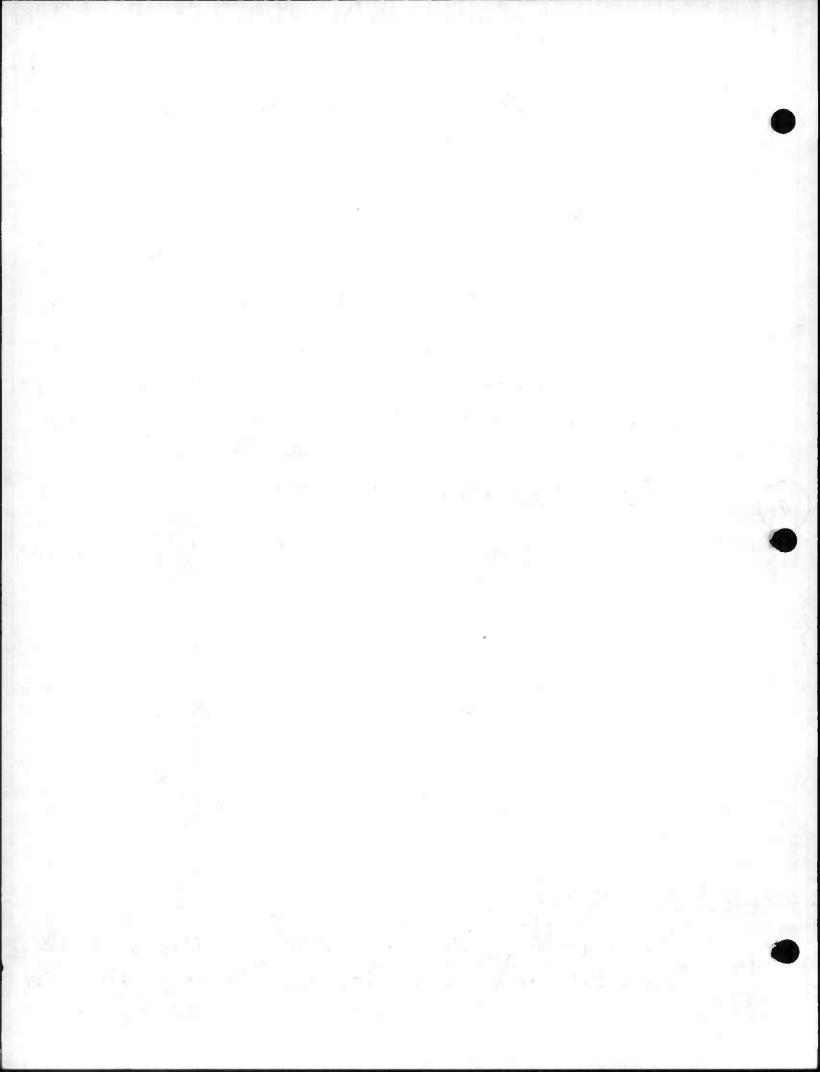


Amended item #1, g-738, 8/26/96emh Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

25210 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death Physician Month 1:45 1.4 Darleen tuc /Medicai 20 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Baltum If Under 24 Hrs. Avenue oudon more 5. Social Security Number If Under 1 Year 6. Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) 9. Birthplece (State or Foreign Country) Funerai 10 M 20 F Months Deys Yrs. Director 25,1 Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits mo Balt Director Yes 2□No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? ò 0 22 items 23a Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritel Status 14. Race - American Indian, Black, White, etc. traumatic evant, the Madical Examiner Pages 1 and 2 should be filed within 72 hours efter 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 natural', or 1 ☐ Yes 2 No þ 3 Widowed 4 Divorced orc Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during life. DO NOT use retired) 16b. Kind of Business/Industry end Mental Hygiene. Is marked other than Elementary/Secondary (0-12) College (1-4or 5+) Cost Control echninaan nass NA 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Senjamin Orrolen 2 19a Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 s Department of Health en Important: if item 27 is any injury or other trau 60 Daughter 102 Ave 12a Louden Mol nunda 87 Date 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 5 Surial 2 ☐ Cremation 3 ☐ Removal from State 124/96 Arbutus mem 4 □ Donation 5 □ Other (Specify) 21. Signeture of Funeral Service Licensee 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Anenue Approximate Interval Between Onset end Death **Physician** Immediate Ceuse (Final disease or condition resulting in death) /Medical MONTHS Examiner Due to (or as a consequence of). Examiner or Attending Physician: The law requires that the death certificate be executed physician and the bunal-transit Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting In death) Last Due to (or as a consequence of): P.O. Box 68760. Physician/Medical Due to (or as a consequence of) s certificate has been signed by the attending p director, page 2 should be detached for use as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? 1 Nos 2 No 3 Probably 4 Unknown Division of Vital Records, Be Completed by 24b. Were eutopsy findings available prior to completion of ceuse of deeth? 24a. Wes an eutopsy performed? certificate 1 Yes 1 ☐ Yes 2 ☐ No 25. Was cese referred to medicel examiner? 28. Plece of Death (Check only one) 200 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 ☐ Yes 1 Inpatient 2 ER/Outpetient 3 DOA Sici funeral 28a. Date of Injury (Month, Day Year) 27. Manner of Deeth 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? After Netural 2 Accident 5 Pending investigation To the Hospital or Attendin within 24 hours after death. To the Funeral Director; Af completely filled in by the fu 1 Yes 2 No 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) stan: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and menner es steted.

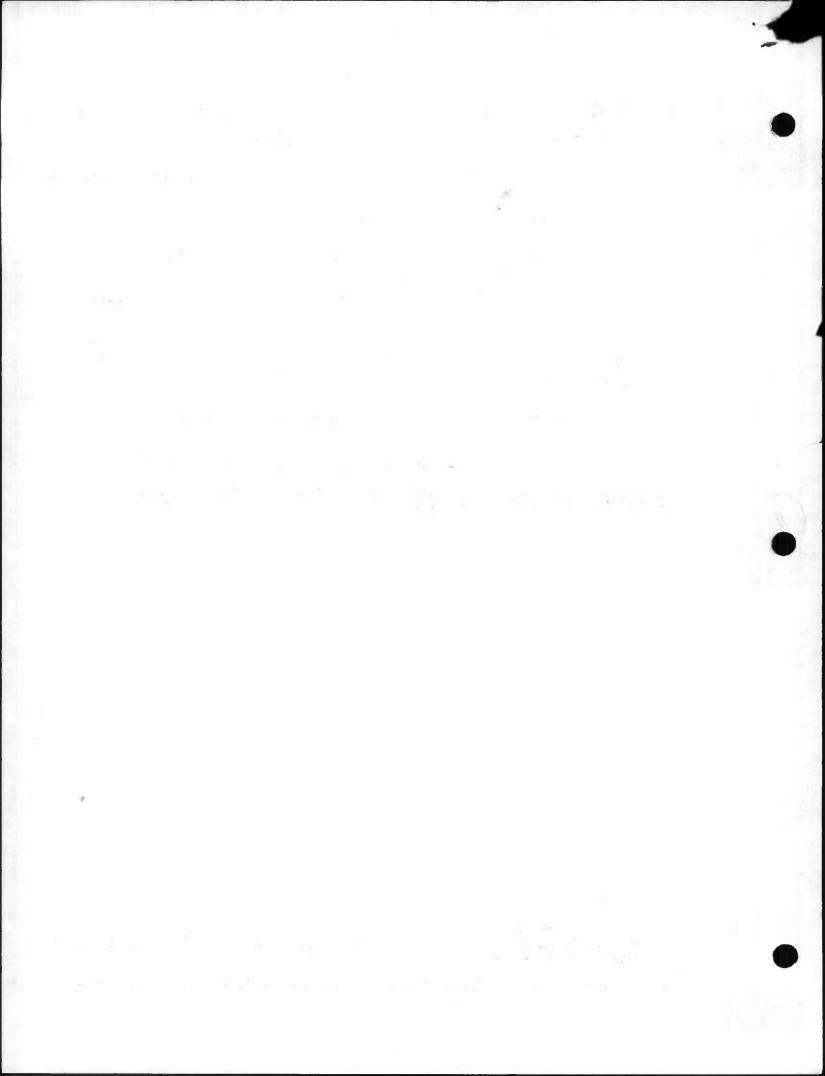
TO the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29a. Cartifier 1 Cortifying Physici Medical 208 29c. License number 19d. Date signed (Month, Day, Year) UGUST death (Item 23a) (Type, Print) 30. Name and address 00 31. Date filed (Month, Day, Aegistrar's Signature Year State wha Davidson-Randoll 26 1996 Registrar hUU



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

						Cer	tificate o	f Death		Reg. No.		
			1. Decedant's Nama (First, Middle	(2. Data of De	eath	V.11.	3. Tima of Death
	Physic /Medi		PEARLE H.	DIPASQUAL	E				Month 1	3, 1996	Yaar	5:30 am
	Exami		4a. Facility Nama (If not institution	n, giva street and num	nber)			4b. City, Town, o	Aug			J.50 AIII
			Johns Hopkin					Baltim		N/A		
т	Funeral		5. Social Security Number 180–20–2302	6. Sax 7	7. Aga (In yrs. i		If Undar 1 Ya Months Day			rth ay, Year)	9. Birthp	piaca (Stata or Foraign
	Director		Usual Rasidance of Decedant	-A.	68	Yrs.			Aug.25	,1927	Penn	sylvania
	and w		10a. Stata 10b. County		10c. City	, Town or Loc	ation				1	10d. Inside City Limits
	f sho	5	Md. Balti	more		Dund					- 1	1 ☐ Yas 2 ☐ No
	the h	Director	10e. Street and Number			Dan	10f. Zip Code		T	10a Ohlman of	Man of Course	21
	With With	ā	7511 School	Δνο			212			10g. Citizan of USA	What Coul	ntry r
	72 hours after death with the Maryland natural; or items 23s or 28s-1 show dies! Examine! must be notified at	Funeral	11. Marital Status	12. Was Deced	dent Ever in U	S 13 W			Specity Vas or No		ce - Amaric	can Indian
	fler of	F	1 Navar Marriad 2 Nam	Armed Ford	cas?	If	Yas, specify C	f Hispanic Origin? uban, Maxican, Pus	irto Rican, atc.)	Bla	ck, Whita,	
21215-0020	72 hours aft "natural", or	by	3 ☐ Widowed 4 ☐ Divorced	led 1 ☐ Yas 2 If Yas, Giva Yaer or Dai	tas:	1	□Yas 2√□N	lo Specify:		Specia	y: Whi	te
0	naturi	Pe	15. Decedan			16a. Deceda	ant's Usual Occ	cupation		16b. Kind of B	Businass/In	dustry
215	C	Completed	(Specify only highas Elemantary/Secondary (0-12)	st grade completed) College (1-	40r 54)	(Giva k lifa. D	ind of work don O NOT use ret	na during most of wired)	orking			
	The Part of the Pa	PO	- 3/1 23/4 - CC - GC - 1		401 017	Staff	Assist	tant		US G	overn	ment
Pu	be filed Ital Hygi of other event, to	Be	12 Vrs. 17. Fathar's Nama (First, Middla,					18. Mothar's N	ama (First, Middla	, Maidan Sumai	ma)	
/ia	should be nd Mental marked o	To	Bruno Pietra	la				Elsi	e Kusio	lek		
Maryiand	and and		19e. Informant's Name/Ralations	hip (Type, Print)				et and Number or I				Code)
			Carmen DiPase	quale / HV-	SBAND	75	511 Scho	ool Ave.	Dundalk	Md. 212	222	
Baitimore,	of Heal		20a. Mathod of Disposition		20b. P	lace of Dispos	ition (Nama of atory or other p	olace)	Data	20c. Location	- City or To	own, Stata
Ĕ	Pages nent of int: If its iry or o		1 Burial 2 □ Cramation 4 □ Donation 5 □ Othar (S)		tata			Mary Cem.	8–17	Dundall	K	
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State of Maryland / Depart

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Physician	
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Funeral Director

the Maryland 28a-f show the Medical Examinar must be notified at ò items 23a death efter ծ "natural", Hygiene. Pages 1 end 2 should be filed viment of Health and Mental Hygie

altimore, Maryland 21215-0020

P.O. Box 68760,

Records,

Division of Vital

Physician /Medicai Examiner

Examiner The law requires that the death certificete be executed physician and s the burial-transit Physician/Medical for use es be det þ director, page 2 should Be Completed certificate or Attending Physician: P this the funeral Certification: After ! To the Hospital or Attandi within 24 hours efter death. To the Funeral Director: A filled in by

1. Decedent's Name (First, Middle, Last) 2. Deta of Death 3. Time of Deeth Month Veal ANDREW EDER AUGUST 16 1996 11:09 AM 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death 1708 LIGHT STREET BALTIMORE If Undar 24 Hrs. 8, Do none If Under 1 Year 5. Sociel Sacurity Number 8. Deta of Birth (Month, Dey, Year) 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) Days Hours 1 1 M M 2 □ F Yrs. unknown 74 Aug. 30, 1921 unknown Usuel Residence of Decadent 10e State 10c. City, Town or Location 10b County 10d. Inside City Limits Maryland Baltimore 1 ¥Yes 2 No Director none 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1708 Light Street-Apt. 18 21230 unknown Funeral 12. Was Decedent Ever in U,S.
Armed Forces?

1 □ Yes 2 □ No
If Yes, Give
Yaar or Detes: 11. Marital Statusunknown Was Decedent of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuben, Mexicen, Puerto Rican, etc.) Raca - American Indian, Bleck, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 X No Specify: White þ 3 ☐ Widowad 4 ☐ Divorced Completed 15. Decadent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) unknown unknown unknown unknown 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be unknown unknown 19e. Informent's Name/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) unknown unknown 20a. Method of Disposition 20b. Piece of Disposition (Neme of cemetery, cremetory or other pleca) 20c. Location - City or Town, Stete 1 □ Burial 2 □ Cremation 3 □ Removal from State 4 □ Donetion 5 □ Other (Specify) State rem 32 Name and Address of Facility State Anatomy Board-655 W. Baltimore Street Made Dir Baltimore, Maryland 21201-1559 Pert1. Enter the disease or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line. Approximete Intarval Between Onset and Deeth Imma liate Ceuse (Fine) Arteriosclerotic Cardiovascular Disease disaase or condition resulting in deeth) Due to (or es e consequença of) Sequentielly list conditions, if eny, leading to immadiete cause. Enter Underlying Ceuse (Diseese or injury Due to (or es e consequence of): thet initieted events resulting In deeth) Lest Due to (or es e consequenca of) Pert II. Other significant conditions contributing to deeth but not resulting in the undarlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings eveilabla prior to complation of causa of deeth? 24e. Wes en autopsy performed? inspection 2 X No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) MYes 2□ No Other: 4 Nursing Home 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 5 Rasidenca 6 □Other (Specify) 27. Menner of Deeth Dete of Injury (Month, Dey Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? 5 Pending Investigation 1XXVeturei 1 🗆 Yes 2 | No 2 Accident 6 Could not be determined 3 Sulcide 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner es steted.

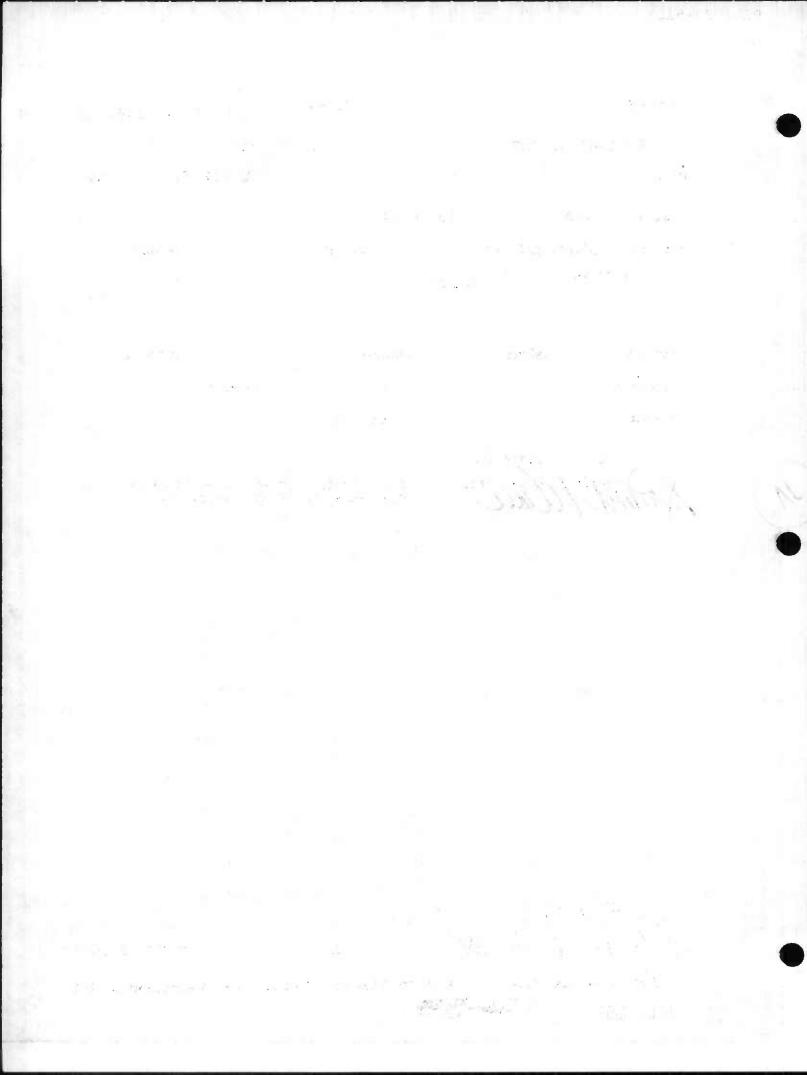
2 Medicat Examiner: On the best of examinetion and/or investigation, in my opinion, deeth occurred et the time, date end pieca, and due to the cause(s) end menner steted. Medical 29a. Certifier (Check only 29b. Signature and title of certifian 29c. Licansa number 29d. Dete signed (Month, Dey, Year) O.C.M.E. AUGUST 16,1996 Name and address of person who completed cause of deeth (Item 23a) (Type, Print) Laron Locke M.D. 111 Penn Street, Baltimore, Maryland 21201 31. Dete filed (Month, Dey, Year) 22: Registrer's Pigneture

DHMH 16 Bev 6/95

State

Registrar

AUG 26 1996



State of Maryland / Department of Health and Mental Hygiene

25213 Certificate of Death 2. Data of Death 3. Tima of Death 1. Decedant's Nama (First, Middle, Last) Month **Physician** 26, 3:05 A.M. SARAH E. EVANS 1996 August /Medical 4e. Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Cherrywood Manor Nursing Home Reisterstown Baltimore | Months | Days | Hours | Min. | August | 17, 192 | 9. Birthplace (State or Foreign Country) | August | 17, 192 | 192 | North Carolina 5. Sociei Security Number 7. Aga (In yrs. last birthday) **Funeral** 1□M 25 F 219-36-2494 74 Yrs. Director Usual Rasidance of Decedant 10s. State 10b County 10c. City, Town or Location 10d. Insida City Limits Md. Harford Co. Edgewood 1 Yas 201 No Director 10e. Street end Number 10f. Zip Coda 10g. Citizen of What Country? must be n 803 Sailboat Court 21040 USA Funeral 12. Wes Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ②No If Yas, Giva Yeer or Datas: Was Decedant of Hispenic Origin? (Specify Yas or No-It Yas, specify Cuban, Maxican, Puerto Rican, etc.) 14. Rece - American Indian, Black, Whita, atc. filed within 72 hours after 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2XXNo Specify: White à Widowed 4 □ Divorced 15. Decedant's Education (Specify only highest grade completed) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 16b. Kind of Businass/Industry Nursing Elementary/Secondary (0-12) Collaga (1-4or 5+) Hygiene. High School State of Maryland -0-17. Fethar's Nema (First, Middla, Last) mit. Pages 1 and 2 should be the partment of Health and Mental Hy vortant: if flam 27 is marked oth injury or other traumatic avent 18. Mothar's Name (First, Middle, Meiden Sumeme) 88 Joseph Bailey Nettie Howell 19a. Interment's Name/Ralationship (Type, Print) 19b. Melling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) Bobbie J. Evans 2061 Bethel Road Finksburg, Md. 21048 20a. Mathod of Disposition

✓ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 20b. Place of Disposition (Name of cematery, crematory or other plece) 20c. Location - City or Town, Stata 8/29/96 Black Creek, North Carol Black Creek Cemetery 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funaral Service Licensee 22. Name end Addrass of Fecility 11824 Reisterstown Rd. ELINE FUNERAL HOME Reisterstown, Md.21136 23a. Part1. Entar tha disease, or complicetions thet caused tha daath. Do not entar tha mode of dying, such as cardiac or respiratory arrest, mock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Daath **Physician** Mutustati Colon Conce /Medical Immediate Cause (Finel diseese or conditio rasulting in daath) Examiner Examiner physician and the burial-transit Sequentially list conditions, if any, leeding to Immadiata cause. Entar Undarlying Cause (Disaasa or Injury that initieted events rasulting in daath) Last Due to (or as a consequence of): P.O. Box 68760. Physician/Medicai Dua to (or as a consequence of): Pert It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by t should be detact 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. þ 24b. Wara autopsy findings available prior to complation of cause of daath? Completed 24a. Was an autopsy performed? 1 Yas 2 No certificate 1 TYAS 2PINO Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica 25. Was casa ratarred to medical Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yas 2 No funeral 27. Menner of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Describe how Injury occurred Certification: 1 DNatural 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accident 3 ☐ Suicida 6 Could not be 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At home, farm, street, fectory, office building, atc. (Specify) filled in by 4 Homicida 24 hours 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifier Medical o the 29b. Signatura and titla of certifier 29c. Licansa number 29d, Data signed (Month, Dav. Year) 30. Nema and addrass of person who complated causa of death (Itam 23a) (Type, Print) Reisterstown Main mo 31. Date tiled (Month, Day, Year) 32. Registrar's Signetura State AUG 26 Registrar

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State of Maryland / Department of Health and Mental Hygiene

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end manner stered. 29c. Licansa number 29d. Data signed (Month, Day, 1)	ear)			
08/26/96				
March 1				
30. Nema and address of person who completed cause of deeth (Item 23a) (Type, Print) IVAN BORRELLO JOHNS HORKINS ONCORRY CUTTER GOO NOWLEST.				

12.14

25215 State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Пеу **Physician** Month Year ESTELLE FISCHER AUG 24 1996 /Medical 4a. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death **Examiner** St. Agnes Hospital Baltimore 5. Social Security Number If Under 1 Year If Under 24 Hrs.

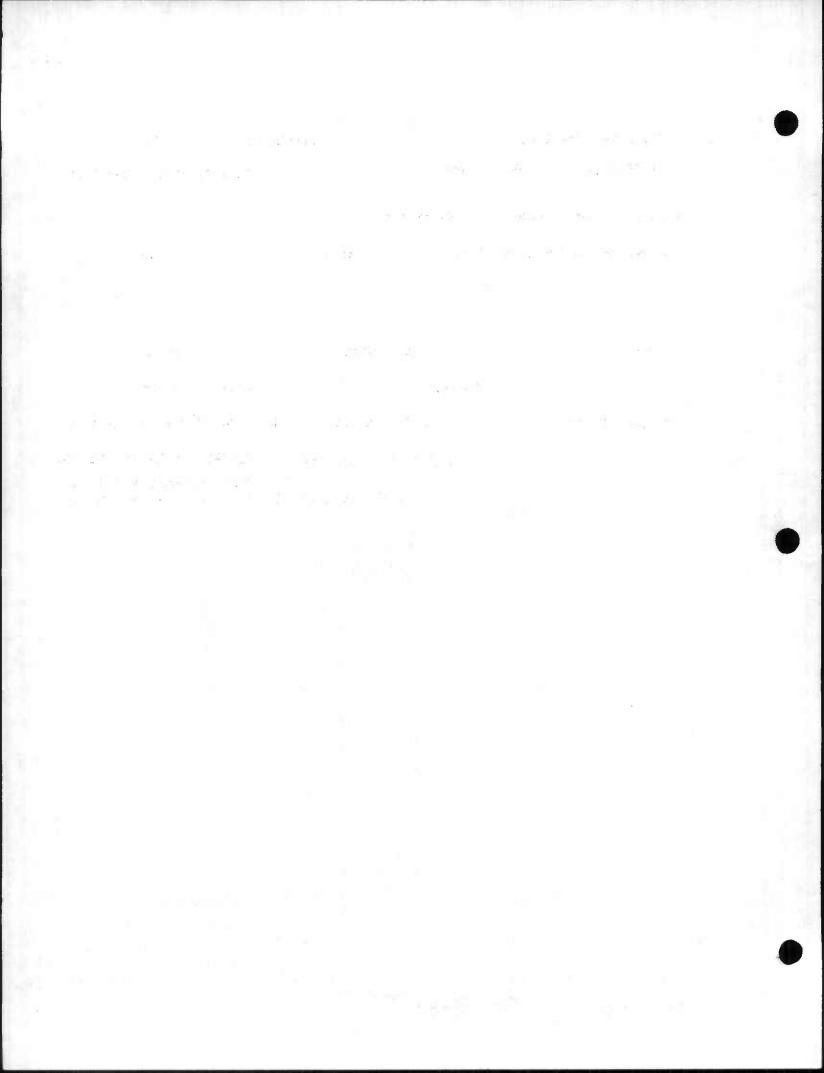
Months Days Hours Min. 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Day, Year) Birthplece (State or Foreign Country) **Funeral** Days 1 M 2 X F 217 05 0647 87 Yrs Director Oct. 1, 1908 Maryland Usual Residence of Decedant with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits items 23e or 28e-f short ther must be nutified at Baltimore Maryland 1 ☐ Yes 2 No Director Baltimore 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? 707 Maiden Choice Lane Apt. 9115 21228 U.S. death by Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No It Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, Whita, etc. filed within 72 hours after 1 ☐ Never Married 2 ☐ Married 21215-0020 6 1 ☐ Yes 2 X No Specify: Specify: 3X Widowed 4 ☐ Divorced White "naturaf", Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT usa ratired) 16b. Kind of Business/Industry Hygiene. Elemantary/Secondary (0-12) College (1-4or 5+) 9th Home Maker Own Home other Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Peges 1 end 2 should be finent of Health end Mental I inter 27 is marked of (unknown) Micunska Dawkszo Joanna 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Coda) Department of Health e important: If item 27 is any injury or other tra George Fischer 212 Dale Road Riviera Beach, Maryland 21122 20b. Place of Disposition (Name of cemetary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 8/26/96 Baltimore, Maryland Holy Rosary Cemetery 21. Signature of Funeral Service Licenses 22. Name and Address of Facility Gonce Funeral Home P.A. 23a. Part 1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failura. List or one cause on each line. Baltimore, Md. Onset end Deeth Physician ACUTE MYOCARDIAL /Medical tmmediate Cause (Fine) INFARCTION disease or condition resulting in death) **Examiner** Due to (or as a consequence of): ULD NON Q WAVE MYOCARDIAL INFARITION The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in daath) Last ettending physicien and for use es the buriel-trar Due to (or as a consequence ot): P.O. Box 68760, Physician/Medicai Due to (or as a consequence ot): Part ii. Other significant conditions contributing to death but not resulting in the undarfying ceuse given in Part I. 23b. Did tobacco use contributs to the cause of death? signed by 3 Probably 4 ☐ Unknown 1 ☐ Yss 2 ☐ No CONGESTIVE HEART FAILURE Division of Vital Records, δ Completed 24b. Were autopsy tindings available prior to 24a. Was an autopsy performed? HYPERTENSION completion of ceuse of death? certificate hes 1 Yes 2 No 1 ☐ Yes 2 Ø No or Attending Physician: Be 25. Was case reterred to medical 26. Place of Daath (Check only one) Othar: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this 27. Manner of Death 28e. Date of Injury (Month, Day Yeer) Certification: 28b. Time of 28d. Dascribe how Injury occurred 28c. Injury at Work? 5 Pending investigation 1 Naturai deeth. 1 ☐ Yas 2 ☐ No 2 Accident efter deeth in by the 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28t. Location (Street end Number or Rural Route Number, City or Town, Stata) 4 | Homicida To the Hospital of within 24 hours of To the Funeral Discompletely filled in 1 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifier Medical 29b. Signature and title of certitier 29c. License number 29d. Date signed (Month, Day, Year) Kongrak Charlomsain 30. Name and address of person who completed ceuse of deeth (Item 23a) (Type, Print) 900 CATON AVE BALTIMORE, MD CHANTORNSAENG ST. AGNES HOSPITAL State

Registrar

31. Date filed (Month, Day, Year) AUG 26 1996





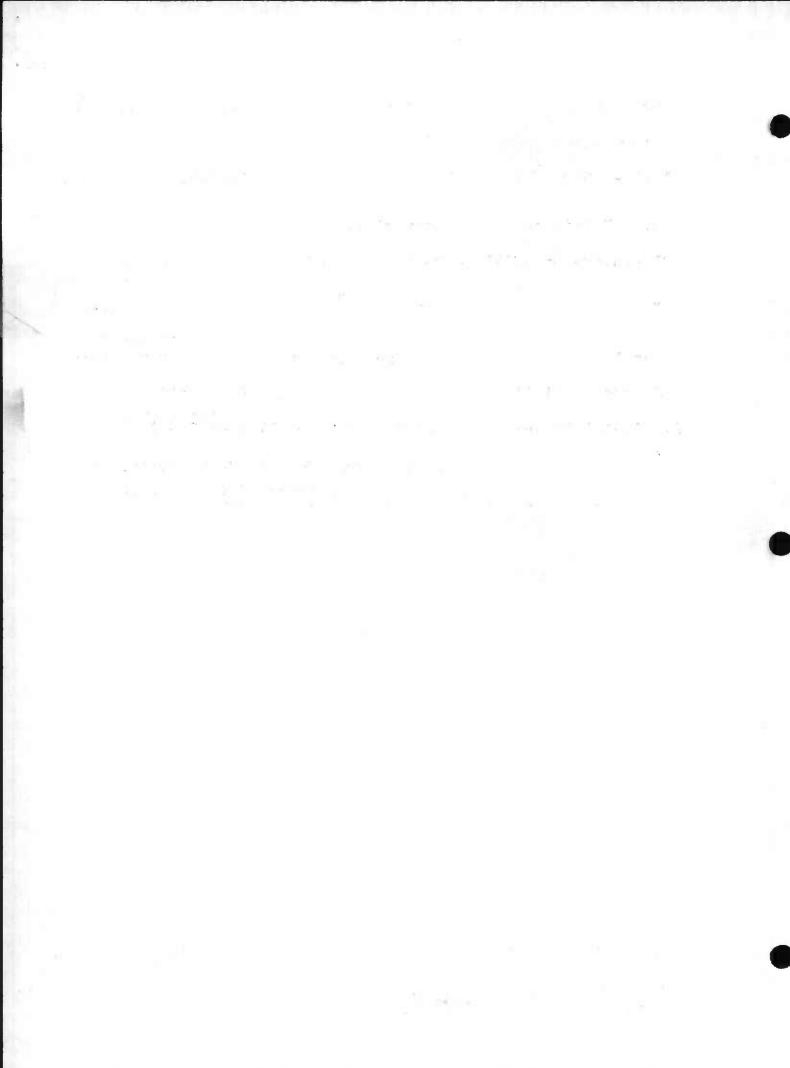
State of Maryland / Department of Health and Mental Hygiene

nent of Health and Mental Hygiene 96 25216-

		Certificate of Death Reg. No.									-0210
Physic /Medi		1. Decedent's Neme (First, Middle, La		IN -	SR.			2. Dete of De Month		Year 1996	3. Time of Deeth
Exami		4e. Fecility Name (If not institution, give	e street end number)				4b. City, Town, or I		h 4c. Count	y of Deeth	
		HOWARD COUNT	Y GENER.	AL HOS	PITAL	_	CoLun	1BIA	Hou	DARD	
Funeral Director		5. Sociel Security Number 6. S 216-12-6357 A Usuel Residence of Decedent	ex 7. Age	e (In yrs. last bir 73		der 1 Yeer hs Deys	Hours Min.	8. Dete of Bir (Month, De 7-26-		9. Birthpled Country	ce (Stete or Foreign ') Md
/z hours effect death with the Meryland natural', or frems 23s or 28s-f show deat Exemination motified at		10a. Stete 10b. County		10c. City, Tow	n or Location					10d	I. Inside City Limits
Tan Tan	to	Md. Baltimo	mo	Cato	o carri 1						1 ☐ Yes 2 ☐ No
15 to	Director	10e. Street end Number	16	Ua. LO		Zip Code			10g. Citizen of	Whet Country	n
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ral', or items 23a or 28a-f ahow Examiner must be notified at	by Funeral	11. Meritel Status 1 Never Married 2 Merrled 3 Novidowed 4 Divorced	12. Wes Decedent E Armed Forces? 1X Yes 2 N If Yes, Give Yeer or Detes:	Éver in U,S.	13. Wes De II Yes, s	cedent of I pecify Cub	dispenic Origin? (Sen, Mexican, Puert	pecify Yes or No o Rican, etc.)		ce - American ock, Whita, ato fy:	D
"natural",	Pa	15. Decedent's E	Y1	<u> </u>	Decedent's U	suel Occur	netion		16b. Kind of B	Whit	
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marked of	10	Joseph F. Gi 19e. Informent's Neme/Reletionship (106	Molling Adde	000 /04-0-0	end Number or Ru	R. Sc		0 7-0	
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100 The 2		J. Michael Leh 20e. Method of Disposition	ane	27(DO Les Disposition	rg Ma	son Blo				
ment of Heelth a ant: If Item 27 Is lury or other tra		1 Burial 2 Cremetion 3	Removel from State	cemeter	y, cremetory	or other ple	ca)	Dete	20c. Location	- City or Town	i, Stete
Important: I any injury o		4 ☐ Donetion 5 ☐ Other (Specif		New (Cathe	ral	Cem. 8	-27-96	Balt	O M	d.
Department Important any injures		21. Signeture of Funerel Services Icer	S00	250	22. Name	end Addre	ss of Fecility			,	
SEES		1 m 2	term to	He hard			timore		nal Pi	ke	
ysician		23a. Pert1. Enter the disease, or com shock, or heart teilure. List only	Schwab plicetions thet caused one cause on each lin	the deeth. Do r	not enter the n	node of dyir	ng, such es cardied	or respiretory e	prrest,	ln In	pproximate iterval Between insel end Death
Medical	П	Immediate Cause (Finet disease or condition	Sansin							4	· · · ke
aminer		resulting in deeth)	· Sepsis	Dua to (or es a	consequence	of):				1 (wks
	ner		b. Pheur							16	1.40
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of the	Medical	resulting in deeth) Last Due to (or es e consequence of):									
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lew requires that the deeth certificate be executed as been signed by the attending physician end a 2 should be detached for use as the buriat-transit	cia										
	by Physician	Pert II. Other significant conditions of	intributing to death bu	t not resulting Ir	the underlyin	g cause gh	ren in Pert I.		_		ne cause of death?
	Ē	CHRONIC DESTRU	CTIVE PL	LLMON	AIZY "	DISE	ASE	1 ☑	Yes 2□ No	3 Probat	bly 4 🗆 Unknow
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	Completed	MYDCARDIAL	INFAR	CTION	,				an autopsy ormed?	evaila	able prior to
49 CV	idu									of dea	ath?
page ;	ပ္ပ							10	Yes 2 No	1 □ Y	res 2□ No
certificata rector, pag	Be	25. Wes case referred to medical examiner?					26. Place of Dec	th (Check only	one)		
w 0	은	1 Yes 2√2 No	Hospitel: 1 Inpatier	nt 2 ER/Ou	tpatient 3	DOA Oth	ier: 4□ Nursing H	ome 5 ☐ Resi	denca 8 □Ott	ner (Specify)	
er this neral d		27. Menner of Deeth	28a. Dete of Injury		ime of	28c. Inju	y et .		how Injury occur		
: After e funer	atio	1 Meturel 5 ☐ Pending investigation	(Month, Dey	N N	114 M	Wor	Yes E THO	N	11		
Director:	Certification:	3 ☐ Suicide 6 ☐ Could not be	Zoe. Flede of Inju	ry - At home, fe	rm, street, fec	tory, office	1	28f. Location (Street and Numi	ber or Rural R	loute Number,
Dire	ert	4 Homloide building, etc. (Specify)					City or Town, Stete)				
within 24 hours ener beaut. To the Funeral Director: After th completely filled in by the funeral		29a. Certifier 1 Certifying Ph (Check only 2 ■ Medical Exam	ysician: To the best of	l my knowledge	, deeth occurr	ed et the th	ne, dete and pleca	, and due to the	cause(s) and m	anner es state	ed.
Diete	edical	one) 2 Medical Exam	iner: On the basis of end menner stet	examinetion end led.	vor investigat	on, in <i>m</i> y o	pinion, deeth occu	rrea et the time,	dete and piece,	and due to th	e cause(s)
Tota	Σ	29b. Signeture end title of certifier				29c. Licens	e number		29d. Dete signe	ed (Month, Da	y, Year)
	İ	DR 12	1 MO			(I)	10217		Que	241	991
11	1	20 Nome and address of severe 1		ash /lane: 00:11	Trans Date:	W.	18211		THE O	41	116
To the Hospital or within 24 hours efficients of To the Funeral Director Completely filled in		30. Name and address of person who of RER WARD P. FARD					18317	ku u e	ang	24/	59

DHMH 16 Rev 6/95

State Registrar



Amended item #10e g-738 8/26/96emh Please Type or Print in Black Indelible Ink. Assure Alf Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Physician /Medical 3. Time of Daath 4:45 AM

1 ☐ Yes 2 No

Examiner

Funeral Director

> 10a State Maryland

28a-f show Examiner must be notified Director 6 items 23a death Funeral þ Completed

permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mentel Hygiene. Important: If Item 27 Is marked other than "natural", or item any Injury or other traumatic event, the Medical Examinations.

Be

altimore, Maryland 21215-0020

P.O. Box 68760,

Records,

Division of Vital

Physician /Medical Examiner

Examiner sician and buriel-transit Physician/Medical the 9 pege 2 should be Be Completed After this certificate 2 Certification:

or Attending Physician: The law requires that the death certificate be executed s after death. filled in by To the Hospital within 24 hours a To the Funeral C completely filled Hospital

Medical

State

Registrar

1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month AUG. FRANCES HADDAWAY 1996 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth 203 NEWBURG AVENUE CATONSVILLE BALTIMORE 5. Sociel Security Number If Under 1 Months 7. Age (In yrs. last birthday) 9. Birthplece (State or Foreign 1 M 3/2 F Mary Land 217-48-5004 43 Yrs. Usuel Residence of Decedent 10h County 10c. City, Town or Location 10d. Insida City Limits Baltimore Catonsville 10e. Street end Number 10f. Zip Coda 10g. Citizen of Whet Country? 611 Plymouth Road 203 Newburg Ave. 21229 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 14. Race - American Indien, Bleck, White, etc. 11. Maritel Status Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ Never Merried 2 ☐ Merried 1 Yes 2 No
If Yes, Give
Year or Dates: 1 ☐ Yes 2 XNo Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) Collaga (1-4or 5+) Homemaker Domestic 17. Fether's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maiden Sumema) Eugene C. Ricks Sr. Helen Gertrude Adomaitis 19e. Informant's Neme/Raletionship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) Gene Ricks 15 Chatsworth Ave. Glyndon, Md. 21071 20e. Method of Disposition 20b. Pleca of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Lorriane Park Cemetery 8/28/96 Baltimore Md 22. Name end Address of Fecility David J. Weber Funeral Home 21. Signature of Funerel Service License 5311 Edmondson Ave. Baltimore, Md 21229 23a. Pert1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) Due to (or as e consaquenca of): Sequentially list conditions, if any, leeding to immediate causa. Enter Undarlying Ceuse (Disease or injury that initiated events resulting in death) Lest Dua to (or es e consequença of): Due to (or es e consequenca of): Pert II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings evelleble prior to completion of cause of death? 24a. Wes en eutopsy performed?

25. Wes case raferred to medical XXYes 2□ No 27. Mennar of Death

1 Naturel

2 Accident

4 Homicide

3 ☐ Sulcide

29a. Ceptified

5 Panding investigation 6 Could not be datamined

1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 22-96

28b. Time of injun 0440 Pleca of Injury - At home farm, street, fectory, offica building, etc. (Specify)

Residence

28c. injury et Work? 1 Yes

Other: 4 Nursing Home 5CAResidanca 8 Other (Specify) 28d. Describe how injury occurred

Victim of busesive 28f. Location (Street end Number or Rural Route Number, City or Town, Stetq) 20 Ru

Dertifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es steted.

Medical Examiner: On tha bests of examination end/or investigation, in my opinion, deeth occurred et tha tima, data and pleca, end due to the causa(s) end menner stated. 29b. Sidnat are and title of certific

29c. License number O.C.M.E 29d. Dete signed (Month, Dey, Year) AUG. 23, 1996

Yes 2□ No

end addrass of person who completed causa of deeth (Item 23a) (Type, Print)

ww

111 Penn Street, Baltimore, Maryland 21201

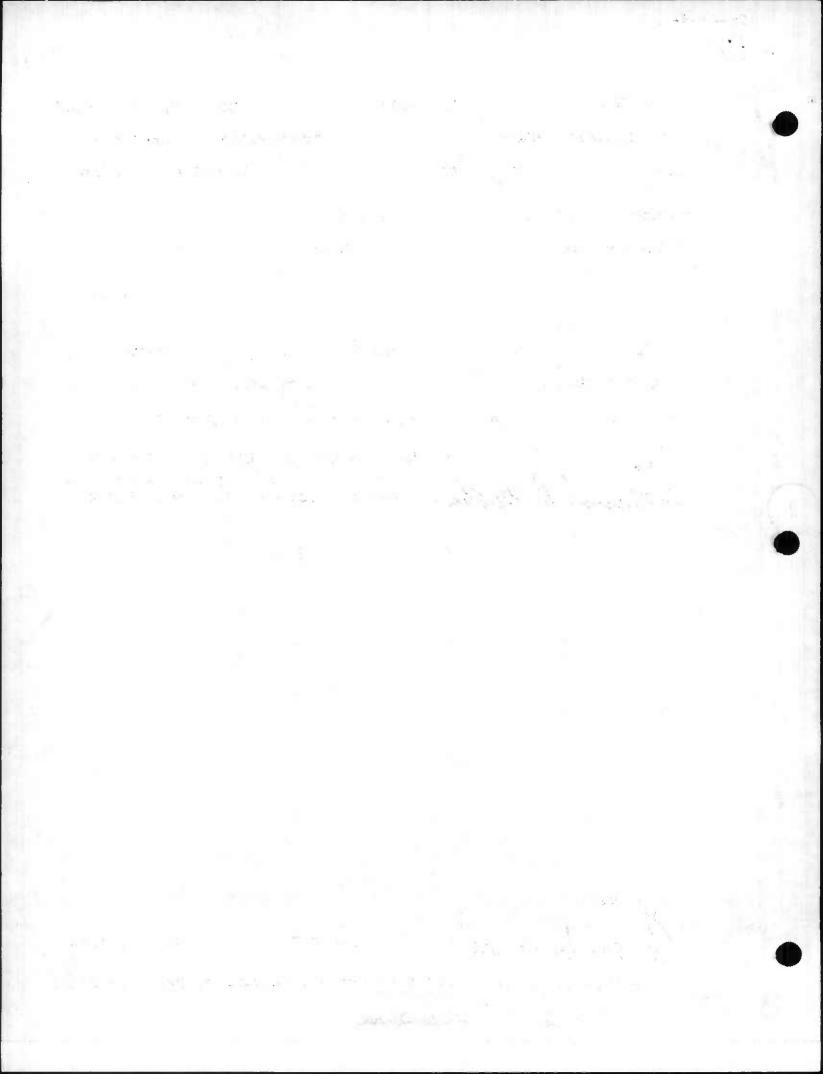
26. Pleca of Deeth (Check bnly one)

31. Dete filed (Month, Dey, Year)

AUG 26

32. Registrer's Signeture ... a Davidso

DHMH 16 Rev 6/95



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the executed within the control of the control of the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

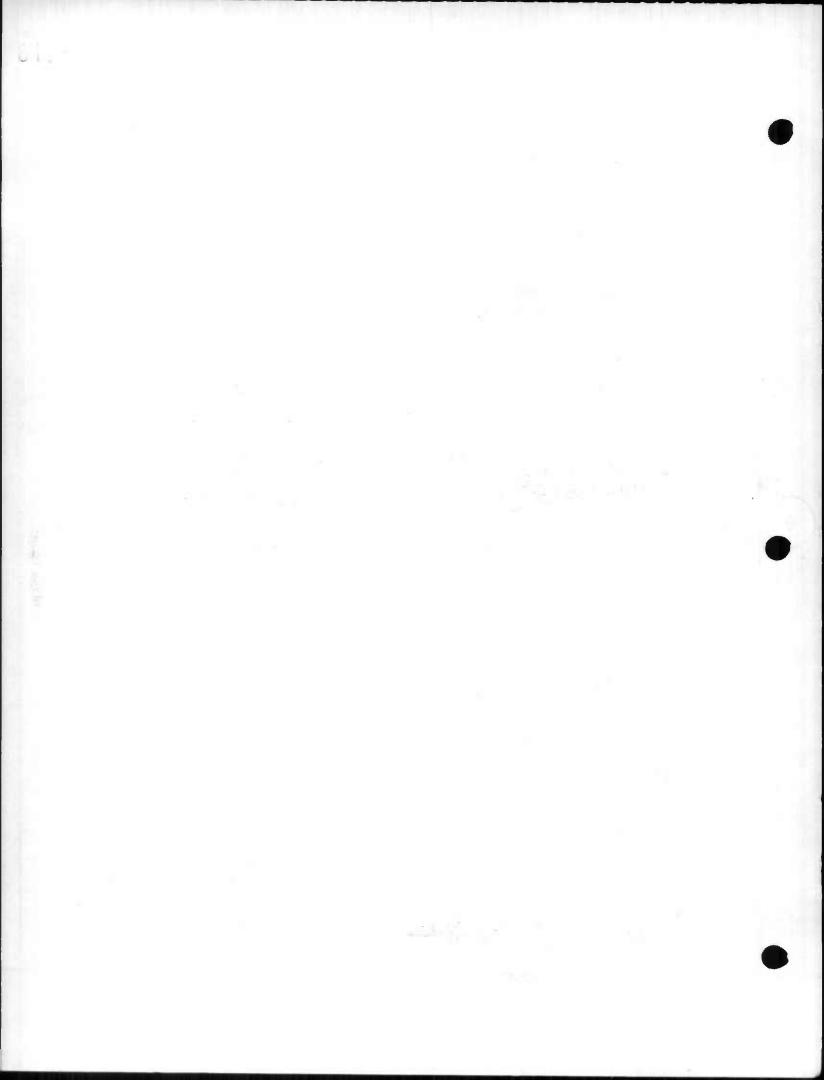
DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

•	FOR STATE REGISTRAR		STATE OF	MARYLAND / DEPAI CERTIF	RTMENT OF H		MENTAL	HYGIENE REG. NO.
D	STEVE		ENOK				2. DATE O MONTH AUGUS	F DEATH DAY
. 9	OCIAL SECURITY NUMBER	!	s. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH

1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE O	F DEATN DA	v	YEAR	3. TIME OF DEATN
STEVE	HRO	DLENOK								1 22		1996	02:02 PM
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 Y	-	F UNDER 2		7. DATE OF	F BIRTH Day, Year)		s. BIRTH Count	IPLACE (State or Foreign
234-44-1290		1 M 2 F	66	YRS.	MONTHS D	AYS H	OURS	MIN.	Dec.		29		sylvania
9a. FACILITY NAME (# not interest that Church Home					96. CITY, TO Balt			N OF D	EATN		9c. COU	N/A	
RESIDENCE OF DEC	10b. COUNT	v		I son CIT	Y, TOWN OR L	OCATION							10d, INSIDE CITY
	116. 1000			111111111111111111111111111111111111111		,ocarron							LIMITS?
Md.	Balti	LIIOre		שט	ındalk	10f. ZI	P CODE	_			10a. CITI	ZEN OF	1 TYES 2 X NO
1934 Robinw	and Ra	9						1222)		US		
11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Divo	Married	12. WAS DECEDER	IT EVER IN U.S. AF		If ye		DENT OF	NISPA , Mexico	NIC ORIGIN? an, Puerto Ric		-	14. RAC	E — American Indian, k, Whita, etc. //y White
15, DEC	EDENT'S EDU	ICATION	16a. DE	CEDENT'S	USUAL OCCU	PATION	d working	7	16b. I	CIND OF BUS	SINESS/INC	DUSTRY	
Elementary/Secondary (0 12 yrs.	- 1	College (1-4 or 5	+)	. Do NOT u	visor		· · · · · · · · · · · · · · · · · · ·		M	areho	use		
17. FATNER'S NAME (First, M Fred Hrole	-					10			AME (First, Mil		Surname)		
19a. INFORMANT'S NAME (7 Hilda Hrole	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	wife			Robiny								
20a, METNOD OF DISPOSITI	ION on 3 🗆 Rem	noval from Stata	cemetary, cri	amatory or o	OF DISPOSITION OF DISPOSITION OF DISPOSITION OF				DATE P. 26	20c. LO	CATION —		bwn, Stata
21. SIGNATURE OF THE			Dacre	<u> </u>	22. NAI	ME AND	ADDRES 11y	s of f		Home	of D	unda	lk
disease or condition resulting in death)	T	a. Small	O (OR AS A CONSE	Can di	C (37 0 m 6 0F):	v °	7- 0	Yen	9				
Sequentially list condit if any, leading to imme cause. Enter UNDERLY. CAUSE (Disease or inju- that initiated events resulting in death) LAS	diate ING Iry	c	O (OR AS A CONSE										
DART II Other election	nt nandition	o. occasilla de la constantina della constantina	a death hat ant		In the west-	dides -		luca la	Don't I		a money		The state of the s
Chronic of		ve puln	-	-		rlying o	ause g	iven ir		24a. WAS AN PERFOR	RMED?	24	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Delydrale)										1 YES 2 NO
DID TOPACCO U	SE CONT	TRIBUTE TO CA					UNC	ERTA	N 🗆				
25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:	26. PLA ER/Outpatient		OTHER:	1112	5 🗆 Re	sidenca	6 🗆 Other	(Specify)			
	Pending Investigation	28a. DATE O (Month,	F INJURY Day, Year)	26b. TII	JURY	ic. INJUR WORK	(?	NO NO	28d. DE\$0	CRIBE HOW	INJURY OC	CURED	
2 Accident 3 Suicida 6 Homicide	Could not be determined		OF INJURY — At h	oma, farm,	atreet, factory	, offica				TION (Street Town, State,		or Rural	Route Number,
(Crieck Orly		SICIAN: To the best of											(s) and manner as stated.
29b. SIGNATURE AND TITLE	of certific	. 0				2	Pec. LICE		JMBER 594				D (Month, Day, Year)
30. NAME AND ADDRESS O	F PERSON W		USE OF DEATH (IT		ROADW	AY	-	3	ALTIM	ORĒ	mi	2	1231
31. DATE FILED (Month, Day, AUG 26 199	Year)		VER SIE WOHR										



State of Maryland / Department of Health and Mental Hygiene 25219 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Tima of Death offman Month Year **Physician** Marie GRIFFIN August 1996 /Medical 4b. City, Town, or Location of Death 4a. Facility Neme (If not institution, give street end number) 4c. County of Deeth Examiner SHADY GROVE ADVENTIST HOSPITAL ROCKVILLE, or If Under 24 Hrs. 8. s Hours Min. 2 MONTGOMERY If Under 1 Yeer 8. Dete of Birth Month, Day, 3/23/06 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthdey) Birthpiace (State or Foreign Country) **Funeral** 1□M 2⊠F Days 214-14-2824 90 Yrs Director MARYLAND Usual Residence of Decedent with the Meryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at 1 Yes 2 No Director MARYLAND BALTIMORE RIDGELEIGH 10e. Street and Number 10f. Zip Code 10g, Citizen of Whet Country? 21234 USA 1741 WESTON AVENUE permit. Pages 1 and 2 should be filed within 72 hours effer death 1 Department of Health and Mental Hygiene. Important: If Item 27 is marked other then "naturel", or Items 23. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No if Yes, Give Yeer or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 11. Marital Status 1 Never Merried 2 Merried 3altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: WHITE þ 3 Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) 5th GRADE College (1-4or 5+) **HOMEMAKER** OWN HOME 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) GRIFFIN JULIA KELLY UNKNOWN 2 19a. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10065 SHELLDRAKE CIRCLE DAMASCUS, MD HERMAN C. HOFFMAN, JR. SON 20b. Piece of Disposition (Neme of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete any Injury or o ₩Buriai 2 Cremetion 3 Removel from State 4 ☐ Donation 5 ☐ Other (Specify) 8/26/96 LORRAINE PARK CEMETERY WOODLAWN, MD 21. Signeture of Funerei Service Licenses 22. Neme and Address of Facility
JOHNSON FUNERAL HOME KO 23e. Part1. Enter the disease, or complications that caused the death, to not enter the mode of dying, such as cardlec or respiretory errest, shock, or heart failure. List only one cause on each line. TOWSON, MD 21286 Approximete Interval Between Onset and Deett **Physician** /Medicai Immediete Cause (Final diseese or condition resulting in death) Cardia resp Porte.
Due to (or as a consequence of): Examiner Examiner physician and s the burial-transit that the deeth certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Box 68760. Physician/Medical Due to (or as a consequence of 88 080 ó Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown Division of Vital Records, ģ 24a. Was an autopsy performed? 24b. Were autopsy findings eveilable prior to completion of cause of death? certificate hes 200No 1 Yes To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: After this certific. funeral director, 25. Wes case referred to medical examiner?

1 Yes 2 No 28. Piace of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Manpatient 2 □ ER/Outpatient 3 □ DOA 28a. Date of injury (Month Day Year) 27. Manner of Deeth 28c. injury at Work? 28d. Describe how injury occurred Certification: 28b. Time of 1 Neturai 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. Certifier Medicai 🔁 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end menner es steted. (Check only one) 2 Medical Examiner: On the basis of examination end/or investigetion, in my opinion, death occurred at the time, dete and place, and due to the cause(s) end menner steted. 29c. License number 29b. Signeture end title of certifier D33672 30. Neme and address of person who completed cause of death (item 23a) (Type, Print) 19721 EXEUTIVE ms

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20874

DHMH 16 Rev 6/95

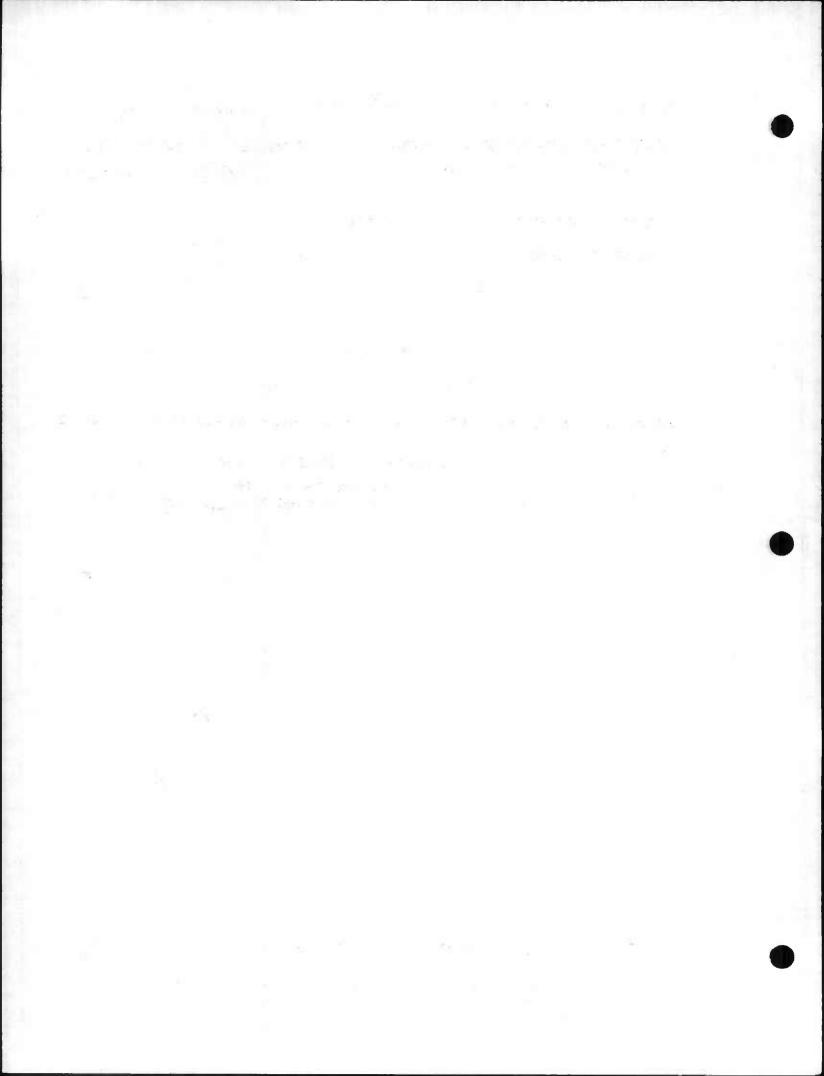
Registrar

31. Dete filed (Month, Day, Year)

AUG26

32. Registrar's Signeture

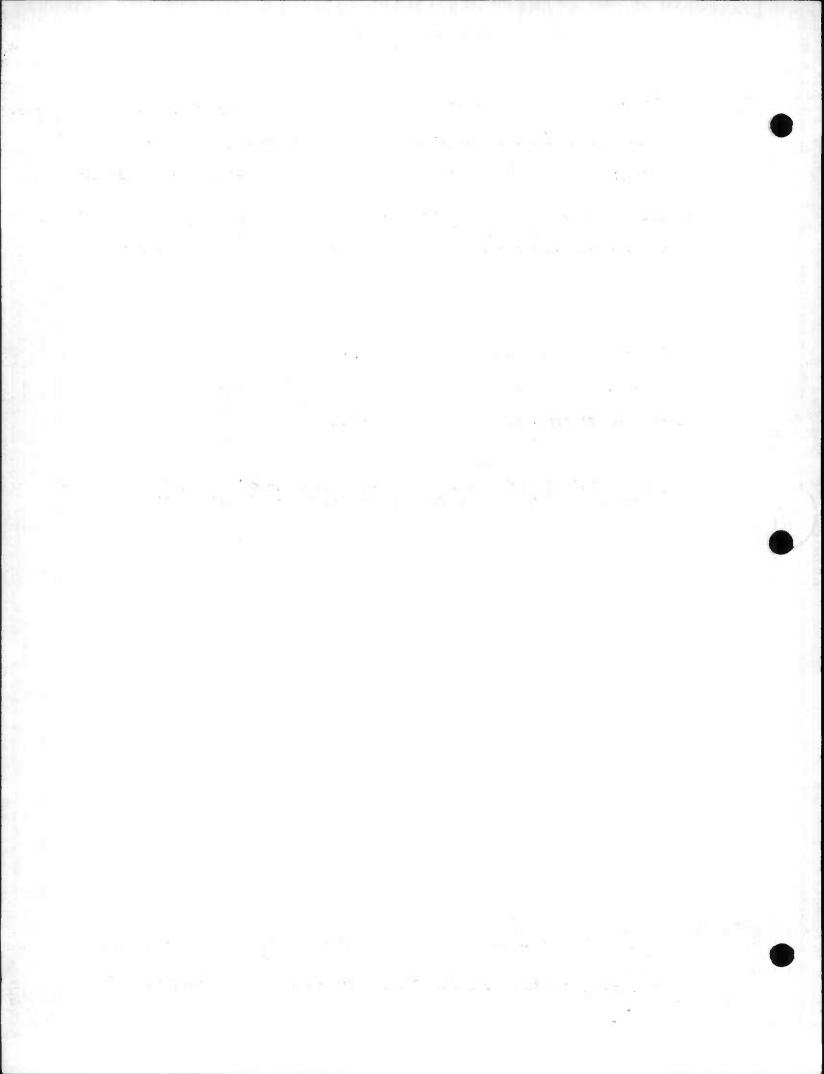
rus Davidson



State of Maryland / Department of Health and Mental Hygiene

96 25220

						(Cert	ificate of	Deat	h		Reg. No.		
	Physic		1. Decedent's Neme (First, Midd Virgie	lla, Last)	Jone	s					2. Dete of De Month Augus	aath Day	Yeer 996	3. Time of Death 11:36 a.m
N.	/Medi Exami		4e. Facility Name (If not institution	on, giva street and no	um <i>ber)</i>				4b. City,	Town, or L	ocation of Daar		nty of Death	
	Exami	101	Johns Hopkin	s Rauviou	Moda	cal cov	to	,	R	altin	2020			
	Funeral		5. Social Security Number	6. Sex	_	In yrs. last birth	day)	If Undar 1 Yaa		er 24 Hrs.		nov		pleca /Stata or Foreign
	Director		217-26-1823	1 □ M 20X F		57 Y		Months Deys	Hours	Min.	8. Date of Bi (Month, Di Aug.	ey, Year) 5, 1929		pleca (Stata or Foreign ntry) NOWN
	pu »]	Usuel Residence of Decedent 10a. Stete 10b. County			0c. City, Town		- 12						
	e Maryle	ctor	Maryland non			Baltin								10d. Inside City Limits 1 ☑ Yes 2 ☐ No
	s 1 end 2 should be filed within 72 hours effer death with the Marylend f Health end Mental Hygiene. I health end Mental Hygiene. I have 23 or 28a-f show item 27 is marked other than "naturel", or items 23a or 28a-f show other traumstic event, the Medical Examiner must be notified at	Funeral Director	10e. Street end Number unknown – Fran	kford Avei	nue			10f. Zip Code 212				10g. Citizen unk	of Whet Cou LNOWN	ntry?
	or dea	nue	11. Marital Stetus	12. Was Dec Armed F	cedent Ev	er In U,S.	13. W	es Decedent of Yas, specify Cu	Hispenic (Origin? (Sp	ecify Yas or No Rican, etc.)	0- 14. [Rece - Amen Bleck, White	
020	ours efte	by	1 ☐ Navar Married 2 ☐ Mar 3 ☐(Widowed 4 ☐ Divorce	If Vac G				□Yes 2□(No					city: Bl	
5-0	natu natu	Completed		nt's Education ast grade completed,)	16e. D	ecede Give k	nt's Usuel Occi ind of work don O NOT use retir	upetion e <i>dun</i> ing m	ost of work	king	16b. Kind o	f Business/Ir	ndustry
121	within ane. than	ldmo	Elamentery/Secondery (0-12) UNRNOWN	College	(1-4or 5+)	7		0 NOT use retir LNKNOWN	ed)			ur	known	
9	Hygi Hygi		17. Fethar's Neme (First, Middle,		ri		ι	LILIZILUWIL	18. Mol	her's Nem	e (First, Middle	. Meiden Sun	reme)	
Maryland 21215-0020	2 should be filed with end Mental Hygiene. s marked other than aumatic event, tree	To Be	unknown							и	nknown			
	1 end 2 sh Health end em 27 is m other traum		19e. Informent's Name/Relation: Ernestine Mars			19b. N		Address (Street	et end Num	ber or Rui	ral Route Numb	oer, City or To	wn, Stete, Zi	o Code)
Baltimore,			20e. Method of Disposition 1 ☐ Buriel 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ (Other (S		State		Disposi creme	ition (Nema of etory or other pi	ece)		Dete	20c. Location	on - City or T	own, Stete
Balti	permit. Page Department of Important: If eny Injury or once.		21. Signature of Funerel Sarvice Ronald				Sto	Nama and Add	ress of Fac Comy	Board	-655 W.	. Balti	more.	Street
4			23a. Pett1. Entar the diseesa, o	r complications that	caused th	e deeth. Do no	Bal tenter	the mode of dy	, Mar.	yland as cardiac	or respiretory	1 – 1559 errest,		Approximate
	Fhysician		shock, or heart feilure. Lis	t only one ceusa on	eech line.									interval Between Onset and Deeth
И	/Medical		immediate Ceuse (Finel diseesa or condition		501	This c	9	Slioz	·l				4	leave
	Examiner	Je.	rasulting in deeth)	ө	D of	to (or es e co	nsequ	ence of):		12	i se é	Pina		18-
	ocuted nd trensit	Examiner	Sequentielly list conditions,	b	Du	e to (or es e co	nseque	ence of):	w	C	ger	0-07	T f	1009
60,	be exectan a		Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury											
68760,	certificete be executed iding physician and ise as the buriel-trensit	/Medical	thet initieted events resulting in deeth) Last		Du	a to (or as a cor	nseque	ence of):					1	
Box	C 3			d										
0	he de	Physiciar	Pert II. Other significant condition									tobacco uee	contribute 1	o the cause of death?
α.	res thet the de signed by the a be deteched f			ere be	oro	rula	7	de si	ese		1 🗆	Yes 2□N	o 3□ Pro	bably 4 Denknown
of Vital Records,	lew requires thet the death es been signed by the atte 2 should be deteched for	ted by	arser	105 Ce	w	e = c	7	· do	Usa	0-	24a. Was	an autopsy ormed?		are autopsy findings
lecc	hes be	Completed				l. De		1			,			ompletion of cause deeth?
E H	Pa at a	ပ္ပ				/ 0-	-				1 🗆	Yas 200	1	☐ Yes 2☐ No
/ita	Physician: The this certificate ral director, pag	Be	25. Wes case referred to medica axaminer?			/				ce of Deet	h (Check only	one)		
of	Physic this c	2	1 Yes 240 No		Inpatiant		_	3LI DON		Nursing Ho	ome 5□ Res			fy)
	h. After funer	101	27. Menns of Deeth 1 Neturel 5 Pendir	18	of Injury oth, Dey Y	eer) 28b. Tin Inju			ury et ork?	JN-	28d. Describe	how Injury oo	curred	
DivIsion	Attending or death. ector: After by the fune	Icat	2 Accident Investi 3 Suicide 6 Could	not be	n of Injuni	- At home, ferm	otros		Yes 2		20f Location /	(Street and No	mhar or Pu	al Route Number,
οįς	after after Direct din b	Certification:	4 ☐ Homicide determ	build	ing, etc. (Specify)	1, 5(100	st, rectory, office	,		City or To		mber or nor	ar mode rumber,
	To the Hospital or Attending within 24 hours after death. To the Funerel Director: After completely filled in by the fune.	edical C	29e. Certifier 1 Certifyir (Check only one) 1 Medical	ng Phyaician: To the Examiner: On the b	best of n	emination end/o	leath o	occurred et the t stigation, in my	time, dete o	end plece, eeth occur	end due to the red et the time,	ceuse(s) end dete end plac	menner es s	steted. o the cause(s)
	within To the	Me	29b. Signeture end title of certifie	r				29c. Licar	nsa numbe	r		29d. Data sig	ned (Month)	Dey, Year)
			· M	m c	cop	-		DI	082	0		01	10/1	91
			30. Negre end address of person	who completed caus	se of deel	h (Item 23e) (Tu	/pa. Pr	rint)	0 /	'0		0 (1	1 19	6
			Gracito V. I					Clint	on S	t	Baltimo	ore,Md.	212	24
	Sta	te	31. Dete filed (Month, Dey, Year)		Registrer's									
	Registr	ar	AUG 2 5 1996	Girka Day	CL00/\-	Handelle								



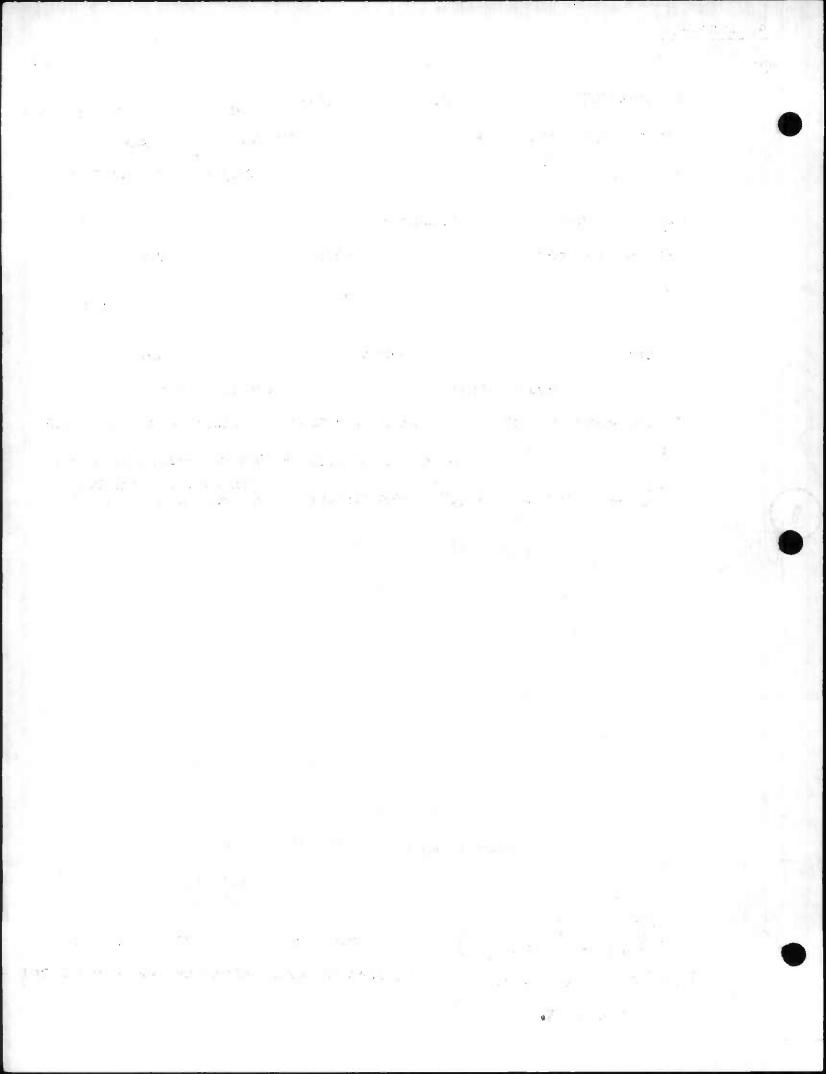
Physicia		LM G-739 9/6/96 t.t			Certificate	of Death	Reg	. No.	25221
/Medic		Decedent's Name (First, Middle, L CHRISTOPHER	est)	G.		JORAN	2. Date of Deeth Month AUGUST	Dey Yeer 23 199	2011
Examin		4e. Fecility Neme (If not institution, g.					or Location of Death	4c. County of De	
Francis			MILE LANE	e (In yrs. lest	birthday) If Under 1	BALTIM Year If Under 24 H		N/A	ishulana (Otata - Fi
Funeral Director works 1-88-1 show a 158-1		215 19 0962 Usuel Residence of Decedent	1XM 2□F	19		Deys Hours Mi	in. (Month, Day, Y	1977 Ma	inthplece (Stete or Foreign Journy) aryland
show	_	10e. State 10b. County			own or Location				10d. Inside City Limits
28a-f	Director	Maryland N/A 10e. Street end Number		Bal	timore	-1-	10		1 X Yes 2 □ No
Sa or		1406 Filbert St	reet.		10f. Zip C	1226	109	. Citizen of Whet C	ountry?
5	Funeral	11. Marital Status	12. Was Decedent	Ever in U,S.		nt of Hispanic Origin? Cuban, Mexican, Pue	(Specify Yes or No-	14. Race - Am	erican Indien,
	by Fu	1 X Never Married 2 ☐ Merried 3 ☐ Widowed 4 ☐ Divorced	Armed Forces? 1 ☐ Yes 2 ☑ 1 If Yes, Give Yeer or Dates:	No	If Yes, specify		erto Rican, etc.)	Bleck, Wh	white
Scal S		15. Decedent's E	Education	1	6e. Decedent's Usual	Occupation	16	b. Kind of Busines:	
The Med	Completed	(Specify only highest green (0-12) 9th	College (1-4or 5	5+)	life. DO NOT use Student	done during most of w retired)	vorking	N/A	
Vent	Be	17. Fether's Neme (First, Middle, Las	t)			18. Mother's N	ame (First, Middle, Ma	iden Sumeme)	
atic a	2		Gregory Jo	oran				tout	
raum raum		19e. Informent's Name/Reletionship					Rurel Route Number, C		
other	-	Gregory Joran 20e. Method of Disposition	/ father		1406 Filbe of Disposition (Neme				land 21226
		1 Buriel 2 □ Cremetion 3 4 □ Donetion 5 □ Other (Speci		ceme	etery, cremetory or other	er place)		c.Location-City o Baltimore	e, Maryland
Important: If any injury or once.		21. Signature of Funeral Service Lice Querne S	namus	meles	4001 Rif		Gonce Fur way Baltir	more, Md.	
sician		23a. P. 1. Enter the diseese, or con- ock, or heert failure. List only	nplications that caused one ceuse on each lir	the death. D	Do not enter the mode of	of dying, such es cardi	ec or respiretory errest	,	Approximete Intervel Between Onset end Deeth
ledical aminer		Immediete Ceuse (Finel diseese or condition resulting in deeth)	e. NARCOTIC	INTOXICA	ATION				
CHECK	-			Due to (or es	e consequence of):				
end I-transit	xamine	Sequentially list conditions,	b	Due to (or es	e consequence of):				!
2 2	ш	if eny, leeding to immediate cause. Enter Underlying							1
s the burief	lica	Cause (Diseese or Injury thet Initieted events resulting in deeth) Lest	C	Due to (or es	e consequence of):				
for use es	Physician/Medical		d						
for us	clan								
detached	ysi	Pert II. Other significant conditions	contributing to death bu	ut not resultin	g In the underlying cau	se given in Pert I.			e to the cause of death?
	by P						1 ☐ Yes	2□ No 3□ F	Probably 4 Unknown
should be	Completed b						24e. Wes en e		Were eutopsy findings eveilable prior to completion of ceuse
page 2	Comp						Yes	2 🗆 No	of déath? √Yes 2□ No
actor.	Be	25. Wes case referred to medicel examiner?	0				eeth (Check only one)		
S D	9	1 ♣ Yes 2 No 27, Menner of Death	Hospitel:		Outpetient 3 DOA		Home 5 Residence		ecify)
After	E C	1 □ Naturel 5 □ Pending	28e. Date of Injur (Month, Dep		D. Time of 28c Injury	Injury et Work? 1 ☐ Yes 2\(\) No	28d. Describe how	injury occurred	
Director: In by the	Certification:	3 Suicide 6 X Could not b	FUUND 8-23		NKNOWN		28f. Location (Stree	at end Number or F	Jural Route Number.
3 1 7	0	4 Homicide determined	building, efc	FOUND	ferm, street, fectory, o		BALTIMORE	3807 SE	VEN MILE LANE
B S			volelen. To the heat o			he time, date end pled			e stated
Funeral Di		29a. Certifier 1 Certifying Pt (Check onl) 2 Medical Exa	niner: On the basis of	examinetion	end/or Investigation, In	my opinion, deeth occ	curred et the time, date	end place, end du	e to the ceuse(s)
he Funer pletely fil	edical	29a. Certifier (Check only 2 Medical Example) 29b. Signaturuland title of certifier	nyelclan: To the best of miner: On the basis of and manner ste	examinetion ted.		my opinion, deeth occi		end place, end du Date signed (Mon	

State Registrar

31. Dete filed (Month, Day, Year)

AUG 2 6

32 Registrar's Signeture Randall



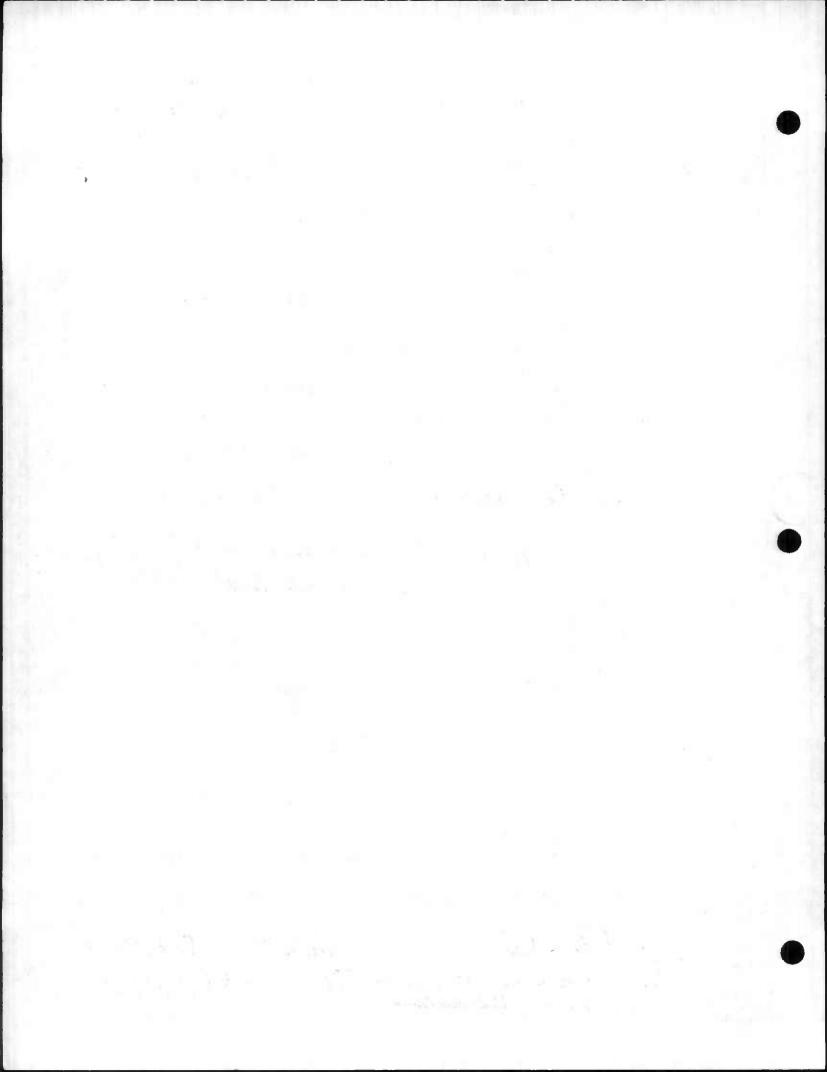
State of Maryland / Department of Health and Mental Hygiene

25222 Certificate of Death 1. Dacadant's Nema (First Middle Last) 2. Data of Death 3. Time of Death **Physician** Yaar 0,45 Am 20 96 4c. County of Death 20 /Medical 4a. Facility Nama (If not institution, giva straet and numbar) 4b. City, Town, or Location of Death Examiner NIP 10 12 Da allaway If Under 1 Year If Undar 24 Hrs. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) 9. Birthplace (Stata or Foreign Country) 8. Data of Birth (Month, Day, Yaar) **Funeral** Months Days Hours Min. 1 ☐ M 2 🛛 F 8 Director NOU Usual Residence of Dacadant the Maryland 10a. Stata 10b. County 10c. City, Town or Expeation 28a-f show 10d. Insida City Limits traumatic event, the Medical Examiner inset be notified at 12a NO Yes 2□No Director 10e_Street and Number 10f. Zip Coda 10g. Citizan of Whet Country? ò 3915 a (ava) 21215 "natural", or Items 23a 5 death Funeral 12. Wes Dacedant Ever in U,S. Armed Forces?

1 ☐ Yas 2 M No
If Yas, Giva
Yaer or Datas: 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 11. Marital Status 14. Race - American Indien, pernit. Pages 1 and 2 should be filed within 72 hours efter Department of Haalth end Mental Hygiena. Important: if Item 27 Is marked other than "naturelt, or Ite, any Injury or other traumatic event, the Mental Experimen Black, Whita, etc. 1 Navar Married 2 Marriad fitimore, Maryland 21215-0020 1 Yas 2 X No à 3 ☐ Widowad 4 ☐ Divorcad Completed 15. Decedant's Education (Spacify only highast grade complated) 16e. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 16b. Kind of Businass/Industry Elementary/Secondery (0-12) College (1-4or 5+) urse 94 Solta 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumema) Must. 2 Iam 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, Steta, Zip Coda) Husbard 3915 60 lettress-Callowar Balto, and 21213 212 20a. Method of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place) Data 20c. Location - City or Town, Steta 8/24/96 1 Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata andallstown 4 ☐ Donation 5 ☐ Othar (Specify) Memoria 21. Signatura of Funaral Sarvica Licansee H West Wertrest Batto, My 23a. Part1. Entar tha disaesa, or complications that caused tha daath. Do not entar tha moda of dying, such as cardiac or respiratory errast, shock, or haart failura. List only ona cause on aech lina. Approximate Interval Between Onset and Deeth **Physician** /Medical Immediata Causa (Final diseasa or condition resulting in death) Examiner Examiner signed by the ettending physician and d be detached for use as the buriel-transit Hospital or Attending Physician: The law requires that the death certificeta be axecuted Sequantially list conditions, if any, laading to immadiata causa. Entar Underlying Cause (Diseasa or Injury that Initieted avants rasulting in daath) Last Qualto (or as a consequence of) Records, P.O. Box 68760. Physician/Medical Due to (or as a consequanca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 4 Unknown 1 Yes 2 No 3 Probably by Completed 24a. Was an autopsy 24b. Wera autopsy findings eveilebla prior to complation of causa of deeth? performed' page 2 s 2 No certificate 1 Yas 1 ☐ Yas 2 ☐ No Division of Vital funeral director, 25. Was case refarred to medical axaminar? Be 26. Place of Deeth (Check only ona) Hospital: Othar: 4 Nursing Home Certification: To 1 Yes 2 No 1 Inpatient Rasidance 6 Other (Specify) 2 ER/Outpatient 3□ DOA After this 28a. Data of Injury (Month, Dey Year) Menner of Deet 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred Natural 5 Panding Invastigation death. 2 Accidant 1 Yas 2 🗆 No after death Director: completely filled in by the 6 Could not be datamined 3 Sulcida 28a. Placa of Injury - At home, farm, straat, factory, office building, etc. (Spacify) 28f. Location (Street end Number or Rural Routa Number, City or Town, Steta) 4 Homicida within 24 hours a To the Funeral C 29e. Cartifiar Certifying Physicien: To tha best of my knowledga, daath occurred at tha tima, date and placa, and due to tha ceusa(s) and mannar as steted.

2 Medical Examiner: On tha basis of axamination end/or invastigation, in my opinion, death occurred at tha time, dete and placa, and due to the causa(s) and mannar stated. Medical (Check only one) ş 29b. Signature and Alie 29d. Date signed (Month, Day, Year) 29c. Licensa number 2 to complated cause of death (Itam 23a) (Type, Print) 32. Registing's Signature 31. Deta filad (Mor State Registrar

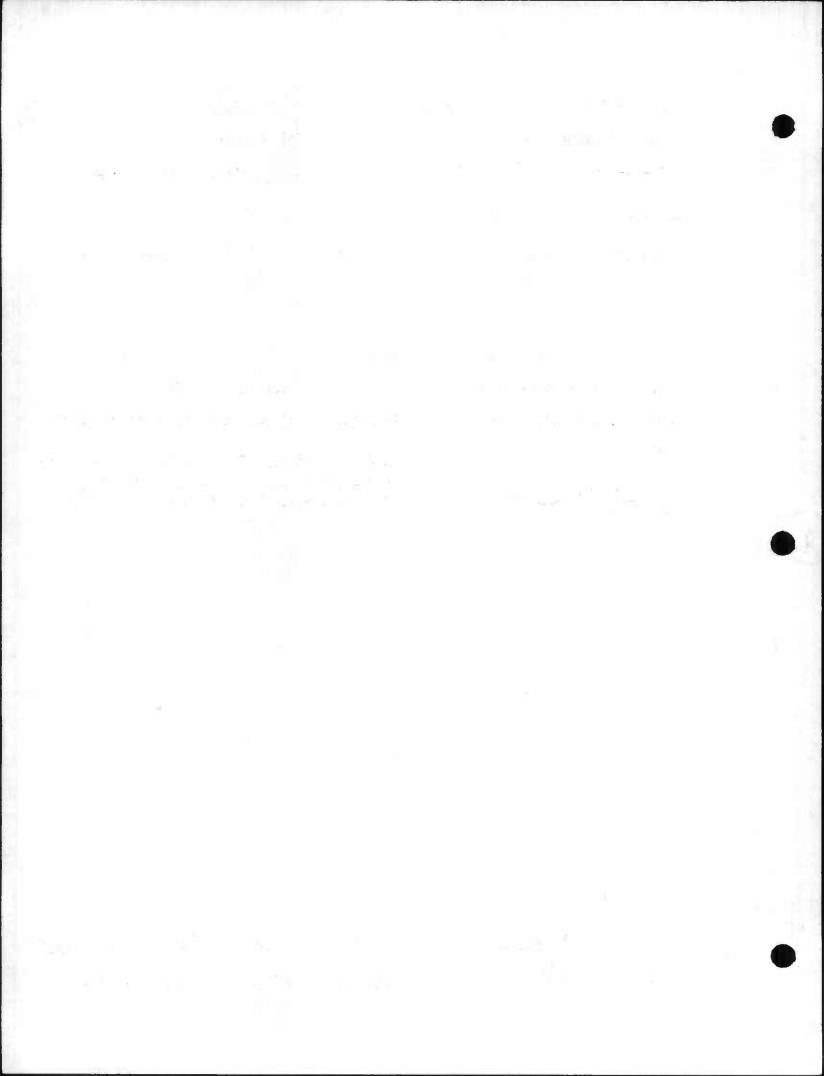
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

25223

						Certif	icate of	Death			Reg. No.		
а	Dhyoie	ion	1. Decedent's Neme (First, Middle	, Last)	41					2. Deta of De	eath Dev	Yeer	3. Time of Deeth
	Physic /Medi		ALICE	C	KAP	1/12	_			AUG.	23,1	1996	6=45
	Exami		4a. Facility Neme (If not institution Church Hospita		per)					cation of Deat City	N/A		M
	Funeral Director		5. Sociel Security Number 217-34-5054	6. Sex 7. 1 □ M 2 TF	Aga (In yrs. last bl		Undar 1 Yea onths Days		Min.	8. Data of Bi (Month, De Feb.	th ay, Year) 18,1913	9. Birthpl Count Mart	leca (Stata or Foraign try) Land
- 7	pue M		Usuel Rasidence of Decedent 10e. Stete 10b. County		10c. City, Tow	vn or Locati	on					10	0d. Inside City Limits
	th with the Marylan 23a or 28a-f show ust be notified at	Funeral Director	Maryland	Baltimore	111			Dundat	2k				1 ☐ Yes 2 No
	with the	P	10e. Street and Number			,	10f. Zip Code	•			10g. Citizen of \		•
	s 23	era	2518 Liberty F	12. Was Deced	ent Ever in II S	13 Was	2122		rigin2 /Sp	ecify Yas or No	United	e - America	
21215-0020	72 hours effer death with the Maryland satural, or items 23a or 28a-f show itest Examiner must be notified at	b	1 □ Never Merried 2 □ Marri 3 ☑ Widowed 4 □ Divorced	Armed Force	es? DtNo	If Ye	Yas 217 No	ban, Maxica	n, Puarto	Rican, atc.)		ck, White, e	
5-0	72 ho	eted	15. Decedent (Specify only highes	's Education	16a	. Decedent	's Usuel Occu	upetion e durina mos	st of work	ina	16b. Kind of B	usiness/Ind	lustry
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Jor	M He		20e. Method of Disposition 1 ☑ Buriai 2 ☐ Cremetion		ala ala	ary, cremato	ory or other pl	,	i i	Deta	20c. Location -		
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			Part I. Enter the disease, or shock, or heart feilure. List of	complications that cau	sed the deeth. Do	not enter th	ne mode of dy	ring, such es	cardiac	or raspiratory a	arrast,		Approximate Interval Batween
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68760,	physician and the burial-tra		Sequentially list conditions, if any, leeding to immediate cause. Enter Undarlying Cause (Disease or Injury that initiated events	C	Due to (or as e	consequen	ce of):						
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0			27. Mennar of Deeth 15 Naturel 5 □ Pending	28a. Date of (Month,	Injury 28b. Dey Year)	Time of Injury	28c. tnj	ury at ork?		28d. Describe	how injury occur	red	
Sio		Certification:	2 ☐ Accident Investig	ation			M 1[☐ Yes 2☐	No				
₹		ŧ	3 ☐ Suicide 6 ☐ Couid n 4 ☐ Homicide determi	ned 286. Piece of	Injury - At home, for , etc. (Specify)	arm, street,	factory, office	9			(Street end Numb wn, State)	per or Rura	Route Number,
	Hospital or 14 hours ath Funeral Dir tely filled in		200 Contilion 1200 miles	5t 11 T 11 t									
	To the Hospital Within 24 hours To the Funeral completely filled	edical	29e. Certifier 1 To Certifying (Check only one)	Physician: To the be examiner: On the basi end menne	s of examinetion er	e, deeth oc nd/or invast	curred et the tigetion, in my	opinion, dec	na piece, eth occurr	ena due to the red et the time,	date and plece,	anner as st end due to	ated. the cause(s)
	To the within 2 To the pomple	Me	29b. Signature and title of certifier				29c. Licar	nsa number			29d. Dete signe	d (Month, L	Dey, Year)
•		1	AR-1	azem	no		01:	732	-2		706.	23,	1996
,	(1)	30. Neme and address of person v	the completed cause	of deeth (Item 23e)	(Type, Prin	AIIO	14 1	4-0	17.	BAL	0	10
	CAL	ato.	31. Date filed (Month, Dey, Year)	32 PAG	istratris Situneture	- (DURC	of C	100	(AL	0246	1/2/	1//.
	Sta Regist		AUG26	996 Juli	istrar's Signeture	eries							



Item27 8-26-96 FilmG738 W.H.Per Doctor

Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

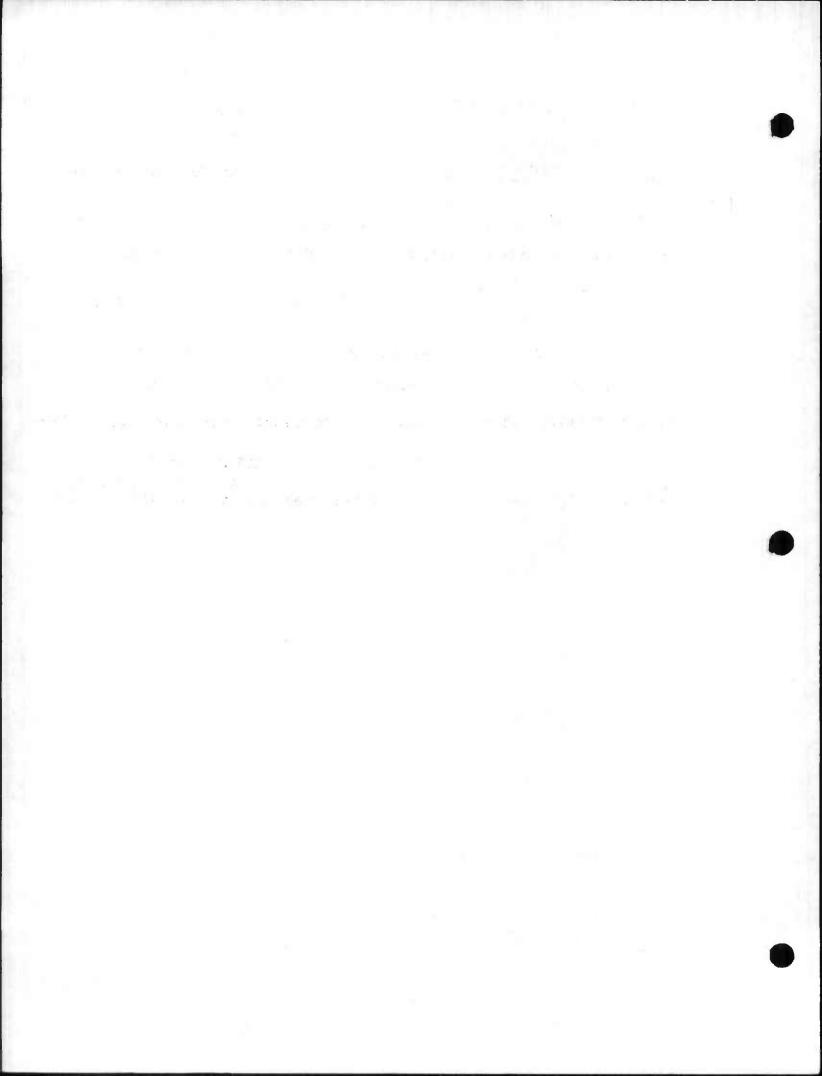
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Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** Month BENJAMIN LETBOWITZ 6:33 AM AUGUST 1996 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner TOMMS MOPKINS HOSPITAL BALTIMORE BALTIMONE CITY | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Months, Day, Year) | OCT. 31, 1910 5. Social Security Number 7. Age (In yrs. last birthdey) 9. Birthplace (State or Foreign **Funeral XXX** 2□ F DELAWARE Director Yrs. 85 216-01-0670 Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f shot traumstic event, the Modical Examiner must be notified at N☐ Yes 2☐ No Director MD N/A BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6317 PARK HEIGHTS AVENUE APT. 616 21215 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 No if Yes, Give Year or Dates: 13. Was Decedent of Hiapenic Origin? (Specify Yea or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after of Department of Health and Mental Hygiene. Important: if item 27 is marked other than "patural", or then any injury or other traumatic event, the Medical Examinations. 1 Never Merried 2 X Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: WHITE þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent'a Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) PHARMACIST PHARMACY 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Surneme) Be LEIBOWITZ MORRIS LENA 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) DOROTHY LEIBOWITZ - WIFE 6317 PARK HEIGHTS AVE. #616 BALTIMORE, MD 21215 20b. Place of Disposition (Name of cametery, crematory or other place) 20c. Location - City or Town, Stete 20a. Method of Disposition XX Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 8/7/96 ROSEDALE, MD SHAAREI ZION 21. Signature of Funeral Service Licenses 22. Name and Address of Fecility Sol Levinson & Bros., Inc. 23a Fart1. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or hard failure. List only one cause on each line. 8900 Reisterstown Road Pikesville, MD Onset and Death **Physician** /Medical Immediate Cause (Final CARDIAC ARRYTHMIA 30 MINNUTES disease or condition resulting in death) Examiner Due to (or as a consequence of): Examiner HUPOXIA 30 MURLITES physician and the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Box 68760. RESPIRATORY INSUFFICIENCY 45 nimmes Physician/Medical Due to (or es a consequence of): ASPIRATION PNEUMONIA 15 DAYS Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 23b. Did tobacco use contributs to the causs of death? 1 Yes 2 No 3 Probably 4 Unknown PERIPHERAL ARTERY Records. þ 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? Completed COPEDWARY ARTEKY has 1 Yes 2 No this certificate 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attanding Physician: within 24 hours after death.

To the Funeral Director: Attar this certifica 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 28a. Date of Injury (Month, Day Year) 27. Manner of Deeth Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending investigation 6 Could not be determined 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the ceuse(s) and manner stated. 29a. Certifier edical (Check only one) 29b. Signature and title of confiler SWER D47904 August 6 1996 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Sweet # 20, Backunson 170 21201 For Cathedral SWICE 31. Date filed (Month, Day, 1996) AUG 2 6 1996 82. Addistrict Southern

State Registrar

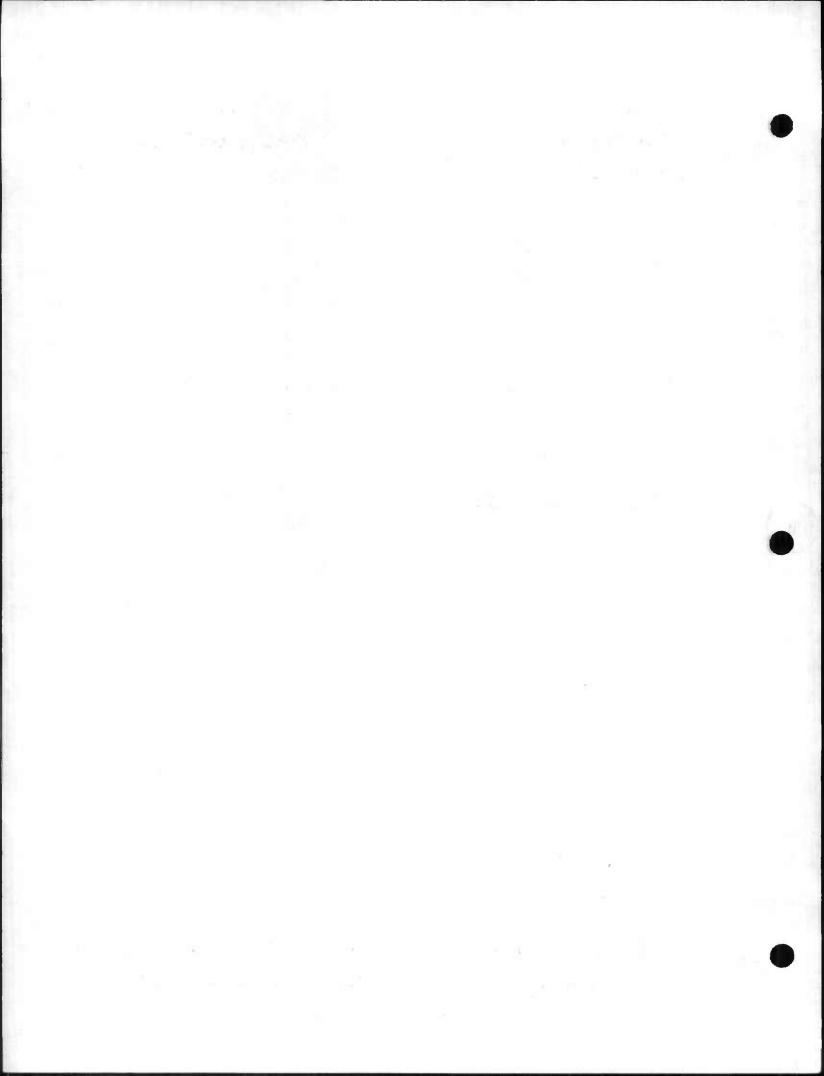


State of Maryland / Department of Health and Mental Hygiene

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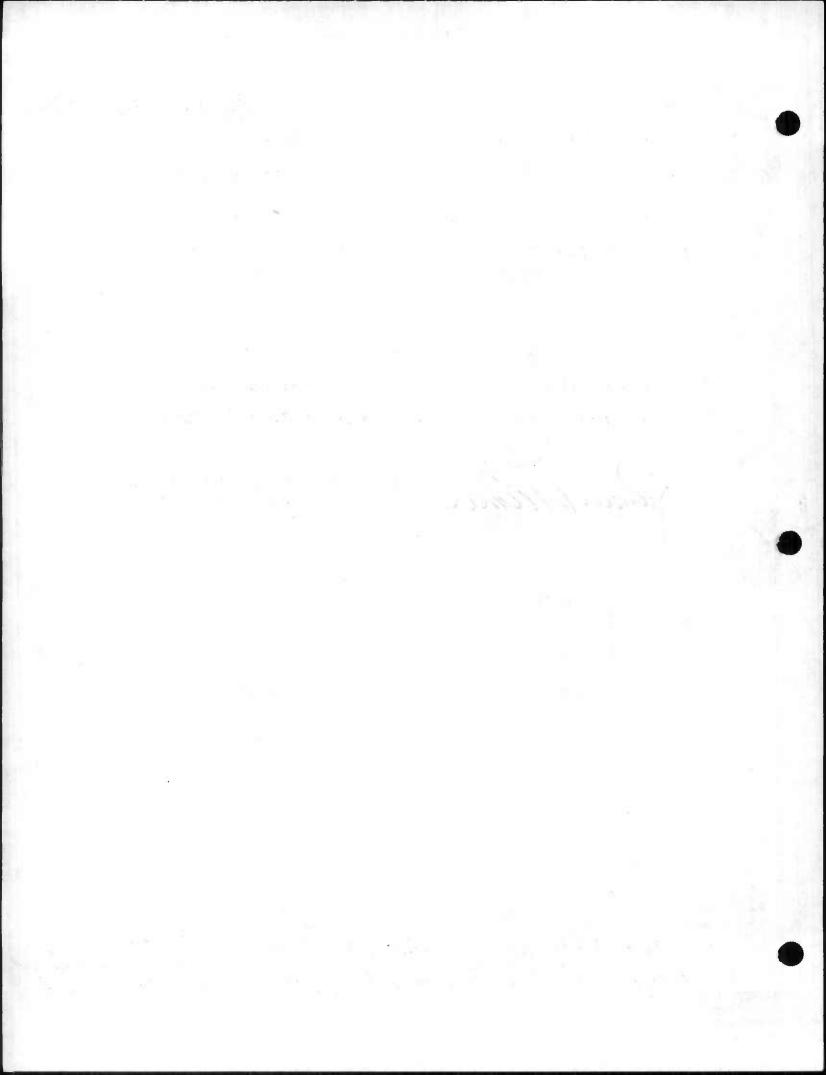
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Office death with the Maryle freme 23s or 28s-f sho where must be notified at the mast be notified at Funeral Director	2629 Loyola Sowthway 21215	10g. Citizen of What Co	untry?
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Balt permit. Departi Importa any inji	21. Signature of Funerei Service Licensee COOK 22. Nama end Addrass of Facility March F. H. west 4300 Was bash	Are	
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/Medical Examiner	Immediata Cause (Final diseasa or condition e. Acute Myo Cardial Infarct Due to (or as a consequence of):	10n	4 Lours
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To tro	29b. Signeture and title of certifier Parid Clement MD 29c. License number P 0 9 7 3 0	29d. Dete signed (Monti	h, Dey, Year)
11	30. Nama and eddrass of person who complated causa of daath (item 23a) (Type, Print) David Claments MD 22 South Greene Street Baltim 21. Peter filed (Month Day You)	ore, Marylard	
State Registrar	31. Dele filed (Month, Day Year) 32. Registrar's Signetura 34. Registrar's Signetura		



State of Maryland / Department of Health and Mental Hygiene 96 25226

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mme ate Ceuse (Finel	it only one cause on each li	line.					d 2121	01-1559	nore.	Street
Sequentially list conditions, eny, leeding to Immediete suse. Enter Underlying Jeuse (Disease or injury het Initiated events esulting in deeth) Last	c	Due to (or es	e cons	equance of):	dal					Onset and Deeth 30 minute 30 minute
ert II. Other significent conditi	ions contributing to death b	but not resultin	g in the	underlying cause	given in Pa	art I.		_/		the cause of death?
							perfor	med?	avs con of o	ora autopsy findings iliabla prior to npietion of causa leeth?
5. Wes casa referred to medica axaminer? 1 Yes 2 PNo	Hospital:	ent 2∏ER	/Outneti	ent 3 DOA	Other				er (Snecity	*)
2 Accident Investi	28e. Dete of Inju (Month, De igation not be	oy Year)	b. Time Injury	of 28c.	Injury at Work? T∐ Yes 2		28d. Describe h	ow Injury occur	red	
9e. Certifler	building, et ng Physician: To the best Examiner: On the basis of	of my knowled exeminetion	dae, des	eth occurred et th	e time, dete	end plece,	end due to the c	euse(s) end me	enner es sta and due to	ated. the cause(s)
		Pedi	alri	cian L	ense numbe	101	2	9d. Dete signe	. , 7	Day, Year) 1996 Bulhinere M. 21218
er 55.	. Wes casa referred to medical axaminer? - Wes casa referred to medical axaminer? - Yes 2 PNo - Manger of Deeth - 1 Neturel 5 Pendi Invest - 3 Suicida 6 Could deterr - Certifler (Check only one) - Signature end title of certifical axaminer - Multaul 2	Wes casa referred to medical axaminer? Manner of Deeth 1 Neture 5 Pending Investigation 3 Suicida 4 Homloide 4 Homloide 4 Medical Examiner 2 Medical Examiner 5 Medical Examiner 5 Pending Investigation 28e. Place of Investigation 28e.	Due to (or as sulting in deeth) Last Wes case referred to medical axaminer?	Due to (or as e consessulting in deeth) Last Due to (or as e consessulting in deeth) Last Due to (or as e consessulting in deeth) Last Due to (or as e consessulting in deeth) Last Due to (or as e consessulting in deeth) Last Due to (or as e consessulting in deeth) Last Due to (or as e consessulting in deeth) Last Due to (or as e consessulting in deeth) Last Due to (or as e consessulting in deeth) Last Due to (or as e consessulting in deeth) Last Due to (or as e consessulting in deeth) Last Due to (or as e consessulting in deeth) Last Due to (or as e consessulting in deeth) Last Due to (or as e consessulting in deeth) Last Due to (or as e consessulting in deeth) Last Due to (or as e consessulting in deeth) Last Alexandre Plant Last Due to (or as e consessured to last have last of the best of my knowledge, deeth) Due to (or as e consessulting in deeth) Last Last Last Last Last Last Last Last Last	Due to (or as e consequence of): Dirthweight 371	Due to (or as e consequence of): Direct Dir	Due to (or as a consequence of): West case referred to medical axaminer?	Due to (or as e consequence of): A	Due to (or as e consequence of): Due to (or as e consequence of): Due to (or as econsequence of): Due to (or as consequence): Due to (or as consequence): Due	Due to (or as e consequence of): A

State Registrar



State of Maryland / Department of Health and Mental Hygiene 96

96 2522

			Certificate of Death	F	leg. No.	0	
			Decedent's Neme (First, Middle, Last)	2. Dete of Dee	th	W	3. Time of Death
	Physic /Medi		LENNIEL O. MOSELY JR.	AUG	25 I	996	10:42 PM
	Exami		4e. Fecliity Neme (If not Institution, give street end number) 4b. City, Town, or		4c. County		
			Sinai Hospital of Baltimore Baltimo	ore	1	MA	
	Funeral		5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthdey) If Under 1 Yeer if Under 24 Hrs. Months Deys Hours Min.	8. Dete of Birth (Month, Day	Year)	9. Birthpl	ece (Stete or Foreign
н	Director		2/8.46.5588 1/2 M 2 F 49 Yrs. Months Deys Hours Min.	SEPT 27	1946	MA	EYLAND
	p .		Usuei Residence of Decedent 10a. State 10b. County 10c. City Town or Location				
	ahow	_				10	Od. inside City Limits
	Self Self	cto	MD N/A BAGIMORE				Yes 2□No
	or 2	100	10e. Street and Number		Og. Citizen of	What Count	iry?
	ath v	Ta .	5505 HIGHGATE DR. 21215		4	SA	
	tem retu	Funeral Director	11. Meritel Status 12. Wes Decedent Ever in U,S. Amped Forces? 13. Wes Decedent of Hispenic Origin? (S If Yes, specify Cuban, Mexican, Puert	pecify Yes or No- o Ricen, etc.)		e - America ck, White, e	
20	72 hours efter death with the Maryland natural', or fterna 23a or 28a-1 show slical Examiner must be notified at	by F	1 Never Merried Married If Yes 2 No 1/8/66 3 Widowed 4 Divorced Yeer or Detes: 2 1/22		Specify	1. R1	ACK
5-0020	72 hours "natural",	D D	711/12				
215	C .	Completed	15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of wor during most of wor during most of work during	rking	16b. Kind of B	usiness/ind	ustry
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0	i Hygi other			ne (First, Middle,			
lan	lentai ked o	To Be	LENNIEL O. MOSELY SR. RUTH	LILE			
ary	and Maria	F	19e. Informent's Neme/Reietionship (Type, Print) 19b. Meiling Address (Street end Number or Ru			State Zin	Code)
Ĕ	PENE		DIANA L. MOSELY (WIFE) 5505 HIGH GA	1	BATTO	MI	21218
re,	s 1 en l'Heel tem 2 other		20e. Method of Disposition 20b. Piece of Disposition (Name of		20c. Location -	City or Tox	wn. Steta
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altimor	permit. Peg Department Important: I any injury o						
Ba	Departi Departi Importi any inj		22. Neme and Address of Permity 2	APLE	-		
-			23 Part The the page or come cations that caused the death. Do not enter the mode of dying, such as cardiar	L AVE	DALTO	146	1.21215
		L.	23. Parts of the disease, or committee the caused the death. Do not enter the mode of dying, such as cardiect shock, or heart failure. List only one cause on each line.	or respiretory en	est,		Approximete Interval Between Onset and Death
	Physician /Medical		Immediate Cause (Final			1	Oriset and Death
1	Examiner		disease or condition resulting in death) e. Pulmonary Embolism				14 hours
		F F	Due to (or es a consequence of):	•			
	nsit	Examiner	. Deep Venous Thrombosi	5		- 1	6 months
	erificate be executed ling physician and e es the buriel-transit	Xa	Sequentially list conditions, if eny, leeding to immediate				6 months
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Bo	attend for us	clai					
0	that the de ned by the a detached f	Physician	Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert i.				the cause of death?
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ds	requires that the deeth seen signed by the atter hould be detached for t	d by	hypertension	24a. Wes a	n autoney	24b. We	re autopsy findings
of Vital Records,	v require been si should I	lete	hypertension	perfor		con	ilable prior to appletion of ceuse
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Division	Attending Ph or death. ector: After th by the funeral	ţ	1. Neturel 5 Pending (Month, Dey Year) injury Work?	Log. Describe (ow injury occur		
S	death. death. ctor: A y the fu	Ca	3 Suicide 6 Could not be	28f. Location (S	reet and Numb	er or Rural	Route Number
<u>\</u>	Or A Offer In b	Certification:	4 Homicide determined building, etc. (Specify)	City or Tow	, Stete)	01 710/03	rioute riginosi,
	Hospital 24 hours Funeral I stely filled		29a. Cartifier Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place	land due to the o	ouss/s) and med		nte d
	24 h 24 h Fun etely	edical	(Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurrence of memory steted.	rred et the time, d	ete end place,	end due to	the cause(s)
	To the Hospital or Attend within 24 hours efter death To the Funeral Director:, completely filled in by the	Me	29b. Signature end title of certifier 29c. License number	2	9d. Dete signe	d (Month, E	Dey, Year)
	P- 5 P- Ö		\mathcal{L}		_	-	
			Robert Tow-ling Chow \$34851		1,007	11/1	110
			30. Name and address of person who completed Bause of death (item 23e) (Type, Print) # 22, 2435 W Belvedere Ave Baltimore	MA	Aug 212	15	
	Sta	to		עייין	212	.13	
	Registr		AUG 2, 1996				

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A	The
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a nouns
VISION	ATTENDING
	OR
	TAL

	1. DECEDENT'S NAME (First, Middle, Last)			ICATE OF			ATE OF DEATH		3. TIME OF DEAT
	EDITH E	MEIS	SEK			M	UG, 23,	1996	8:28
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER	14 HRS. 7. D.	TE OF BIRTH	8. BIRTH Countr	IPLACE (State or Fo
	212-05-1269	1 □ M 2 ☒ F 7	7 YRS.				v.5,1918	Bal	to. Md.
Œ	90. FACILITY NAME (If not institution, give Howard County	- '	ital	9b. CITY, TOWN	or Locatio			Howard	
5	RESIDENCE OF DECEDENT	General Hosp	ıtaı		OTUILD	1a		noward	1 60.
DIRECTOR	10e. STATE 10b. COUNT		10c. CIT	TY, TOWN OR LOC					10d. INSIDE CIT
	Md . B	altimore			oterst	own			1 YES 24
RA	615 Church Road			32.37	or, ZIP CODE	21	136	10g. CITIZEN OF V	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DE	CENDENT OF	HISPANIC OR	GIN? (Specify Yes or	No- 14. BACI	- American Ind
BY F	1 Never Merried 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES		If yes, a	pecity Cuben	, Mexican, Pue Specify:	rto Rican, etc.)	Speci	t, White, atc.
		I CATION	Tar promove						White
ETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (9-12)	le completed)	(Give kind of life. Do NOT u	Work done during n use retired.)	ION nost of working	- 0	16b. KIND OF BUSIN	ESS/INDUSTRY	
COMPLE		Yrs College		y School				Teacher	
S S	17. FATHER'S NAME (First, Middle, Last)				A COLUMN TO THE REAL PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF T		st, Middle, Melden Su		
BE C	John J. Caton					Cora R	. Schmid	t	
5	19e. INFORMANT'S NAME (Type/Print)	,					lumber, City or Town,		
	John G. Meiser -						re, Md.		
	20a, METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Rer 4 ☐ Donation 5 ☐ Other (Specify)	noval from State	DE PLACE AND DATE	of disposition (vame of 11 Par	k 8/	26/96 S	TION — City or To	
	21. SIGNATURE OF FUNERAL SERVICE L					S OF FACILITY			
	House la	Del.				RAL HO		4 Reiste terstown	
-	23. PART I. Enter the diseases, or	complications that cause	ed the death. Do						
1	ahock, or haart failure	List only one cause on	each lina.	not writer the M	ous or ayir	ıy, suçn ad (arcusc or respirat	tory smeat,	Approxim
	IMMÉDIATE CAUSE (Finel disease or condition	Acut	· Mus	and cal	I	tavet	O'T		Onset at
	resulting in death)	8	- 11400	averial	-	1 1/4 -			NW (1
		DUE TO (OR AS	A CONSEQUENCE C	OF):		1	-		-
Z	Sequentially list conditions	b. Athe	10 Sclev	otic Ci	ardi	ovana	war I	Disease	yea
ATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	NF):	avdi	ovano	rin war I	Disease	yea
FICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE O	NF):	avdi	ovano	ular I	Disease	yea yea
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE C	NF):	ardi	ovano	mar I	Disease	yea
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AND ALDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MD

32. REGISTRAR'S SIGNATURE

PATRYCE A-TOYE

31. DATE FILED (MONTH), Day, Year)

AUG 26 1996



4565 Hemlock Cone Way Ellicollety MD ZIOY2

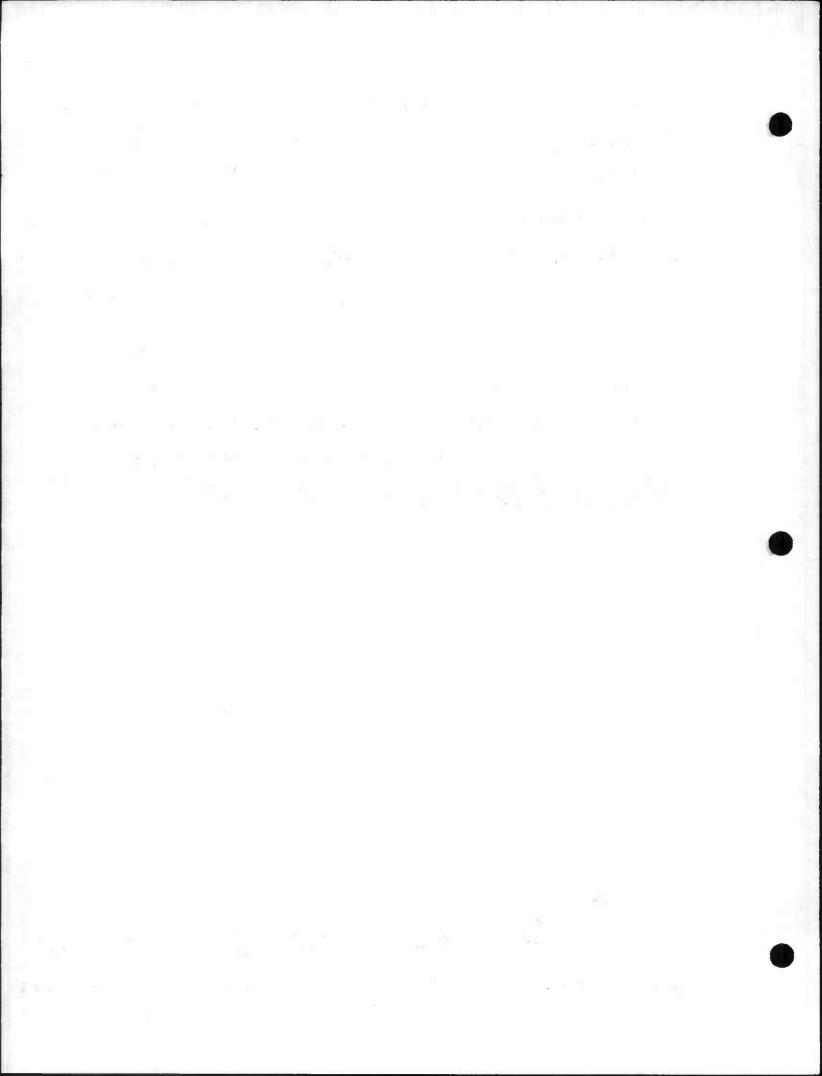


State of Maryland / Department of Health and Mental Hygiene 9.5

25229

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	Physic	an	1. Decedant's Nama (First, Middla, Las	t)					2. Data of Da Month		Year	3. The of Limith		
Ų.	/Medi		Helen		Ma	kowie	cki		August		1996	12:30 P.M.		
	Examir	ner	4a. Facility Nama (If not Institution, giva					4b. City, Town, or L N/A	ocation of Death					
L			8192 N. Boundary F	To D		timor								
020	Funeral Director			™ 2∏F	87	st birthday) Yrs.	If Undar 1 Year Months Days		8. Data of Birl 12/26/	908	9. Birthp Court Mary	laca (Stata or Foraign Itand		
	No II		10a. Stata 10b. County		10c. City,	Town or Loc	cation				1	0d. Inside City Limits		
	May May	to	Maryland Baltimo		1 □ Yas 3□No									
	6 7 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	lrec	10e. Straat and Number				10f. Zip Coda			10g. Citizan of	g. Citizan of What Country?			
	D will	alc	8192 N. Boundary F	Road			2122	2		U.S.A.				
	n 72 hours after death with the Marylar "natural", or llems 23a or 23a-f show edical Examiner must be notified at	by Funeral Director	11. Marital Status 1 □ Nevar Married 2 □ Married 3 ☑ Widowed 4 □ Divorced	12. Was Dacedant Ev Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas:			Vas Dacedant of I Yas, specify Cub □ Yas 2∏ No	Hispanic Origin? (Sp an, Maxican, Puarto Specify:	ecify Yas or No Ricen, atc.)		ce - Amaric ck, Whita, y: Whit			
2-0	72 ho naturi dical i	ted	15. Decedent's Edu	ucetion		16a. Deced	ant's Usual Occup	pation	-/	16b. Kind of B	usinass/ind	dustry		
Maryland 21215-0020	d within giene.	To Be Completed	(Specify only highast grade Elemantary/Secondary (0-12)	College (1-4or 5+		edant's Usual Occupation a kind of work dona during most of working DO NOT usa retired) mbly Person			Facto	ry				
pu	tal Hy d othy event		17. Fathar's Nama (First, Middla, Last)					18. Mothar's Nam	III.					
yla	Men Mer marks watto		John	Niemczy	γk			Salame		Jendrus				
Baltimore, Mar	12 sh h and r is m treum		19a. Informant's Name/Ralationship (T) Edward V. Makowiec					and Number or Rui		_				
	Healt Ben 2 Ober		20a. Mathod of Disposition	KI SOII	20b. Piac	ce of Dispos	sition (Nama of	ary Road	Data	ore, Ma 20c. Location				
	Pages net of nry or o		1 Burial 2 Cramation 3 ☐F	Ramoval from Stata	cen	natary, crem	atory or other pla	metery 8	7.1					
칉	# # # # # # #		4 Donation 5 Other (Specify) St. Stanislaus Cemetery 8/26/96 Baltimore, Maryland 21. Showing a Funeral Service Licensea 22. Nama and Address of Facility David J. Weber Funeral Home											
	Ped Impo		401 S. Chester St. Baltimore, Md 21231											
			23a. Part 1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, Approximate											
	Physician	2	shock, or haart failura. List only o	na causa <i>on</i> aach iina	1.						j l	Intarval Between Onset and Death		
	/Medical Examiner		Immediata Causa (Final disease or condition ATHEROSCLER OSTS											
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	and and el-tra													
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	ifficat g phy es th													
Box		an/N		d							-			
	requires that the death cer been signed by the attendir hould be deteched for use	Physician/N	Part II. Other significant conditions con	ntributing to death but	not rasulti	ing in tha un	darlying ceusa gi	van in Pay()	23b. Did 1	lobacco use co	ntribute to	the cause of death?		
P.0.	d by t	Phy	Chro	nic o	lest	met	we	pulmo	Y X	Yes 2□ No	3 Prol	oably 4 Unknown		
ds,	8 6 9	d by		0					1		T 045 W	and a standard fire standard		
Records,	v requir been s should	Completed		æ	see	n			24a. was perfo	an autopsy rmed?	av.	ara autopsy findings ailabla prior to mplation of ceusa		
Re	W 60 C4	ф								M.		death?		
e	ilcien: The certificate rector, pag		25. Was case referred to modical						101		1	Yas 20 No		
of Vital		To Be	25. Was cesa rafarred to medical axaminar?	Hospital:	۰ ۵۵ ۵	R/Outpatient	3 DOA ON	28. Place of Deal	oma Rasio		/Canal			
10	a Physe er this erel d		27. Mannar of Death	28a. Data of Injury	2	8b. Tima of	28c. Inju	ry at		now injury occur		"		
Ö	Attending Isr deeth.	atlo	1 Natural 5 ☐ Panding 2 ☐ Accidant invastigation	(Month, Day	rear)	Injury	M 1□	Yas 2 No						
Division	or Attendent effer deet Director:	ertification:	3 Suicide 4 Homicida 8 Could not be datarmined 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number City or Town, Stata)								ber or Rura	l Routa Number,		
_	To the Hospital or Attending Ph within 24 hours effer deeth. To the Funeral Director: After th completely filled in by the funeral	edical C	29a. Cartifiar (Check only one) 2 Medical Example one)	sician: To the bast of a	xaminalio	adga, daath n and/or inv	occurred at tha ti	ma, data and place, opinion, daath occur	and dua to tha	causa(s) and mi	annar as si and dua to	aled. tha ceusa(s)		
	of the omple	Mec	29b. Signature and title of certifie	and mannar state	ou.	- 3	29c: Licens			29d. Data signe				
	F3F8		• '/'	funka	~	_	D	1835	0	2	8/25	1/96		
	19		NAEEM GAU	ompleted causa of das	LO 6	3a) (Type, F	STER	U BL	UP	BAL	101	no 2122		

State Registrar



96-4821

٠	1 Decedent's New				Ce	uncat	e or	Death			Reg. No),		0.70
ian	Decedent's Neme (First, Middle, Lest)									2. Dete of De Month	ath De	у	Yeer	3. Tima of Deal
cal	LINDA						AUI	RIN		AUGUST		-		4:01P.1
er	4a. Fecility Name (If not institution, give streat end number) ST. JOSEPH HOSPITAL									ocation of Deatl			of Deett	
	5. Sociel Security	lest birthday	TOWSON BALT											
	213-72- Usuel Residence	1683	6. Sex 1 □ M 2 1 F	36	Yrs.	Months	Deys		Min.	8. Dete of Bir (Month, De JUNE	y, Year) 13,	19		nplace (State or For untry) MD
	10e. Stete	10b. County		10c. Ci	ty, Town or Le	ocation								10d. Insida City Lin
io	MD	N/	A	k			BALT							XXYes 2□
JI C	10e. Street end N			Code		10g.				g. Citizen of Whet Country?				
a	5605 L	NAIHTC	RD 2nd	FLOOR		2	121	2					U.S.SA	
by Funeral Director	11. Marital Status t Never Mar 3 □ Widowed	ried 2 Mer	riad Armed F	cedant Evar in U orces? 2 No ive Dates:		13. Was Decedent of Hispanic Origin? (Specify Yas or N It Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ Yes ★★No Specify:					14. Race - American Indien, Bleck, White, etc. Specify: BLACK			, etc.
	/See	16e. Dece	16e. Decedent's Usual Occupation (Give kind of work done during most of working								ndustry			
Completed	Elementary/Sec		st grede completed, College	life.	DO NOT us	e retire	during most ed)	or work	ing					
	12th	MAN	MANAGER								IR SHOP			
Be	17. Father's Neme (First, Middle, Lest)								18. Mother's Name (First, Middle, Maiden Sumeme) CHRISTINE BOWSER					
2	JOHN MCLAURIN													
	19e. Informant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Street and Number or Rural Route N												ip Code)	
1	CHRISTI 20e. Method of Dis	osition (Nan	e of			Data				own, Stete				
	XDX Burial 2 4 ☐ Donation	natery, cre			4100 20			BALTO, MD						
	21. Signatura of F		22 Name and Address of Equilibria											
	1129 N. CAROLINE ST BALTO, MD 2													
	23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart tailure. List only one cause on each line.											Approximate tnterval Between Onset end Death		
	diseese or conditi- resulting in deeth)	on	e. CIRF	RHOSIS OF										
je.				Due to (c	r es e consec	quence of):								
Examiner	Sequentially list or if eny, leeding to le	onditions, mmediete	Ь. —	Due to (o	r es e consec	quenca ot):							1	
iysician/Medical L	cause. Enter Und Ceuse (Diseese of that initieted event	r Injury	C											
ă	resulting in death)			Due to (or es a consequenca of):									1	

Saltimore, Maryland 21215-0020

To the Hospital or Attending Physician: The lew requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate hes been signed by the attending physician and completely filled in by the funeral director, page 2 should be deteched for use as the burial-transit Medical Certification: To Be Completed by Ph

Division of Vital Records, P.O. Box 68760,

1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

24e. Wes en autopsy performed?

1 ☐ Yes 2 ☐ No

24b. Were eutopsy tindings available prior to complation of causa of deeth? 1 ☐ Yes 2 ☐ No

examiner?	26. Piece of Death (Check only one)										
1 X Yes 2 No	Hospitai: 1 ☐ Inpatient 🔏	spitai: 1 ☐ Inpatient XXER/Outpetient 3 ☐ I		Other: 4 Nursing	Home	5 Residence	6 Other (Specify)				
7. Manner of Death	28e. Dete of Injury (Month, Dey Year)	28b. Time of injury	28c.	Injury et Work?	28d	. Describe how Inj	ury occurred				

Investigation 2 Accident 3 ☐ Suicide 6 Could not be determined 28e. Plece of Injury - At home, term, streat, factory, office building, etc. (Spacify) 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 4 - Homicide

29e. Cartifier (Check only one) 1 Certifying Phyaician: To tha best of my knowledge, deeth occurred at the time, date and place, and due to tha cause(s) and manner as stated.

2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and title of certitier 29c. Licansa number 29d. Deta signed (Month, Dey, Yeer)

O.C.M.E. AUGUST 25,1996 30. Neme and address of person who completed cause ot death (Item 23e) (Type, Print)

Registrar

31. Dete tiled (Month, Dey, Year) AUG 26 1996



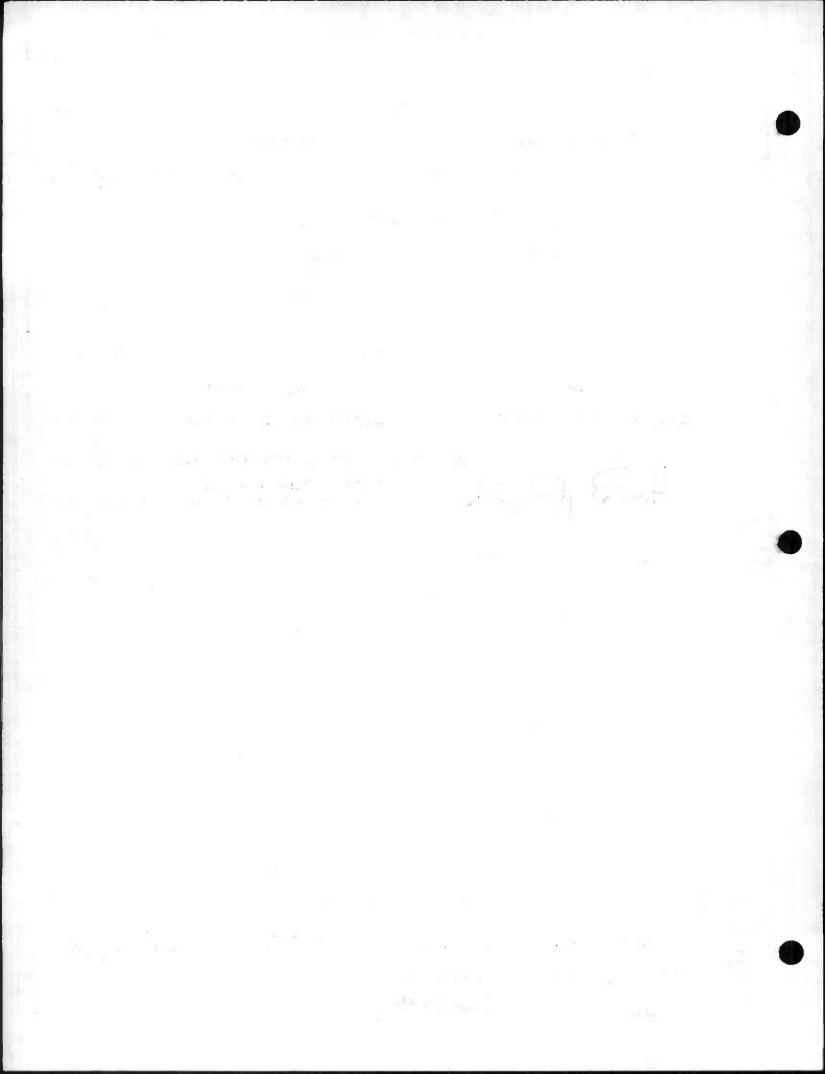
Penn Street, Baltimore, Maryland 21201

5 4 E g

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No.

25231

	-	-				061	incate o	Deall	'	1	Reg. No.			
	Physic /Medi		violet Marygold Nestor							2. Date of De Month August	Day 19	3. Time of Deeth 9:40am		
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			Medbridge - Ro	-					svill		Balt:			
	Funerai		5. Sociei Security Number	6. Sex		s. lest birthday)	if Under 1 Yea Months Dey		r 24 Hrs. Min.	(Month, De	th ly, Year)	9. Birth	piece (Stete or Foreign ntry)	
	Director		014 10 9923	1□ M 2□F		86 Yrs.				Nov. 27	, 1909	Mass	achusetts	
	and w		Usuel Residence of Decedent 10a. Stete 10b. Count	v	10c. C	City, Town or Lo	cation						10d. Inside City Limits	
	Mary!	0	Marriand Dalti										1 ☐ Yes 2 ☐ No	
	the 28s	Director	Maryland Balti	liore	MI	ddle Ri	.Ver				10g. Citizen of	What Cau	Λ	
	With Ba or	ā	2205 Hawthorne	Poad			,	220				JSA	THE Y	
	1 2 2 E	Funeral	11. Maritei Status		cedent Ever in	U.S. 13. V			rigin? (Sn	ecify Yes or No			can Indian,	
0	r Her	F	1 Never Merried 2 Ma	Armed F rried 1 ☐ Yes	orces? 2 ⊠ No		Was Decedent of f Yes, specify Cu		an, Puerto	Rican, etc.)	Bie	ck, White,		
21215-0020	72 hours efter deeth with the Maryland natural; or items 23a or 28s-f show olds! Examiner must be notified at	by	3 ₩ Widowed 4 Divorce	d If Yes, G Year or I	ive Dates:		I□Yes 2⊠N	o Specify	/ :		Specia		ite	
5-0	hin 72 ho	Completed	15. Decede	nt's Education	1	16e. Deced	lent's Usuel Occ	upetion		ut	16b. Kind of E			
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nd		Be	17. Fether's Neme (First, Middle					18. Moth	ner's Nem	e (First, Middle,	Meiden Sumer	ne)		
<u>ya</u>		Lo	Paul Goudre	ealt				Mary	7	Chouin	ard			
Maryland	d 2 should th and Mer 7 is marke traumatic		19e. Informent's Neme/Reletion				g Address (Stre							
	s 1 end f Heelth tarn 27 other tr		Suzette Topper	(sister)	-			ne Roa	ad Mi	ddle Ri	ver, Ma	ryla	nd 21220	
Baltimore,	00-5		20e. Method of Disposition 1 ☐ Burlei 2 ☐ Cremetion	3 □Removei from		Piece of Dispo cemetery, cren	sition (Neme of netory or other p	lece)	Dete	20c. Location - City or Town, Stete				
E E	permit. Pag Depertment Important: i any injury once.		4 Donetion 5 □ Other (Specify)		t Cremat		laryland						
39	permit. F Depertminimportar any injur		21. Signature of America Service Liperness 22. Neme and Address of Fecility Bruzdzinski Funeral Home PA											
_	00760		Mar A	10/2	_							Maryl	and 21221	
			23a. Par 1. Enter the disease, or heart feilure. Lis	complications thet	caused the dea	ath. Do not ente	er the mode of d	ying, such es	s cardiac	or respiretory e	rrest,		Approximete Intervel Between	
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ſ.	/Medical Examiner		Immediate Ceuse (Final disease or condition resulting in death)	e	le 1	Mypes	nhi		cojar	de		leaves		
п		_	resulting in death)		Due to	o es e conseq	uenca of):	77				0		
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_6	certificate be executed iding physician end ise es the buriel-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury		Due to	(or es e conseq	uence of):			0	L'ses	se	8	
260	siciar b buri		Cause. Enter Underlying Ceuse (Disease or injury that initiated events											
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XO	th certifice lending pl	M/u	d											
ω.	deeth e ette	Sicla	Pert II. Other eignificant conditi	one contributing to d	leeth but not re	suiting in the ur	derlying cause o	iven in Pert	1	23b Dfd i	tobacco use co	ntribere to	o the cause of death?	
P.0	v requires that the deat been signed by the att should be deteched for	Physicia	n				.conymig occord	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	••	1 Yes 2 No 3 Probably 4 Unknow				
	gned gned se de	by F	done	la										
Records,	requires ween sign hould be										en eutopsy med?		ere autopsy findings eileble prior to	
90	W 00 CA	ble								, ,			empletion of cause death?	
œ	0 - 0	Completed								101	res 2th	10	☐Yes 2☐ No	
	ysician: The is certificate director, pag	Be (25. Wes case referred to medica	ıi				26. Plac	e of Deat	h (Check only o	nne)			
2	\$ 00	2	examiner? 1 ☐ Yes 2 ☐ Mo	Hospitel: 1	Inpatient 2	ER/Outpetien	3□ DOA O	ther: 4 PN	ursing Ho	ome 5 Resid	dence 6 🗆 Ott	ner (Specif	(y)	
D L	aling Phy h. After thi funeral		27. Menner of Death 1 ☑ Netural 5 ☐ Pendi	28e. Date (Mon	of injury th, Dey Year)	28b. Time of injury	28c. Inj	ury et ork?		28d. Describe I	now injury occur	red		
0	Attanding or death. octor: After by the fune	catio	2 ☐ Accident invest	igetion				Yes 2] No					
Division	or Attander death Director:	Certification:	3 ☐ Suicide 6 ☐ Could 4 ☐ Homlcide determ	nined 266. Place	e of injury - At I	nome, ferm, stre	et, factory, office	9		28f. Location (5 City or Tox	Street end Numi vn, State)	ber or Rure	el Route Number,	
	ral D													
	To the Hospital or Attanding is within 24 hours efter death. To the Funeral Director: After completely filled in by the funer	edical	Check only 2 Medical	ng Phyefolan: To the Examiner: On the b	asis of exemin	owledge, deeth ation end/or Inv	occurred et the sestigetion, in my	time, date er opinion, dec	nd plece, eth occurr	end due to the	cause(s) end m	anner es s end due to	teted. o the cause(s)	
	the the	Med	Circy.	end man	ner steted.									
	8 7 ¥ 7		29b. Signeture end title of certifier 29c. License number 0083 (8)								29d. Date signe	wonth,	Loy, rear)	
	6		1 10-00			111/2		10)	18		0/	03	196	
			30. Nember end eddress of person	who completed caus	se of deeth (Ite	m 23e) (Type, I	0 703 S	. Cli	nton	St. Ba	ltimore	. Md	21224	
	CAC	10	31. Date filed (Month, Day, Yeer)) 1 39 F	Registrar's Sign					50, 50.		LICE	2,223	
H	Sta Registr		AUG26 1996	- ···	widow.	Mark Town								



96-4702-510 Replacement

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Month Dey 19 1996 Carrie Vanessa Nickelson-Opio August 9:51 /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** University Hospital Baltimore Hours Min. 8. Date of Birth (Month, Dey, Year)

AUG 20, 1 5. Sociel Security Number if Under 1 Yeer 7. Age (In yrs. last birthdey) Funerai Birthplece (State or Foreign Country) 1 M 3 THE Months Deys Yrs. **Director** 213-62-5671 1954 42 MD Usuel Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at BALTO. N/A Director MD Mores 2□No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 8 U.S.A. 21206 Нета 23а 5205 MORAVIA RD APT L death Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☑No If Yes, Give Year or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Rican, etc.) Raca - American Indien, Bieck, White, etc. filed within 72 hours after 1 Never Married 2 Married 8 Specify: BLACK 1 ☐ Yes 2 No Specify: by 3 Widowed 4 Divorcad "natural", Be Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/industry Hygiena. Elementary/Secondery (0-12) College (1-4or 5+) SCHOOL N/A SECRETARY 12th 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) permit. Peges 1 and 2 should be Department of Health end Mentel Important: If item 27 is marked or any Injury or other traumatic eve NICKELSON DAVID 2 FRANCES DRAKE 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) RAYMOND OPIO/HUSBAND 5205 MORAVIA RD BALTO, MD 21206 20e. Method of Disposition Plece of Disposition (Neme of cemetery, cremetory or other p Dete 20c. Location - City or Town, Stete 1 ☐ Burial 🏖 Cremation 3 ☐ Removel from Stete GREENMOUNT CREMATORY 4 ☐ Donation 5 ☐ Other (Specify) 1996 BALTO, MD 21. Signature of Funeral Service Licensee 22. Neme and Address of Fecility BETTS FUNERAL HOME 1129 N CAROLINE ST BALTO MD 21213 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediete Ceuse (Finel diseese or condition resulting in death) Hypertensive arteriosclerotic cardiovascular disease **Examiner** Due to (or es e consequence of): Physician/Medical Examiner The law requires thet the death certificate be axecuted Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury and buriel-trar Due to (or es e consequence of): thet initieted events resulting in deeth) Lest use as the Due to (or es e consequence of): Pert II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown þ 9 page 2 should Completed 24b. Were eutopsy findings evalleble prior to completion of ceuse of deeth? 24e. Wes en eutopsy performed? been 1X Yes 2 No certificata 1⊠ Yes 2□ No al or Attending Physician: Tis after death. Be 25. Wes case referred to medical 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 XYes 2 No 1 ☐ Inpatient 2 □XER/Outpetient 3 ☐ DOA funeral 27. Menner of Deeth Dete of Injury (Month, Dey Year) 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how Injury occurred 5 Pending investigation 1 XNeturel 1 ☐ Yes 2 ☐ No 2 Accident 6 ☐ Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 4 Homiclde To the Hospital Within 24 hours a To the Funeral I 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner as steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, date end place, end due to the cause(s) 29a. Certifier Medicai (Check only

completaly State Registrar

altimore, Maryland 21215-0020

Box 68760.

P.O.

Records,

Division of Vital

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

29b. Signature end title of certifier

August 20, 1996 Re-issued October 8, 1996

29d. Dete signed (Month, Dey, Year)

Assistant Medical Examiner 111 Penn St., Balto., MD Dennis J. Chute, M.D. 31. Dete filed (Month, Day)

29c. License number

OCME

O. Chate

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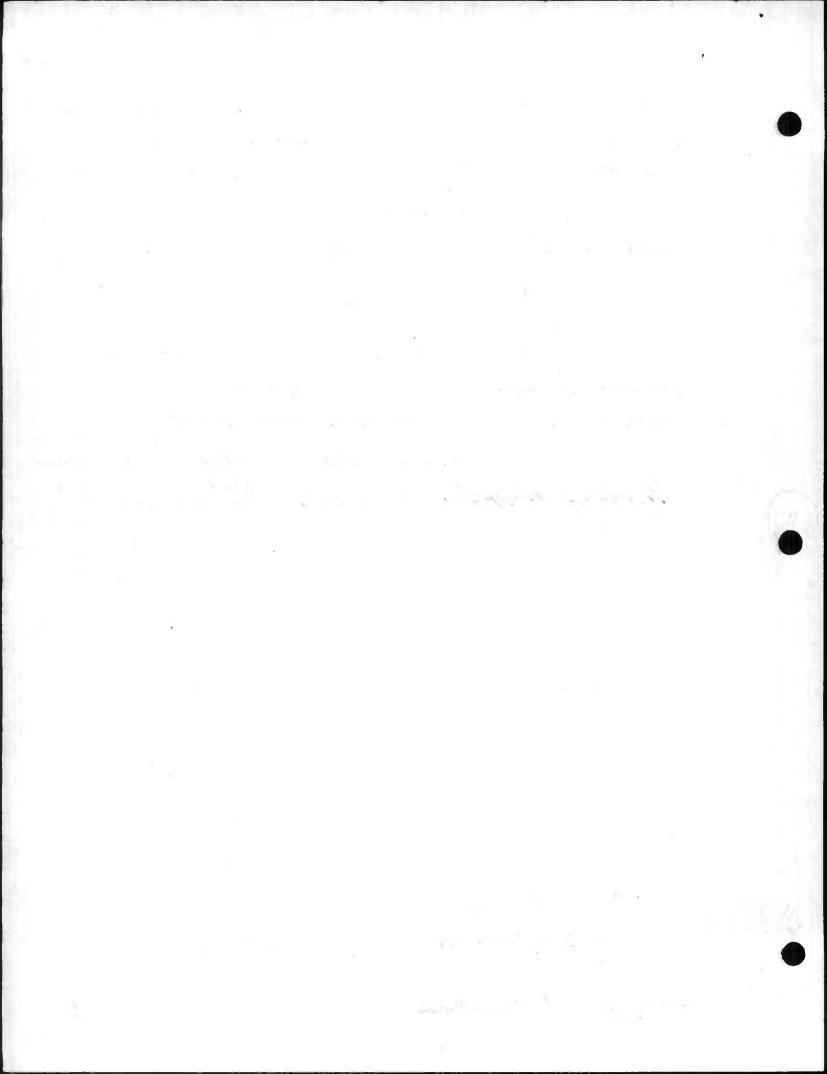
State of Maryland / Department of Health and Mental Hygiene 25233 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Month Year Joseph B. Olszewski 22, 1996 August 12:01 AM /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner 4054 Link Avenue Perry Hall Baltimore If Undar 1 Year If Undar 24 Hrs.
Months Days Hours Min. 5. Social Sacurity Number 7. Age (In yrs. last birthday) Funeral 8. Deta of Birth (Month, Day, Year) Birthplace (Steta or Foraign Country) 1 € M 2 □ F 214-20-6047 72 Director Yrs 1/13/1924 Maryland Usual Rasidance of Decedan the Maryland 10a Stala 10b. County 10c. City, Town or Location 10d. Insida City Limits r than "nature!", or items 23e or 28a-f el MD Baltimore Director Perry Hall 1 ☐ Yas 2 € No 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? death with 4054 Link Avenue 21236 U.S.A. Funeral 12. Was Dacedent Evar In U,S. Armed Forcas? 1 ☑ Yas 2 ☐ No if Yas, Give Yaar or Datas: 11. Marital Status Was Decedant of Hispanic Origin? (Specify Yas or No If Yes, specify Cuban, Maxican, Puarto Ricen, atc.) 14. Race - American Indian, Black, Whita, atc. Pages 1 and 2 should be filed within 72 hours after ment of Health and Mental Hygiena.

ant: If item 27 Is marked other then "naturel; or ite ury or other traumatic event," the Medical Examinal 1 ☐ Navar Married 2 ☐ Marriad 21215-0020 1 ☐ Yas ⊋ ☐ No Completed by Specify: White 3 Midowad 4 Divorcad 16a. Decedant's Usual Occupation (Give kind of work dona during most of working life. DO NOT usa ratired) 15. Dacedant's Education (Spacify only highast grada complated) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) College (1-4or 5+) Mechinist Lever Bros. Baltimore, Maryland 17. Fathar's Name (First, Middle, Last) 18. Mothar's Nama (First, Middla, Meidan Sumama) Be Joseph Benjamin Olszewski Mary Frances Tribull 19a. Informant's Name/Raiatlonship (Type, Print) 19b. Mailing Addrass (Street and Number or Rurel Routa Number, City or Town, Stata, Zip Code) Department of Health a important: if Itam 27 is any injury or other train once. Anthony Olszewski 1201 Fordham Court Belair, Maryland 21014 20e. Method of Disposition 20b. Place of Disposition (Nema of cemetery, cramatory or other plece) 20c. Location - City or Town, Stata 1 Buriai 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Joseph's Cemetery 8/26/1996 Baltimore, Maryland 22. Nama and Addrass of Facility
The Dippel Funeral Home Inc. 21. Signatura of Funaral Sarvica Licansea 7110 Belair Road Baltimore, Maryland 21206 23a. Part1. Enter the disease or complications that caused the teath. Do not antar the mode of dying, such as cerdiac or raspiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Batwaan Onsat and Death **Physician** /Medical Immediata Cause (Final disaasa or condition rasulting in death) **Examiner** The law requires that the death certificate be executed ed by the attending physician and detached for use as the burial-tran Saquantially list conditions, if any, leeding to Immediala causa. Enter Undarlying Cause (Disaasa or Injury that initiated avants rasulting in death) Last Dua to (or as a consequ Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 3 Probably 4 Unknown 1 Yes 2 No þ 24b. Wara eutopsy findings avallabla prior to complation of cause of daath? Completed 24a. Was an eutopsy performed? 2 No 1 Yas 2 No Division of Vital or Attending Physician: Be 25. Was casa rafarrad to medice examinar? 26. Placa of Daath (Check only ona) 200 No Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 2 1 Inpatiant 2 ER/Outpatlent 1 Yas 3□ DOA this 27. Mannar of Death 28b. Time of 28d. Dascribe how Injury occurred Certification: 28c. Injury at Work? Aftert 1 Naturei 5 Pending investigation 24 hours aftar death. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 ☐ Suicide 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stete) 28a. Place of Injury - At homa, farm, straat, factory, office building, etc. (Spacify) 3 4 | Homicide Hospital Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end place, and due to the causa(s) and menner es stated.

[2] Medical Examiner: On the basis of examination and/or invastigetion, in my opinion, death occurred at the time, date and place, and due to the ceusa(s) and manner stated. Medical 29a. Certifier (Check only one) To the To the To the 29b. Signatura and title of cartifia 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Nama and address of person 31. Data filed (Month, Dey, Yaar) State AUG 26 1996

DHMH 16 Rev 6/95

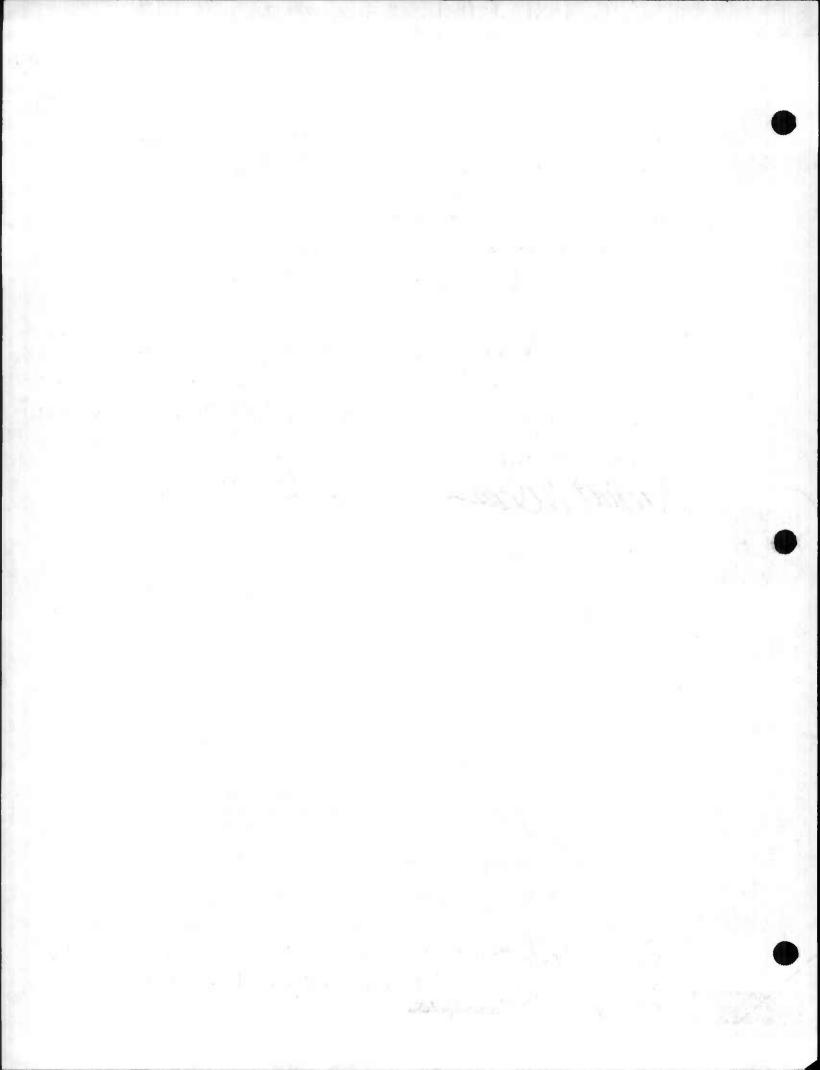
Registrar



State of Maryland / Department of Health and Mental Hygiene 96

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Funerai		5. Sociel Security Number	6. Sex 1 ☑ M 2 ☐ F	7. Age (In yrs.		if Under Months	1 Year Days	If Unda	24 Hrs. Min.	8. Dete of E (Month, L Dec . 1 &	lirth De <i>y, Year)</i>		nniece Idaho			
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¥ ₽ 8		29b. Signature and title of certifier	111 -	0.	0	290	Licens	e number	1001		h Dete s	gned (Month	n, Dey, Tear)			
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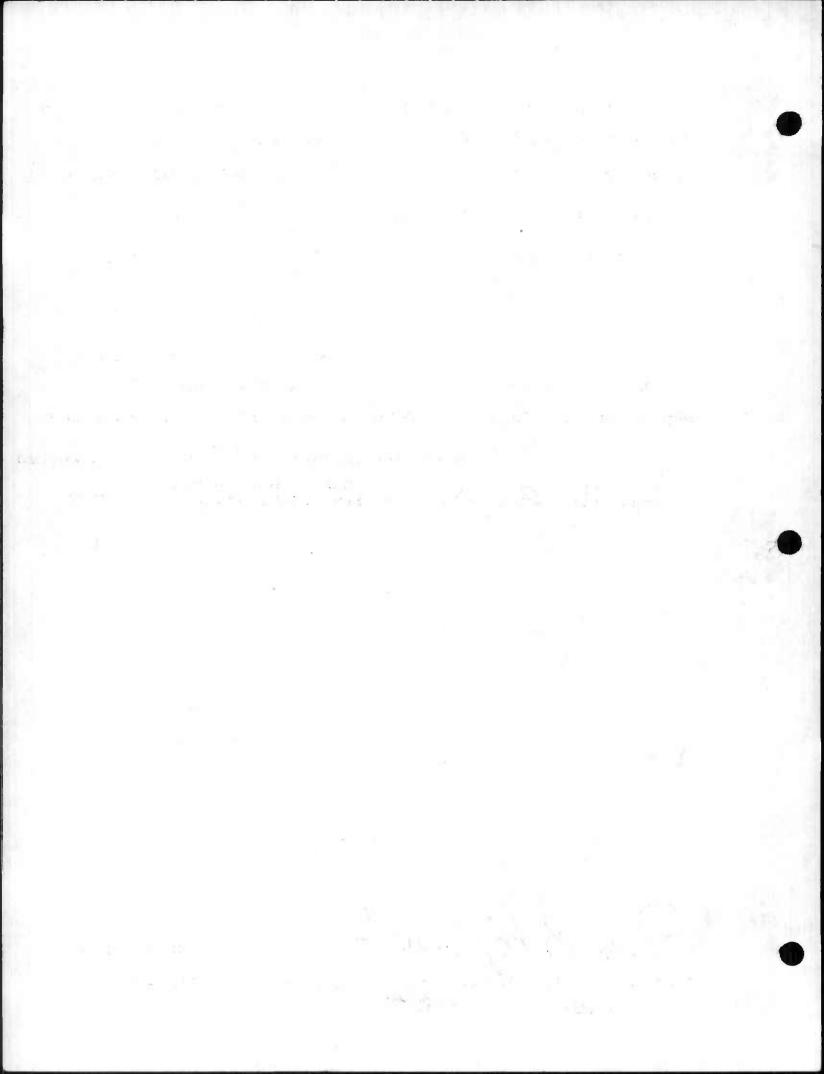


State of Maryland / Department of Health and Mental Hygiene

					Certific	ate of	Death		Reg. No.	20	4040
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Exami	iner	4a. Facility Name (If not institution, gi Franklin Square H					4b. City, Town, Rossvil	or Location of Dea le		unty of Death	
_c Funeral Director	_		Sex 7. Ag 1 □ M 2 □ F	ge (In yrs. last bi	rthday) If Ur Yrs. Mont	ndar 1 Year hs Deys		in. (Month, D	ley, Year)	9. Birthp Cour 16 Penns	placa (Stata or Forei ntry) Sylvania
yland		10a. Stata 10b. County		10c. City, Tow						1	10d. Inside City Llmit
a Mar	ctor	Maryland n/a		Baltim	ore Ci	ty					1 X Yes 2□N
th the	Director	10e. Street and Number	•		10f.	Zip Code			10g. Citizen	of What Cour	ntry?
23e		824 South Clinton	Street			2	1224			U.S.A.	
72 hours after death with the Manjand natural; or items 23s or 28s-1 show one Exerciner must be notified at	by Funeral	11. Marital Status 1 □ Nevar Married 2 □ Married 3 ☑ Widowed 4 □ Divorced	12. Was Decedent Armed Forces? 1 Yes 2 If Yes, Give Year or Dates:			ecedent of H specify Cuba s 2 No	lispanic Origin? an, Mexicen, Pu Specify:	(Specify Yes or N arto Rican, etc.)		Race - Americ Black, White, ecity:	etc.
72 hours "natural",	Pe	15. Decedent's E	ducation	16a	. Decedent's L	sual Occup	ation		16b. Kind o	WIT of Business/inc	nite
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Venta Venta rked rife e	To	John Sko	rupsky				Anto	onina N	10tyka		
and 2 should be file alth and Mental Hy 27 is marked othe er traumatic event.	ľ	19a. tnforment's Name/Relationship Mildred Summers		er) 22	. Malling Addr 22 Vai	ess (Street 1thorn	and Number or Road	Rural Route Numb Middle F	ber, City or To River,	wn, Stete, Zip Maryla	code) and 21220
permit. Pages I and 2 should be filed Department of Health and Mental Hyg important: If item 27 is marked other any injury or other traumatic event,		20a. Method of Disposition 1 Burlal 2 Cremation 3 4 Donation 5 Other (Speci		aamata	Disposition (in property) that I haels		church (8/21/96 em		on - City or To	own, Stete
pemit. Departri imports any inju		21. Signature of Funeral Service Lice	nsee	`\	Bruzo	dzinsk	ss of Eacility Ci Fune:	cal Home	P.A.		
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/Medical Examiner	iner	Immediete Cause (Final disease or condition resulting in deeth)	a Acute My	ocardia Due to (or as a			n <i>'</i>			S	sudden
leath certificata be axecuted attending physician and for usa as the burial-transit	cal Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events	с.	Due to (or as a							
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ing I	Certification:	27. Manner of Deeth 1 Naturel 5 Pending 2 Accident Investigatio 3 Suicide 6 Could not b			Time of njury M	28c. Injun Worl	yat k? Yes 2 □ No	28d. Describe	how injury oc	curred	-430
日本		3 ☐ Suicide 6 ☐ Could not b 4 ☐ Homlclde determined	28e. Plece of Inju- building, etc	ury - At home, fe c. (Specify)	rm, street, fact	tory, office		28f. Location (City or To	(Street and Nown, State)	mber or Rura	al Route Number,
To the Hospital within 24 hours a To the Funeral (complataly filled	ledical	29a. Certifier Construction Con	nystolen: To the best of niner: On the basis of and manner sta	examination en	, death occurred/or investigati	ed at the tim ion, in my op	ne, date end pla plnion, deeth oc	ce, end due to the curred at the time,	cause(s) end dete end pla	menner es st ce, and due to	teted. the ceuse(s)
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	10	Irvin B. Kaplan M	D 129 So	uth Bro	adway,	Balt	imore,	Maryland	21231	-1797	
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DHMH 16 Rev 6/95

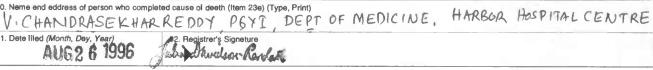
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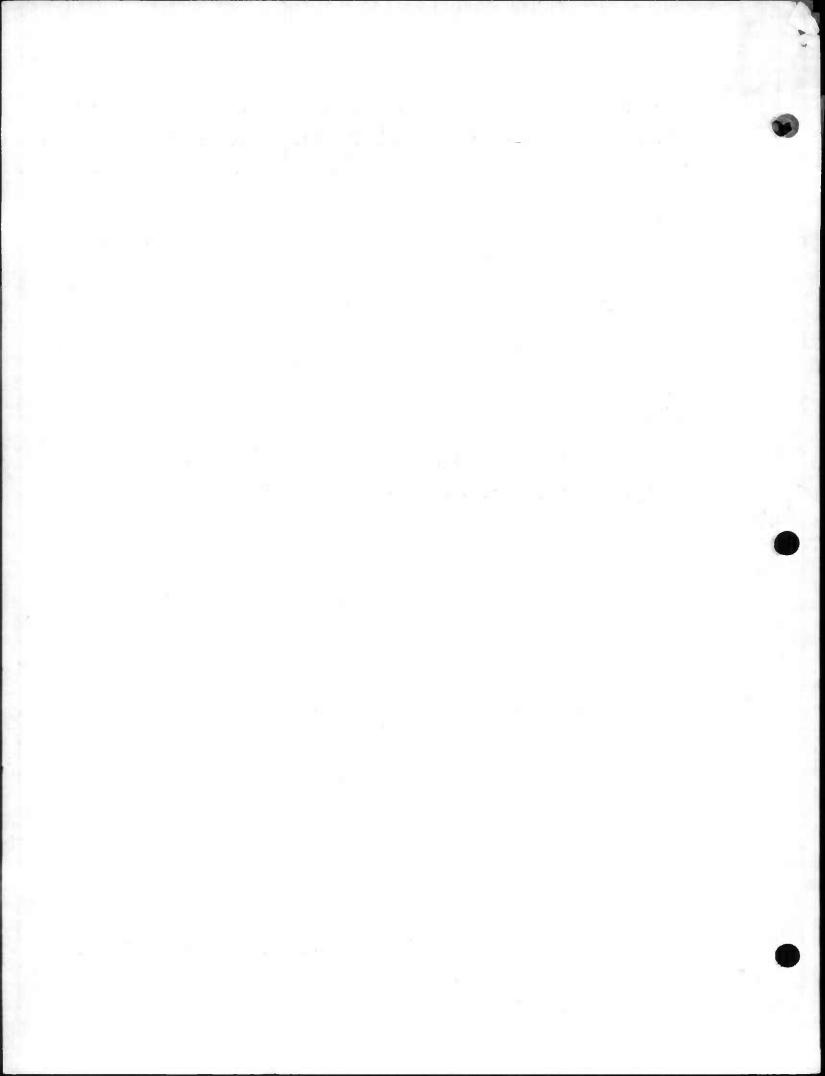
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	Physic /Medi		1. Decedent's Neme (First, Middle, Las BARBARA	Dilling	2. Dete of Deeth Month Dey 150 160 170 170 170 170 170 170 170 170 170 17
O/	Examir		4a. Facility Nome (If not institution, giv. HARBOR HOSPITA	e street and number) 300 S. HANOVER 4b. City, Town, or Loca L CENTER, STREET BALTI	
	Funeral Director		5. Social Security Number 6. S 212-28-4628 1 Usuel Residence of Decedent	ex 7. Age (In yrs. lest birthday) If Under 1 Year If Under 24 Hrs. Months Deys Hours Min.	9. Dete of Birth (Month, Dey, Year) Oca 3, 1930 9. Birthplace (State or Foreign Country)
	e Meryland Sa-f show rtified at	ctor	10e. Stele 10b. County	10c. City flown or Logation	10d. Inside City Limits 1 ✓ Yes 2 □ No
	ath with the 23a or 24	Funeral Director	10e. Street end Number Wes	+ Phal Place 101. Zip Code 21230	10g. Citizen of Whet Country?
020	72 hours after death with the Meryland naturel; or Items 23s or 28s-f show Steal Examiner must be notified at	þ	11. Maritel Stetus 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. Wes Decedent Ever in U,S. Armed Forces 1 ☐ Yes 2 No ☐ Yes, Give Yeer or Detes: 13. Wes Decedent of Hispenic Origin? (Specify Cuben, Mexican, Puerto Ri	fly Yes or No- can, etc.) 14. Rece - American Indien, Bleck, White, etc. Specify:
121	y within jiena. r than	Completed	15. Decedent's Ec (Specify only highest gre Elementery/Secondery (0-12)		Dry - decres
Maryland	od ala	To Be C	17. Fether's Neme (First, Middle, Last)	18. Mother's Neme (Connes	First, Middle, Melden Sumeme)
	1 and 2 sh Haalth and Im 27 is m ther traum		19e-teforment's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural) 2525 Eufav Pl. Ba 20b. Pleca of Disposition (Neme of	Route Number, City or Town, State, Zip Code) Co, Md Zl Zl Z Dete 20c, Location - City or Town, State
altimore,	permit. Pages Department of I Important: If ite any injury or or		1 Buriel 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Specification of Funeral Service Licentation of Funeral Service Licentation)	Removel from State Commettery, cremetory or other place) Commettery, cremetory or other place)	27/96 Randallstown, and
	Deper impo		Babriell	Le COOW March F.H. Wes	Ave
y I	Physician /Medical		shock, or heer feilure. List only	ollications that caused the death. Do not enter the mode of dying, such as cardiec or one cause on each line.	Onset end Death
	Examiner		diseese or condition resulting in deeth)	e. RESPIRATORY FAILURE Due to (or as e consequence of):	3 Hrs
	ed is	Examiner		METASTATIC LUNG CANC	ER
60,	icata be axecuted physician and s the burial-transit		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury	Due to (or es e consequence of):	
× 68760,		//Medical	thet initiated events resulting in deeth) Lest	Due to (or es e consequenca of):	
Box	death a atter d for u	iciar	Part II. Other significant conditions of	ontributing to death but not resulting in the underlying cause given in Pert I.	23b. Did tobacco use contribute to the cause of death
s, P.O	es thet the de igned by the be detached	by Physician/M	-	GE RENAL DISEASE	1 Yes 2 No 3 Probably 4 Unknow
of Vital Records,	requir been s should	Completed b		TENSION	24a. Was an autopsy performed? 24b. Were eutopsy lindings eveileble prior to completion of cause of deeth?
<u> </u>	Pege pege	Com	HYPOT	HYROIDISM	1 Yes 2 No 1 Yes 2 No
Vita	Physician: The this cartificate iral director, per	o Be	25. Wes case referred to medical exeminer?	26. Piece of Deeth (
ō	ar this aral di		1 ☐ Yes 2 ☑ No 27. Menner of Deeth	1 Sympatient 2 ER/Outpatient 3 DOA 4 Nursing Home 28a. Dete of injury 28b. Time ol 28c. injury et 28	e 5 Residenca 6 Other (Specify) d. Describe how injury occurred
	To the Hospital or Attending is within 24 hours after death. To the Funeral Director: After completely filled in by the funer	Certification:	1 DrNeturei 5 Pending 2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	M 1 Yes 2 No	M. Location (Street end Number or Rural Route Number, City or Town, Stete)
	Hospital or 24 hours afte Funeral Dir Italy filled in		29a. Certifier 114 Certifying Ph	ysician: To the best of my knowledge, deeth occurred at the time, date and place, an	d due to the cause(s) and manner as stated
	To the Hospital within 24 hours of To the Funeral Completely filled	edicai	(Check only 2 Medical Examone)	illner: On the basis of exemination and/or investigation, in my opinion, death occurred and menner stated.	et the time, dete end plece, and due to the cause(s)
	with Com	Σ	29b. Signature and title of cartifier	thankeddy PGYI AS 2441614-	29d. Date signed (Month, Dey, Year) 48 AUGULT & 1996
	, /			110 2441614-	40 109021 21 1996

State Registrar

31. Dete liled (Month, Dey, Year) AUG 2 6 1996



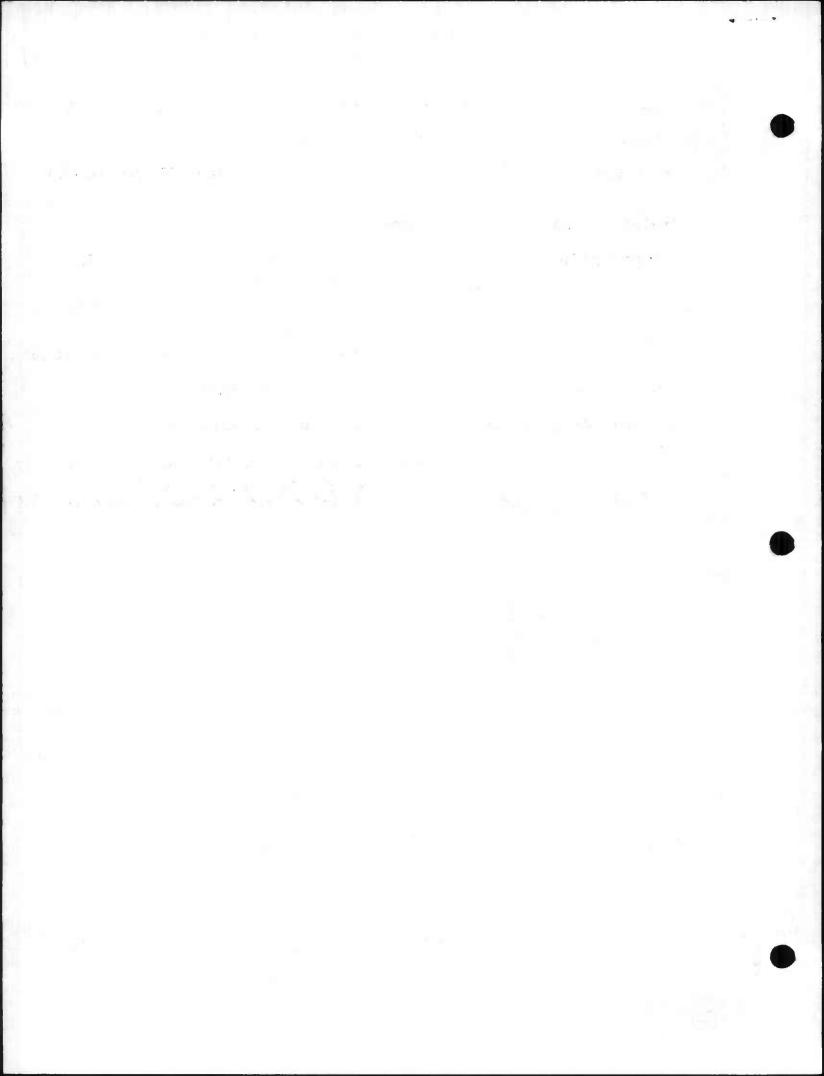
30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)



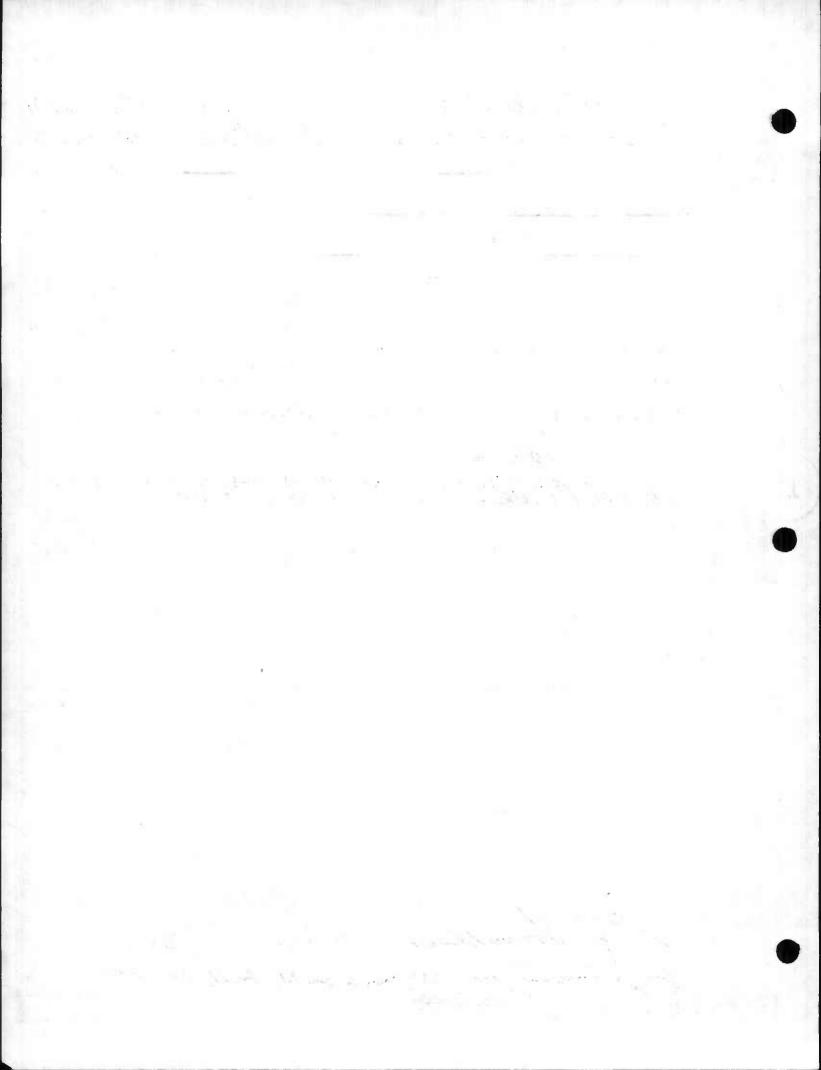
State of Maryland / Department of Health and Mental Hygiene

25237

				Cer	tificate o	f Death		Reg. No.		
	Physic /Medi		1. Decedent's Nama (First, Middle, Last) 4 ORETTA	Pumph			2. Data of De Month		Yaar 96	3. Time of Death 9:35PF
1	Exami		4a. Facility Name (If not institution, give street and num Good Samaritan	Hospita	e	4b. City, Town, or Lo Balfim	ore			
	Funeral Director		5. Sociel Security Number 212-03-1886 Usuel Residance of Decedent	7. Age (In yrs. last birthdey) 79 Yrs.	Months Day		8. Data of Bird (Month, Da OCTODE	r 16,19	9. Birthpl 16 M	aca (Stete or Foreign aryland
	with the Maryland a or 28a-f ahow	ector	10a. Steta 10b. County Maryland N/A 10e. Street and Number	10c. City, Town or Lo				10g. Citizen of \		od. Inside City Limits 1 ☑ Yes 2 ☐ No
	23a or	0			Ton Zip Coda			Tog. Onizer or t		
020	hours after death variation of them 23	by Funeral Director	11. Marital Status 1 X Navar Married 2 Merried 3 Widowed 4 Divorced 12. Was Decernment For 1 Yes, Given Yeer or De	2 (X) (No	Was Decedent of 1 Yes, specify Cu □ Yes 2 🕅 N	21214 Hispenic Origin? (Spriban, Maxicen, Puerto Specify:	ecify Yaa or No Rican, etc.)	- 14. Rec Blac Specify	e - Amarica ck, White, e	
21215-0020	rithin 72 h ne. han "natu	Be Completed	15. Decedent's Education (Specify only highest grade completed) Elemantary/Secondery (0-12) College (1-	4or 5+) (Give		upation e during most of works ed)		16b. Kind of Bo		
	e filed w al Hygier other th	S	12 17. Father's Neme (First, Middle, Last)	Se	cretary	10 Mathara Name				redit Corp
Maryland	d 2 should be filed th and Mental Hyg 7 Is marked othe traumstic avant,	To Be	Lee Pumphrey				Griffin			
Mai	d2st than 7 In n traun		19e. Informent's Neme/Reletionship (Type, Print)		_	et end Number or Rura			Stete, Zip	Code)
e,	ges 1 and it of Health If item 27 or other to		Barbara L. Kropp / Neice 20e. Method of Disposition	20b. Place of Dispos	Miles sition (Name of		to. Md.	20c. Location -	Cify or Tox	wn, Stete
E O	8 = 2		1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removal from S 4 ☐ Donetion 5 ☐ Other (Specify)	tate Parkwood	Comot o	1	8 /27 /06	Ralti	more	, Maryland
Baltimore,	pemit. Page Department of Important: If any Injury or		21. Signature of Funeral Service Licensee		Name and Add Leonard	rass of Facility J. Ruck F rford Road	uneral	Home, I	nc.	
	_		23a. Pert1. Enter the disease, or complications that ca shock, or heart feilure. List only one cause on ea	used the deeth. Do not ente					rial y	Approximeta
Ì	Physician /Medical Examiner		Immediate Cause (Finel disage or condition resulting in deeth) e.	ltiple a	ente	intracra			tions	Interval Between Onset end Death 3-2 days
	ted nsit	Examiner	- Atr	ial file	eilla	Lion			1	?
68760,	ertificate be executed ling physician and se as the burial-transit		Sequentially list conditions, if eny, leeding to immediate causa. Enter Underlying Cause (Disease or Injury that initiated events	Due to (or its a conseq	uence of):		17			years
×	E 0 6	n/Medical	rasulting in death) Last	Due to (or as a consequ	uence of):					years 3-4 days
Bo.	the attendated for us	Physician	Pert II. Other significant conditions contributing to dea	th but not resulting in the ur	nderlyling cause	given in Pert I.	23b. Did 1	lobacco ues co	ntribute to	the cause of death?
s, P.O	that the ed by detac	by Phy	Breast cancer chemo - & Rai	, 5/p de	ugica	l,	10	Yes 2 No	3 Prob	ably 4 Unknown
Records,	aw requin	Completed	chemo- & Ray	therapy				an autopsy med?	ava	re autopsy findings ilable prior to apletion of cause leath?
H	E se	S					101	res 2 No	1□	Yes 2□ No
Vital	Physician: The lithis certificate har director, page	Be	25. Wes case referred to medical axaminer? Hospitel: Market Available and the second area are a second area.		_ [c	26. Plece of Deeth				
o	£ = E	. To	27. Manner of Deeth 28e. Dete of	patient 2 ER/Outpatien	t 3 DOA 28c. In	4 U Nursing Ho		dence 6 ∐Oth now Injury occur)
Division	Affience sector: by the	Certification:	2 Accident Investigation 3 Suicide 6 Could not be determined 28a. Place of	f Injury - At home, farm, stre	M 11	☐Yes 2☐No	28f. Location (S City or Tov	Street and Numb	per or Rural	Routa Number,
	hours hours uneral ly filled	edicai Ce	29a. Certifier (Check only one) (Check only one)	is of examinetion and/or inv	occurred et the estigetion, in my	time, dete and plece, opinion, deeth occurr	end due to the ed et the time,	ceuse(s) end ma dete end place,	anner es ate and dua to	ated. the cause(s)
	To the Harris 24 Complete	Me	29b. Signatura and titla of certifier	13,Mb	29c. Lice	10578		29d. Data aigne	d (Month, C	Pey, Year)
	4		30. Name and address of person who completed cause IGOR VORONETSKY		Print) Zmariz	lan Hospit	lal, Toi	vson,	MD),
	Sta Registi		AUG2 6 1996	gistrar's Signature						

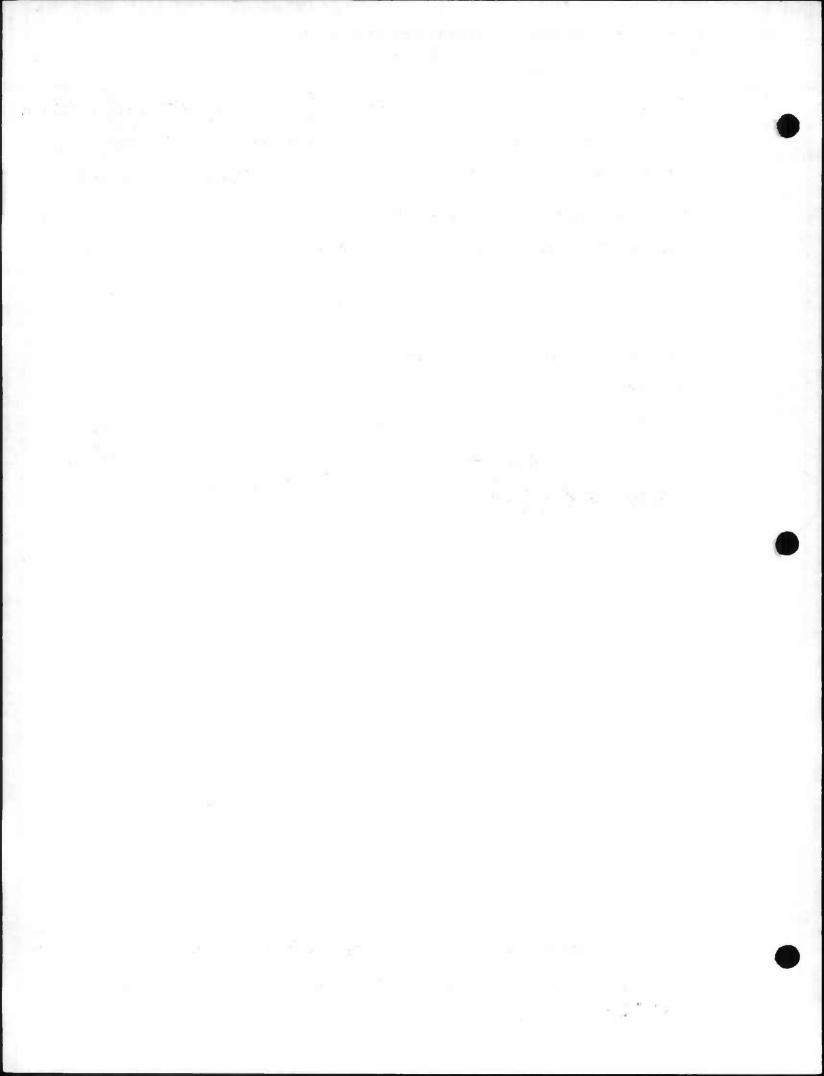


Physici		1. Decedent's Name (First, Middle, Las	Riedesel	301		of Death	2. Date of D	Reg. No.	3. Time of Death
/Medic Examin Funeral lirector		4a. Facility Name (Whot institution, give Anna Anna Social Security Number 6. S	e street and number) Medica ex 7. Age (In yrs.	last birthday) 79 Yrs.	If Under 1 Months E	Ann	8. Date of B	inh 1917	ty of Death NE Arundt 9. Birthplace (State or Fore Country) unknown
a-f show	tor	10a. State 10b. County .	ANCASIER	y, Town or Loc	QU.	ARRYVILLE TO DRUMORE TO	OWNSHIP)		10d. Inside City Limi 1 ☐ Yes 2 Ø N
23a or 28	Funeral Director	10e. Street and Number 625 RO	BERT FULTON HIGHW	AY	10f. Zip Co	de 101 17566		10g. Citizen of	What Country?
al', or items Examiner in	by	11. Marital Status 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorcad	12. Was Decedent Ever in U Armed Forces? µn Rn 1 ☐ Yes 2☐ No If Yes, Give Year or Dates:	own "	/as Deceden Yes, specify ☐ Yes 2 🖔	t of Hispanic Origin? Cuban, Mexican, Pu l No <i>Specify:</i>	(Specify Yes or Nerto Ricen, etc.)	Speci	ace - Americen Indian, ack, White, etc. ify: White
Important; if tem 27 is merked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, its Medical Examiner must be notified at once.	Completed	15. Decedent's Ed (Specify only highest gra- Elementary/Secondary (0-12) UNRNOWN	ucation de completed) College (1-4or 5+) UNRNOWN	16a. Decede (Give k life. D		occupation fone during most of v etired)	vorking	16b. Kind of I	Business/Industry WM
rked other	To Be C	17. Father's Name (First, Middle, Last) Unknown				18. Mother's N	lame (First, Middle unknown	e, Malden Suma	
127 is me er traume		19a. Informant's Name/Relationship (7 Lisa Boss/Daughte	Type, Print)	19b. Mailing 987 R	Address (S Oundto	treet and Number or Op Road-An	Aural Route Num	ber, City or Town Marylan	n, State, Zip Code) d 21401
int: If Item iny or oth		20a. Method of Disposition 1 Burial 2 Cremation 3 4 Donation 5 Mother (Specify	Removal from State	Placa of Dispos emetery, crem	ition (Name etory or othe	of r place)	Date	20c. Location	- City or Town, State
Importa sny inju		21. Signatura o Funeral Service Licen- Ronald	& Wade, Dir.	191. Ba	Name and A	ddress of Facility Iatomy Boa Ie, Maryla	rd-655 W). Balti	more Street
siclan edical ımlner	ıer	23a Part 1. Enter the disease, or comp shock, or heart feiture. List only of Immediate Cause (Finel disease or condition resulting in death)	a. Lung		ncer				Approximate Intervel Between Onset and Death
nysician and he buriei-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	b. — Due to (d	r as a consequ	enca of):				
ding physici se es the bu	/Medical	Cause (Disease or Injury that initiated events resulting in death) Last	C. Due to (o	r as a conseque	ence of):				
been signed by the ettending ph should be deteched for use es th	Physician/Mec	Part II. Other significant conditions co	entributing to death but not res	ulting in the und	derlying caus	e given In Part I.			ontribute to the cause of dea
s been signe 2 should be d	Completed by						24a. Wa	s an autopsy ormed?	24b. Were autopsy finding available prior to completion of ceuse of death?
certificate hes rector, page 2		25. Was case referred to medical						Yes 2 No	1 Tyes 2 No
this certific ral director,	To Be	examiner?	Hospital: 1₽Inpatient 2□	ER/Outpatient	3□ DOA	Other	eath (Check only Home 5 Pes		her (Specify)
une	Certification:	27. Manner of Death 1 □ Naturel 5 □ Pending 2 □ Accident investigation		28b. Time of Injury	28c.	Injury at Work? 1 ☐ Yes 2 ☐ No	28d. Describe	how injury occu	rred
		3 ☐ Suicide 6 ☐ Could not be determined	building, etc. (Specify	·)			City or To	iwn, State)	ber or Rural Route Number,
Fune tely fi	edical	29a. Certifier (Check only one) 1 ☑ Certifying Phy 2 ☐ Medical Exami	sician: To the best of my know iner: On the basis of examinal manner stated.	viedge, death o ion and/or Inve	occurred at the stigation, in	ne time, dete and pla my opinion, death oc	ca, and due to the curred at the time	ceuse(s) and m , date and pleca,	nenner es steted. , end due to the cause(s)
	N N	29b. Signature and tilling of caustiler	//		29c. Li	cense number		29d. Date sign	ed (Month, Day, Year)
To the					1			P/	10
To the Funeral Dire completely filled in b		30 Name and address of person who co	mull	220) (T	(37064 Frances,		85	/97



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 25239 Certificate of Death

					Ce	runcate of	Deam		Reg. No.		
Physicia	an	1. Decedent's Name (First, Middle	, Last)		_	Rei		2. Date of D	eath Day	Year 3. Time	of Death
/Medic		11100011		-61		1101	d City Town	Aug	152	9960.	MOCT
Examin	er	4e. Fecility Neme (If not Institution, Washington Adve					Takoma	or Location of Dela Datab		of Death Omery	,
				7. Age (In yrs.	last hirthday)	if Under 1 Year					to or Foreign
uneral rector		241-68-5196	10X M 2□ F	53	Yrs.	Months Days			ey, Year)	9. Birthplace (Ster	e or Foreign
		Usual Residence of Decedent		7.7				Sept. 3	,1742	unknown	
imetic event, the Medical Examiner must be notified at		10a. State 10b. County			y, Town or Lo					10d. inside	City Limits
	to	Maryland Montgon	nery	Sį.	lver S	pring				1□ Y	es 2 🛛 No
	Funeral Director	10e. Street end Number 1100 New Hamps	shire Aver	me		10f. Zip Code 209	00		10g. Citizen of V	Vhat Country? S.A.	
	era	11. Marital Status	12. Was Dece	dent Ever jn U	S. 13.	Was Decedent of	Hispanic Origin?	(Specify Yes or N	n- 14. Rac	e - American Indien	
	F	1 □{Never Merried 2 □ Marrie	Armed For	rces? II n h n		Was Decedent of I If Yes, specify Cub		erto Rican, etc.)	Bied	k, White, etc.	
1	þ	3 ☐ Widowed 4 ☐ Divorced	If Yes, Giv Year or Da	0		1 ☐ Yes 2 ☐XNo	Specify:		Specify	Black	
I	Completed	15. Decedent	s Education		18a. Dece	dent's Usual Occup	pation		16b. Kind of Bu	usiness/Industry	
1	ple	(Specify only highest Elementery/Secondary (0-12)	College (1	-40r 5+)	life.	kind of work done DO NOT use retire	during most of word)	vorking			
l	5	unknown	unknown		unkn	own			unkno	w	
	Be	17. Father's Name (First, Middle, L	.ast)				18. Mother's N	ame (First, Middle	e, Meiden Surnam	e)	
	To	unknown						unknown	1		
1		19a. Informent's Neme/Relationsh	ip (Type, Print)		19b. Meili	ng Address (Street	end Number or	Rural Route Numi	ber, City or Town,	Stete, Zip Code)	
	- 1	unknown			unk	nown					
		and the state of a separation	in			sition (Neme of metory or other ple	ica)	Date	20c. Location -	City or Town, Stete	
		1 ☐ Burial 2 ☐ Cremation 4 ☐ Donation 5 🛛 Other (Sp	3 □Removal from Secity) State.	State	omotory, or o	notory or other pro	, out	1			
9000		21. Signature of Funeral Service Lonald			22	Name end Addre	ess of Facility	1 155 1			
Suo	1	Ronald	. wage	our.						nore Street	2t
-	-	238 Part 1 Enter the disease or	complications that or	aused the deat		altimore			11-1559	Approxir	nete
		23a Part1. Enter the disease, or a hock, or heart feilure. List of	only one cause on e	ach line.	i. Do not em	or the mode of dyr	ing, such as card	ac or respiratory	21165(,	Interval	Between nd Death
1		Immediate Cause (Final		Λ - +	0		1	Λ	1	-	. /
1		dis use or condition resulting in deeth)	е.	Toule		8 pira-	tony	Arres.		54	nimites
ı	6				res a consec			. 00	-	i	
1	Examiner		b. 101	etast	atic	8gna	mous	cell	arcino	nai	
1	Exa	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury		Due to (o	as a consec	luenca or):					
		Cause (Disease or injury that initiated events	c	Dun to to	sopi	agus					
ı	n/Medical	resulting in deeth) Lest		Due to (o	es e conseq	1 /				į	
	M	•	d	551 -	065	truch	ve.	pneun	uona		
	cla	Don't Ohan desident and dist			late at an	-1-1-1		OOL DIS			
ľ	Physicia	Part II. Other eignificant condition	is contributing to de	ath but not resi	uiting in the u	ndenying cause gr	ven in Part I.			ntribute to the caus	
								_ 1∟	Yes 2 No	3 Probably 4	Unknown
	d by							24a. Wa	s an autopsy	24b. Were autop	sy findings
1	Completed						170	perf	ormed?	evalleble pri	or to of cause
	E									of death?	
									Yes 2 PNo	1 ☐ Yes 2	!∐ No
	o Be	25. Was case referred to medical examiner?	Hospital:	/		Ott	her:	eeth (Check only			
	F	1 ☐ Yes 2 ☐ No 27. Manner of Death	28a. Date o		ER/Outpatier 28b. Time of	IT 3LI DOA	4 LI Nursing	Home 5 Res	how injury occurr		
ı	Certification:	1 ⊠Natural 5 □ Pending	(Mont	h, Dey Year)	Injury	Wo	rk?] Yes 2 □ No	200. 2000100	now injury occur		
	cal	3 Suicide 6 Could n	ot be	of Injury At he	one form etc		100 2 100	28f Location	(Street and Numb	er or Rural Route N	lumber
	팊	4 ☐ Homicide determine	buildir	ng, etc. (Specify	/)	eet, factory, office			iwn, Stete)	or ridial riddle ri	umoer,
		29a. Certifier 127 Certifying	Physician, To the	hast of my loss		nanuanad as sha st		an and due to the		and an atolaid	
	edical		Physician: To the xaminer: On the ba and menn	isis of examinat	lon and/or in	vestigetion, in my	me, date and pla opinion, death oc	curred at the time	, date and place,	and due to the caus	e(s)
	Mec	29b. Signeture and title of certifier	and menn	ाना अस्ति।		29c. Licens	se number		29d. Date sinner	d (Month, Dey, Yea	r)
		1 6 6	1					8	A11 A1. C	st 15th	1901
			ra, mu				4639	U	nugus	13 /	116
1		30. Name and address of person w	17 :		_				450		
		12 Congression	ax lane	# 4	09	Rockuil	1e, N	10 2	0852		
Stat	-	AUG 2 (Sports Sav. Year)	June Danie	MART A SALES	MA						
stra	at		U * P	0.000							



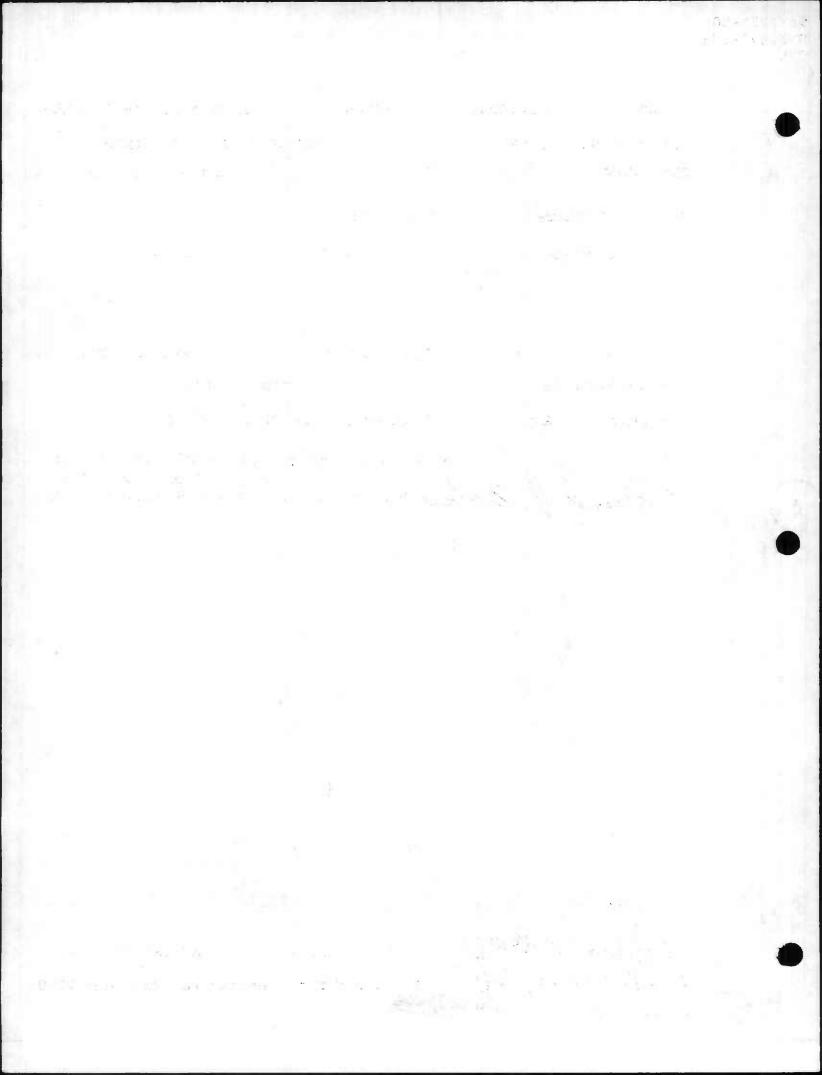
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Dhualainn	_				Certific	ale of	Dealli		Reg. No.		
		I. Decedent's Name (First, Middle, Li	est)				700	2. Deta of De	ath	V	3. Time of Leath
Physician /Medicai		HELEN	GERTRUDE	1	RIC	CKS		AUGUS'	Г 22,	1996	0445AM
xaminer		a. Fecility Neme (If not institution, gi	ve street end number)				4b. City, Town, or		-	ty of Death	
	ı	203 NEWBURG AV	VENUE				CATONSV	TLLE	BAT.T	IMOR	ਜ
1	5	. Social Sacurity Number 6.	Sex 7. Age		and birtinady/	nder 1 Yea	r If Under 24 Hrs	8 Date of Birt	h		lace (State or Foreig try)
or		358-03-5439 Jsual Residence of Decedent	1□M 2\\ F		75 Yrs. Mon	ths Days	s Hours Min.	11/4/1	920	Chica	
rector	1	0a. State 10b. County		10c. City	, Town or Location					1	0d. Inside City Limit
ş	1	Maryland Baltimo	re	(Catonsvil	le				100	1 ☐ Yes 💥 N
1 2	1	0e. Street and Number			10f.	Zip Code			10g. Citizen o	What Coun	itry?
<u>a</u>	1	203 Newburg Avenu	e			2122	28		U.S.A.		
by Funeral Director		1. Maritel Status 1 Never Married 2 Merriad 3 Widowed 4 Divorced	12. Was Decedant E Armed Forces? 1 ☐ Yes 2 ☑ N If Yes, Give Year or Dates:		If Yes,	ecedent of specify Cul	Hispanic Origin? (S ben, Maxican, Puarl Specify:	specify Yas or No- to Rican, etc.)		aca - Americ ack, White, in	etc.
8	-	15. Decedent's E			16e Decedent's I	Ieuei Ocou	ination		10h Vind of	D. slassofts	44
Be Completed	-	(Specify only highast gr	ede completed)		(Give kind or life. DO NO	work done	upation a during most of wor and)	rking	16b. Kind of	DUSINOSS/IÑO	oustry
E		Elementary/Secondary (0-12)	College (1-4or 5	+)	Court Re		,		Baltin	ore C	itv
Ö	1	7. Fether's Neme (First, Middle, Lest			WILL IVE	COLUC	_	ne (First, Middle,			y
O B		Vincent Adomaiti	•					zia Rauk			
۲		19e. Informant's Name/Reletionship (406-84-92 4 : :	16.					
		Gene Ricks	Son				et end Number or Ru				Code)
	-	Oe. Mathod of Disposition	DOLL	OOL DI			Ave Gly				
	-	₩Suriel 2 Cremation 3 □	Removel from State		ece of Disposition (emetery, crematory			Dete	20c. Location		
	and a	4 Donetion 5 □ Other (Specil	(y)	Lor	riane Par	k Cen	netery 8	3/28/96	Baltimo	ore, M	aryland
ouce.	2	1. Signature of Funeral Service Ligar	nsee/	1	22. Name	and Addr	ass of Facility Da	avid J.	Weber E	unera	1 Home
ā		X A	11 /2/	ila) 5311	Edmor	ndson Ave.	Baltim	ore. Ma	rvlan	d 21229
	1	23a. Pert1. Entar the disease, or cor shock, or heert feilure. List on	lications thet ceused	the daath					-	2	Approximate
an		shock, or neert tellure. List only	one ceuse on each lin	Θ.			Λ Λ		,	1	Intervel Between Onset end Deeth
al	i	mmediete Cause (Final	Data	0	AL.O	-1	/2 R=	4		1	
er	r	fisaesa or condition esulting in deeth)	e. KELP IV	- Ca	Modon	ind	(RRAIS)	neury	m		
ě			,	Due to (or	es a consequence	of):	«a)	000			
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70	1 9	and the same of th		Due to for	as a consequence						
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n/Medicai	re	est littled events esulting in deeth) Lest	d	Due to (or	as a consequence	of):	iven In Pert I.	23b. Dld t	obacco use c		
hysician/Medical	re	est littled events esulting in deeth) Lest	d	Due to (or	as a consequence	of):	iven In Pert I.	23b. Dld t			the cause of death
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edical Certification: To Be Completed by Physician/Medical	25 27 21 21 21 21 21 21 21 21 21 21 21 21 21	art II. Other significant conditions of the cond	Hospital: 1 Inpatter 28e. Dete of Injun 6. 28e. Plece of Injun building, etc. ysician: To the best of	t not result to the total to the total tot	as a consequence of the conseque	DOA Ot 28c. Inju Wo 1 Cory, office ed et the tilon, in my 29c. Lican:	26. Place of Dee her: 4□ Nursing H iny at ork? Yes 2 No ime, dete end plece opinion, daath occur	24a. Was a performent of the Check only or or or owner of the control of the cont	an autopsy mad? les 2 No ne) ence 6 Ot ow injury occu Notation in, State) euse(s) endfr late and plece	3 Prob 24b. We ava con of d 15c. A con	ra autopsy findings illable prior to inpletion of ceuse leeth? Yes 2 No Roufe Number, 2

111 Penn Street, Baltimore, Maryland 21201

DHMH 16 Rev 6/95

State Registrar 31. Date filed (Month, Dey, Year) AUG 26 1996



FOR STATE REGISTRAR

REG. NO

DIVISION OF VITAL RECORDS,

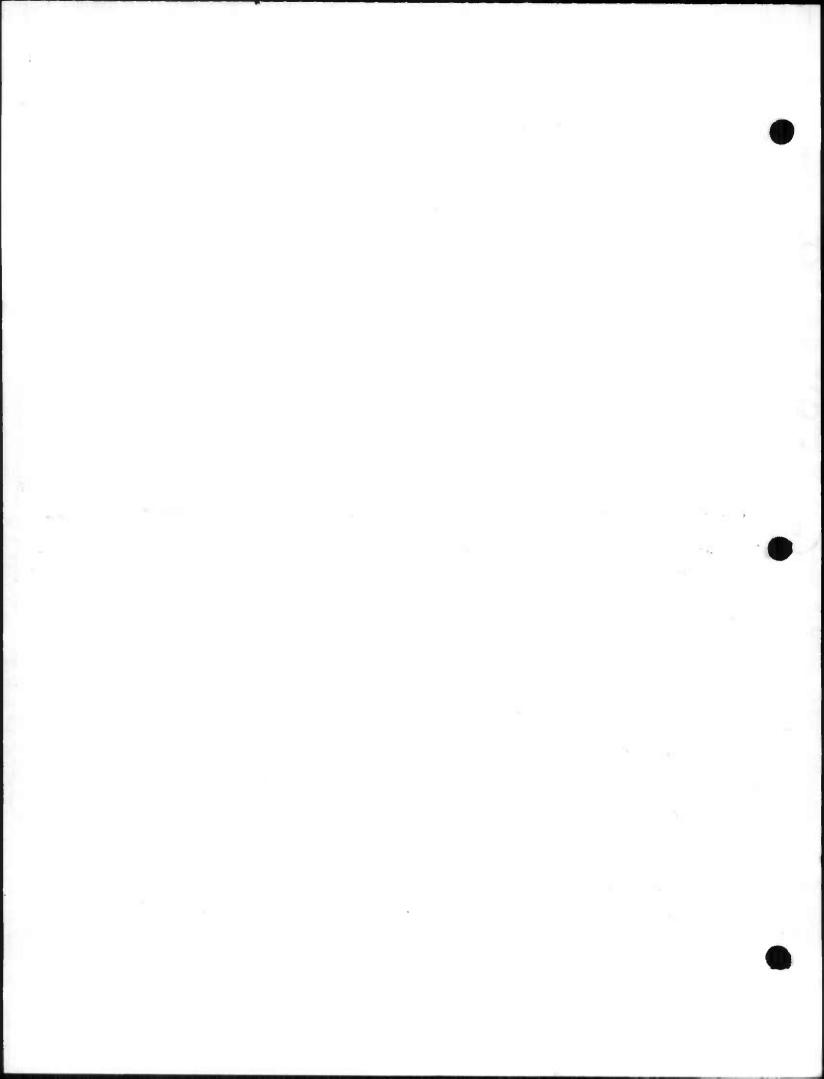
1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH :15P YEAR Mary Reed AUgust 6 AR 996 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Morith, Day, Year) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 1 🗌 M 2 💢 F 212-34-1528 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 96_CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DEATON SPECIALTY Hospital & Home DIRECTOR NA RESIDENCE OF DECEDENT 10c. ALTY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY INDER TJAC 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10f. ZIP CODE 10e. STREET AND NUMBER APOTAGA STREET 2120 USA firector, page 5 should be detached for use as the burial-transit Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No—It yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: RACE — American Indian, Black, White, atc. Never Married 2 Married IF YES, GIVE WAR OR DATES a Specify: BY 3 Widowed 4 Divorced lack COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY 1499 (1-4 or 5+) MEMPLONED UNEW Droded 440 once. 17. FATHER'S NAME (First, Middle Last) SESSI€ DAVIS notified at WHOO JOHN KEED 2 DACTO. No must be 20a. METHOD OF DISPOSITION

1 X Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 8-27-9 DATE md Donation 5 Other (Specify) ING MEMOR examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March TUD ERAL Enter the at leases, or complications that caused the desahock, or that fellure. List only one cause on each line. ysician and completely find in by the prior to burial, cremation, or entout Noors after medical pases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Interval Between Onset and Death IMMEDIATE CAUSE (Finel 朝 disease or condition resulting in deeth) 2 vike Wascu event. HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING been signed by the attending physician or, of Health and Mental Hygiene prior to Wension CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST injury, or PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 TYES 2 34"NO 1 YES 2 NO State Dept. o PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) the State D HOSPITAL: OTHER: 1 - YES 2 10 MG 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANYER OF DEATH 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED with t marked, 1 Natural 5 Pending Investigation 1 YES 2 NO DIRECTOR: After the hours after death vitem 28 is mark BY 2 Accident 28s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 28t, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER
(Check only one)

1 DERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. FUNERAL within 72 h TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: I 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE by WICKN 2 BRA 215 12 1996 DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



		Please	Type or Print in State of Maryla	nd / Departr		Health and	Mental Hyg			25242
Dhysia	lan	1. Decedent's Name (First, Middla, La	est)				2. Date of Deat Month	-	Year	3. Tima of Death
Physic /Med		OBBIE		FADIN			AUG		1996	1220 H
Exami	ner	4a. Facility Name (If not institution, give	1.	0			Location of Death	4c. County	Death	
1	,		0-1-3	PITAL	Today 4 Warring	, ,	TIMONE	//	14	1 100
Funeral Director		5, Social Security Number 705-09-6.5 Usual Residence of Decedent	Sex 7. Age (In yr. 10 M 2□ F 8 5		Under 1 Year inths Days			Year) (1910	9. Birthplec	Se (State or Foreign
death with the Maryland ime 23a or 28a-f ehow	ctor	10a. Stete 10b. County	A 10c. C	City, Townyor Locatio	140		,		10d.	Inside City Limits 1X Yes 2□ No
th with the	Funeral Director	10e. Street and Number 414 Edgen	wood st.	10	Of. Zip Code	229	10	g. Citizen of W	haf Country	4
permit. Pages 1 and 2 should be filed within 72 hours efter death with the Manylan Department of Health end Mental Hygiene. Important: If Item 27 is marked other then "natural", or items 23a or 28a-f ehow any injury or other treumatic event, the Mourcal Examiner must be notified anone.	by	11. Maritel Status 1 Never Marriad 2 Married 3 Widowed 4 Divorcad	12. Was Decedent Ever in Armed Forces?, 1 Yes 2 No If Yas, Give Year or Datas:	If Yes	Decedent of I , specify Cub 'es 2 No	Hispanic Origin? (S van, Maxican, Puer Specify:	specify Yes or No- to Rican, etc.)		- American k, White, etc.	
d within 72 hogiene. giene. er then "natur , tre Medical	Completed	15. Decedent's E (Specify only highest gra Elamentary/Secondary (0-12)	ducation ade completed) Collaga (1-4or 5+)	16a. Dacedant's (Give kind lifa. DO N	of work done OT usa retire	during most of wo	rking Jorter	6b. Kind of Bus		tion
uld be file Jental Hy rked oth	To Be	17. Father's Nama (First, Middle, Last,	EAD IN			18. Mother's Na	me (First, Middle, N	laiden Sumeme	,	
and 2 should be file salth end Mental Hy 127 Is marked oth er treumetic event	ľ	19. Informant's Namer Relationship (Typo, Print) uffs-Daughte	19b. Mailing Ad	dross (Straat		St. Ba	City or Town, s		225
mit. Pages 1 ar partment of Hea portant: If Item; y injury or other		20a. Melhod of Disposition 1 Burial 2 Cremation 3 4 Donation 5 Other (Specif	Removal from State	Rlaca of Disposition cometery, cremator	(Name of		8/26/96 K	balto,	city or Town,	, State
permit. Depart Import any inj		21. Signature of Funeral Service Licer	le Coop	() 43	500		h Ave	2121	5	
		23a. Part1. Enter the disease, or com shock, or heart failure. List only	plications that caused the dea one cause on each lina.	th. Do not enter the	mode of dyir	ng, such as cardiad	or respiratory erre	sf,	Int	oproximate terval Between
Physician /Medical Examiner		Immediate Causa (Final disease or condition resulting in death)	a. PNE	umon.	11				Or	10 Days
	ē			(or as a consequand					1	
beto Insit	Examiner		U	RO VA	9	LAR	ACCIDI	INC		
be executed sician and buriel-transit	-	Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury that initiated avents	c	or as a consequenc						
death certificate by e attending physici of for use es the bu	n/Medic	resulting In death) Last	Due to (or as e consequence	e of):					
y the	by Physician/Medica	Part II. Other significant conditione of	ontributing to death but nof re	sulting in the underly	Ing cause giv	ven in Part I.			ribute to the	cause of death?
aw requi	Completed						24a. Was an perform	autopsy ed?	availat	autopsy findings ble prior to efion of cause th?
The ate h	Con						1 ☐ Yes	2 1 No	1 □ Ye	es 2 No
ysician: The s certificate director, pag	Be	25. Was case referred to medical examinar?					ith (Check only one)		
Physician: r this certific rral director,	2	1 Yes 2 No		ER/Outpatient 3[DOA Oth	4 LI Nursing H	ome 5 Resider	nce 8 Other	(Specify)	
et et en en en en en en en en en en en en en	ation:	27. Manner of Death 1 Natural 5 Pending 2 Accidant investigation	28a. Date of Injury (Month, Day Year)	28b. Time of Injury	28c. Injur Wor 1 🗆	y at rk? Yes 2 □ No	28d. Describe how	v Injury occurre	d	
Ne Hospital or Attending 124 hours after death Funeral Director: A bletely filled in by the following the followin	Certification:	3 Suicide 6 Could not be determined	28e. Placa of Injury - At h building, atc. (Speci	nome, farm, street, fa	actory, offica		28f. Location (Str. City or Town,		r or Aural Ad	oute Number,
o the Hospit ithin 24 hour o the Funera ompletely fills	edicai	29a. Certifier 1 Certifying Phyone) 1 Certifying Phyone 2 Medical Example 2 Medical Example 1 Medical	yelclan: To tha best of my known the common stated.	owledge, daath occu ation and/or investig	rred at tha tin ation, In my o	me, date and place pinlon, death occu	, and due to tha car rred at the tima, da	use(s) and man a and placa, ar	nar as stated	d. causa(s)
o the	Σ	29b. Signefure and title of certifier			29c. Licens	a number	29	d. Dafe signed	(Month, Dev	. Year)

State Registrar

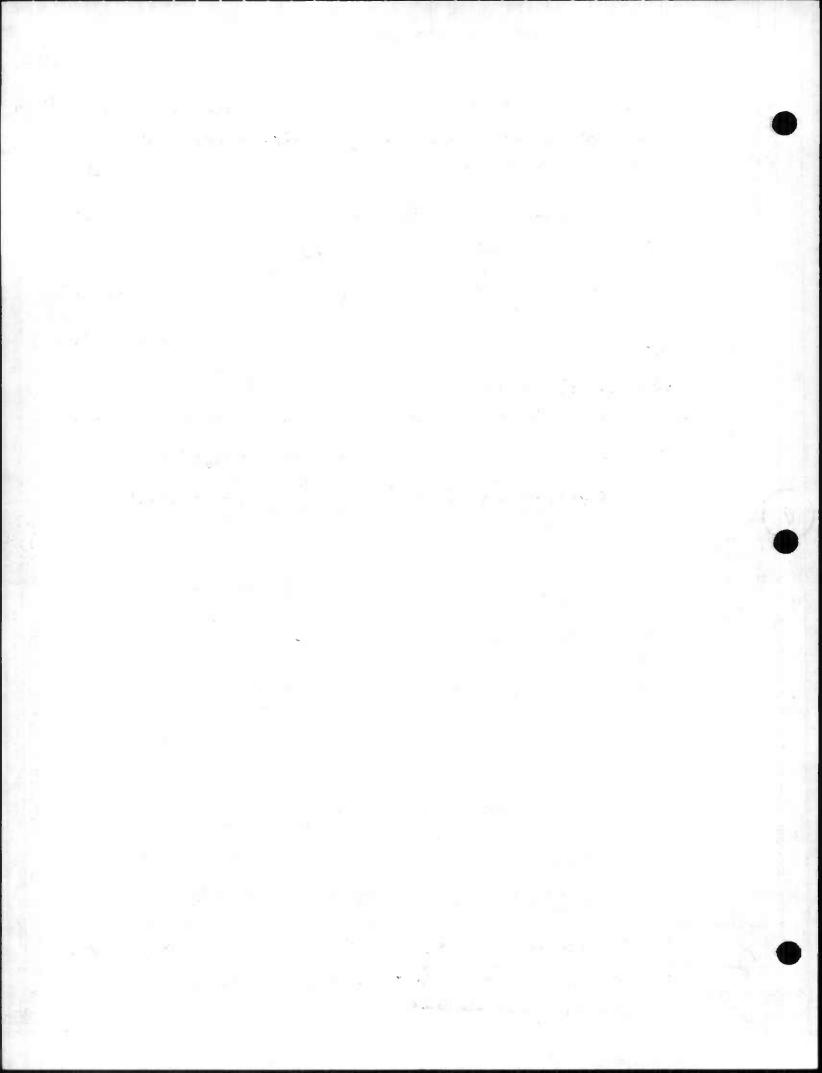
THOMAS S.
31. Data filed (Month, Dey, Year)
AUG2 6 1996

30. Nama and address of person who completed causa of death (Item 23a) (Type, Print)

THOMAS S. MILLEN BON SE COURS HOSPITAL

D30272

20/86



State of Maryland / Department of Health and Mental Hygiene 96

96 2524:

			Certifi	cate of	Death		Reg. No.		
Physician	1. Decedant's Nama (First, Middla, L					2. Data of De Month	ath Day	Yaar	3. Tima of Death
/Medical	1 Homas 1	. Shiflett	·			0	/ 22/	96	11:05 A~
Examiner	Baltimore VA Me		O. N. C-re		4b. City, Town, or Baltimi		4c. County	of Death	A
Funeral Director	233 34 8615	Sax 1 ★ 2 F 7. Aga (In y	Mo	Under 1 Yaar nths Days	If Undar 24 Hrs Hours Min		1930	9. Birthpl Count Virg	laca (Steta or Forei try) inia
r 28a-f show Lnothfied at irector	Usual Rasidance of Decedant 10a. Stata 10b. County Maryland Baltin		City, Town or Locatio					10	0d. insida City Limi 1 ☐ Yas 2 🛂 N
r items 23s or 28s-1 s inper must be notified Funeral Director	10e. Street and Number 12128 Jerusalem	Road	16	of. Zip Coda 210)87		10g. Citizen of	What Coun	
by E.	3 ☐ Widowed 4 ☐ Divorced	12. Was Decedant Evar in Armed Forcas? 1 2 Yas 2 □ No If Yas, Giva Yaar or Datas:	if Yas	Decedant of H , specify Cuba 'as 2 No	lispanic Origin? (S an, Maxican, Puar Specify:	Specify Yas or No to Rican, atc.)		ce - Amaric ck, Whita, a	
ygiene. Net than "naturel", It, the Medical Ex. Completed by	15. Decedant's (Specify only highast g		16a. Decedant's (Giva kind lifa. DO N	of work dona OT use retired	during most of wo d)	rking	16b. Kind of B		
Hygiena. other than ant, tha Me e Comp	6	00,100 94 (1,101,01)	Ins	staller			Car	pet C	ompany
d out	17. Fathar's Nama (First, Middia, Las	*			18. Mothar's Na Mable V	me (First, Middle, 71a	, Meiden Sumer	na)	
PEE	19e. informent's Name/Ralationship Theresa Shiflett				and Number or R Lem Road				
nent of Health and: If Item 27	20a. Method of Disposition 1 Suriai 2 Cramation 3 4 Donation 5 Other (Special Contents)	□Ramoval from Stata	o. Place of Disposition camatary, cramator	v or other plai	rdens 8	Data /24/1996	20c. Location Baltim		
Department of Important: If I any injury or once.	21. Signature of Funeral Service Lion	uskenis			ss of Facility Li Funera				4004
ysiclan	23a Panti. Enter the disease, or conshock, or heart failure. List only	notications that caused tha de y ona causa on each lina.			Eastern 1 ng, such as cardia			Ma. Z	Approximeta intarvai Between Onsat and Death
Medical aminer	Immediata Causa (Final diseasa or condition rasulting in daath)	a	reumoni						2 weeks
uer u			o (or as a consequand	e or):					8 yrs.
stcian and burial-transit	Sequentially list conditions, if any, leeding to immadiata causa. Enter Underlying Ceuse (Disaase or injury	Dua to	(or as a consequence	e of):					-
g phy as the	resulting in daath) Last	CDua to	(or as a consaquanc	a of):					
for us									
ed by the attended for used to the detached for used to the detached for used to the detached	Part ii. Other significant conditions	contributing to death but not r	asulting in tha undari	ying causa giv	/an In Part I.	23b. Did	/		the cause of deat pably 4 Unkno
sate has been signed by the attendin page 2 should be datached for use Completed by Physician/N							an autopsy ormed?	ava	ara autopsy findings allabia prior to applation of cause death?
paga 2						10	Yas 2 No	10	Yas 2□ No
s cartificate director, pag	25. Was casa rafarred to medical axaminar?					ath (Check only o	ona)		
일을	1 ☐ Yas 2 ☑ No			DOA Oth	- Unuising i	ioma 5□ Rasi	dence 8 □Oth	er (Specify	<i>'</i>)
al Director: After the led in by the funeral Certification:	27. Manner of Death 1 Naturai 5 Panding 2 Accident invastigati 3 Suicide 6 Could not		28b. Tima of injury	28c. injur Wor 1 1	yat rk? Yas 2 □ No	28d. Dascribe	how injury occur	red	
al Direct led in by	3 Suicida 6 Could not 4 Homicide determined	28a. Placa of Injury - Al building, etc. (Spe	homa, farm, street, f	actory, offica		28f. Location (: City or Tox	Street and Numi wn, Stete)	ber or Rura	l Routa Number,
within 24 hours after deam. To the Funeral Director: After complatally filled in by the funer Medical Certification.	29a. Certifier 1 Certifying P (Check only one) 2 Madicai Exa	hysician: To the best of my k miner: On the basis of axami and mannar stated.	nowledga, daeth occi nation and/or invastic	urred at tha tir pation, in my o	ma, data and place opinion, death occu	a, and dua to tha urred at tha tima,	causa(s) and m data and place,	annar as st and dua to	ated. tha cause(s)
Toth	29b. Signatura and titla of cartifiar Mome	vi mo		29c. Licans	v 723 v		29d. Data signe 8 / 2.	- 111	Day, Year)
State	30. Nama and eddress of person who B. Momen: MD 2. 31. Data filed (Month, Day, Year)	2 S. Greene	sem 23a) (Type, Print St. Unit	r. of mi	o Hosp.	Dept. o			medicin

Registrar

AUG26 1996

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State of Maryland / Department of Health and Mental Hygiene

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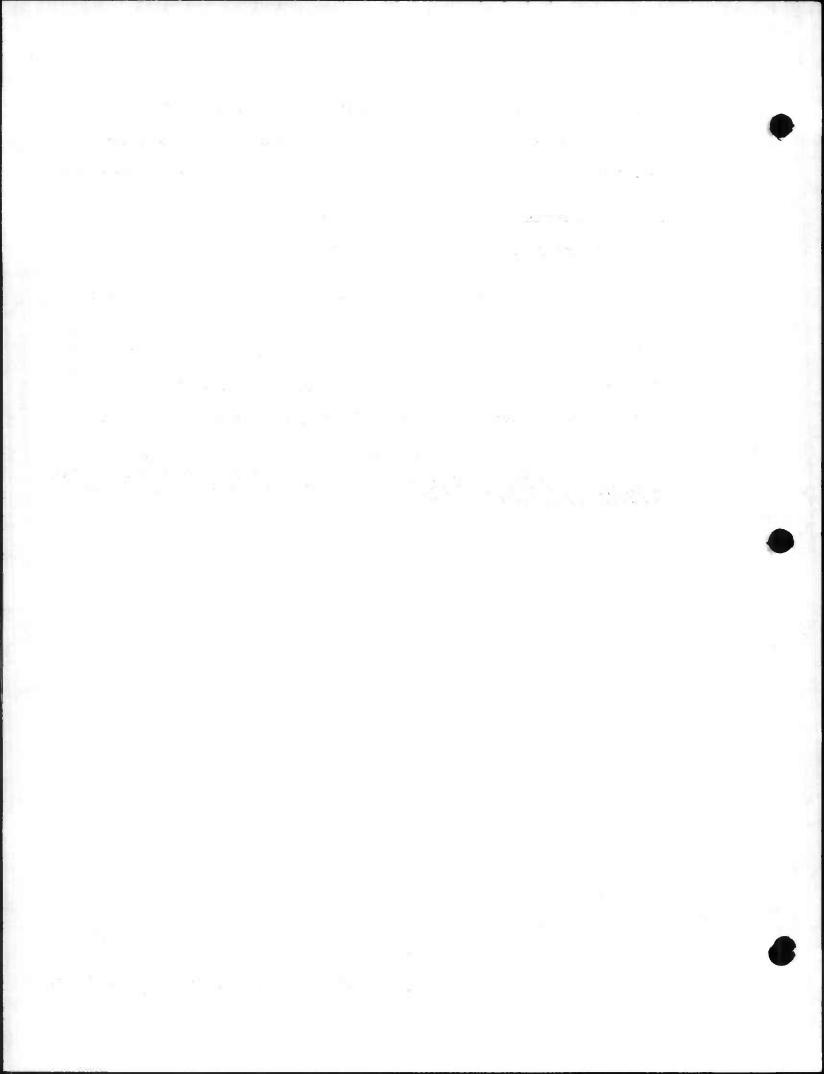
					Certifica	ate of	Death		Reg. No.	, 0	20244
	H	1. Decedent's Neme (First, Middle, L	ast)					2. Date of De Month	ath	Vaar	3. Time of Death
Physi /Med		PHILIP SKI	PPER					August	2 ⁹ ,199	6 eer	3:A.M.
Exam		4a. Facility Neme (If not institution, gi	ive street and number)				4b. City, Town, or	Location of Death	4c. County	of Death	
		2551 Balto. Blv	-				Finksbu			rroll	
Funera Directo		215-05-6712	Sex 1 ☑ M 2 ☐ F 88		Yrs. If Unc Month	er 1 Year s Deys	If Under 24 Hrs Hours Min		h y. Year) 5,1907	9. Birthpl Coun Balt	lece (Stete or Foreign try) O. Co. Md.
pue *		Usual Residence of Decedent 10e. Stete 10b. County	10c.	City, Towr	or Location					10	0d. Inside City Limits
Se-f sho	Director	Md. Carro			inksbu						1 ☐ Yes 2 No
ath with the 23s or 2	rai Dire	10e. Street and Number 2551 Balto. Blve	d. Lot # 76		10f. 2	Zip Code 21	048		10g. Citizen of V	What Coun USA	•
Maryland 21215-0020 d 2 should be filed within 72 hours after death with the Maryland th end Mantel Hygiena. T is marked other than "natural", or items 23s or 28s-f show tranmatic event, the Modeal Exertiner must be notified at	by Funeral	11. Merital Stetus 1 Never Merried 2 Married 3 Midowed 4 Divorced	12. Was Decedent Ever In Armed Forces?, 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates:	U,S.		edent of hecify Cub	dispanto Origin? (S an, Mexicen, Puer Specify:	Specify Yes or No to Rican, etc.)	Specify	a - Americ k, White, o	
5-0 72 h	eted	15. Decedent's E (Specify only highest gi	Education rade completed)	16a.	Decedent's Us	ual Occup	nation	rkina	16b. Kind of Bu	siness/inc	lustry
within within then	Completed	Elementery/Secondery (0-12) 8 th Grade	College (1-4or 5+)		life. DO NOT Self		during most of wo d) oved		Lands	capin	ıg
D PER D	Ö	17. Father's Name (First, Middle, Las					1	me (First, Middle,	Maiden Sumem	Θ)	
d be sed of control	To Be	George Skipp	er				Lu	cy Stul	ler.		
arylan should be and Mentel I	-	19a. Informent's Name/Reletionship	(Type, Print)	19b.	Meiling Addre	ss (Street	and Number or R	ural Route Numbe	er, City or Town,	Stete, Zip	Code)
Z 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		Jean Marie Skipp	er Daughter	25	51 Bal	to. B	lvd. Lot	# 76 F	inksbur'	g, Md	. 21048
0 00		20e. Method of Disposition 12DBuriel 2 ☐ Cremetion 3 (4 ☐ Donetion 5 ☐ Other (Speci	Removel from State	cemeter	Disposition (A y, cremetory of nd Memo	r other pla		Date /27/96	20c. Location - Balti		
Baltim permit. Pag Department Important: h any Injury o		21. Signature of Funeral Service Uce					ess of Facility		Reister		
		3a. P irt1. Enter the disease, or con s lock, or heart feilure. List only	nplications that caused the de	eth. Do r							Approximate
Physician /Medica Examine		Influediate Cause (Final disease or condition	y one cause on each line.								triterval Between Onset and Death
Examine		resulting in death)	Due to	(or es a	consequence o	f):	01	1			Inouth
uted d ansit	Examiner	Constant to the state of the st	b. large	/or as a	consequence o	n:	- ell	wou			Marilla
. BOX 68760, death certificete be axecuted e attending physician and d for use as the buriel-transit		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury	A-F	(Ol as e C	orisequerice o	1).	•			1	
68760 ficete be a physician is the buri	Medical	thet initieted events resulting In deeth) Last	c. Due to	(or es a c	onsequence of):				1	
X 68 entifice ling ph			a LABC								
BOX eath cert attendin	lan										
P.O.	Physician/	Pert II. Other significant conditions	contributing to deeth but not re	sulting In	the underlying	cause gi	ven in Part I.		./		the cause of death?
								10	Yes 2 100	3 Prob	pably 4 Unknown
corc inper v	Completed by							24a. Wes perfo	an autopsy med?	ave	ore autopsy findings alleble prior to appletion of cause
The lev	dmo							10	res 2 No		death?
	Be Co	25. Wes cese referred to medical					26 Place of De	ath (Check only a) 165 21 NO
s cert	ToB	examiner? 1 Yes 2 No	Hospitel: 1 tnpatient 2	☐ ER/Ou	tpatient 3 1	OOA Ott	205:	tome 5 Resid		er (Specify	1)
VISION Of VITA Attending Physicien: r death. sctor: After this certific by the funaral director,		27. Manne of Death 1 Naturel 5 Pending investigation	28e. Dete of Injury (Month, Day Year)		ime of njury	28c. Inju			now Injury occurr		
	Certification:	2 Accident 3 Suicide 4 Homicide	DB Dines of Injury At	home, facility)				28f. Location (S City or Tox	Street and Numb m, State)	er or Rura	Route Number,
the Hospital or the 24 hours after the Funeral Dir no etaly filled in	edical (29a. Cartifier 1 Certifying Processing Check only 2 Medical Example 1	hysician: To the best of my ki miner: On the basis of exami end manner stated.	nowledge, nation and	, death occurre Vor Investigation	d at the tir on, In my c	me, date and place opinion, death occu	e, and due to the urred at the time,	ceuse(s) and ma date and plece,	nner as st and due to	ated. the ceuse(s)
2 2 8	Σ	29b. Signeture and title of cartifier					se number		29d. Dete signed		
(0		1 Kin	-MD			32¢	5804		8/50	196	
4	1	30. Neme end address of person who Dr. Renzo Ric				-	nksburg,	Md. 2104	18	•	
Si	ate	31. Dete filed (Month, Day, Year)	32. Registrer's Sig								

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

25245

						$C\epsilon$	rtificate o	f Death		Reg. No.		
			1. Decedant's Nama (First, Mid	idia, Last)					2. Data of D		V	3. Time of Death
	Physic /Medi		Mary	P	atrici	ia	Smith		Augus	t 21	, 1996	11.35 A.C
	Exami		4a. Facility Nema (If not Institut	ion, giva straat a	and number)			4b. City, Town, or	Location of Dea		County of Death	
7			1560 Clairidg	e Road				Catonsvi	lle	Ba	altimore	e
	Funeral	Г	5. Social Security Number	6. Sex		a (In yrs. last birthday	If Undar 1 Yas		8. Data of E	Birth Kasal	9. Birth	placa (Stata or Foreign
J.	Director		214-52-9924	1□ M 2	対 ド	48 Yrs.	Months Dey	s Hours Min.	May 17	, 1948	3 Mary	placa (Stata or Foreign ntry) y Land
	2		Usual Residence of Decedant									
	anylar ehow	_	10a. State 10b. Coun	•		10c. City, Town or L						10d. Inside City Limits
	M Per	ct	Maryland Ba	ltimore		Car	tonsville	e				1 ☐ Yas ¾☐ No
	ith th	Pie Pie	10e. Street and Number	as Dood			10f. Zip Coda			10g. Citiz	an of What Cou	ntry?
	23a	Funeral Director	1560 Clairid	ge Road				1207			U.S.A.	
	termet	nu	11. Meritel Stetus	Am	is Decedent ned Forcas?		Was Decedent of If Yas, specify Cu	f Hispanic Orlgin? (S uban, Mexican, Puerl	pecify Yas or No Rican, atc.)	10-	 Raca - Americal Bleck, Whita, 	
20	72 hours after deeth with the Maryland natural; or Items 23a or 28a-f show deal Examinet must be notified at	by F	1 Naver Married 2 M	arried 1 [Yes 2 🔀	No	1□Yas 2X N	o Specify:			Specify: Whit	ce
9	hour urai	D D	3 Widowed 4 Divorce		er or Datas:							
21215-0020	n 72 net	Completed	15. Decedi (Specify only high	ant's Education ast grade comp	olated)	16a. Dece (Give	edant's Usuai Occ a kind of work don	upation la <i>duri</i> n <i>g most of wol</i> ired)	rking	16b. Kin	d of Businass/In	idustry
12	within one.	E	Elemantary/Secondary (0-12	Col	llega (1-4or 5)+)		sentative		Teler	ohone Co	omnanu
9	filed with Hygiene. ther than		17. Fether's Nama (First, Middl	e, Last)		DCIVI	oc repre	18. Mothar's Nar	ne (First Midd			Miparry
an	Mentel Mentel arked o	Be C	Fabian Lee	-,,				Catherin			on an o	
Maryland	2 should be and Mentel is marked o	To	19a. Informant'a Name/Ralatio	nehin /Tyne Pri	int)	19h Mail	ing Address (Stre	et and Number or Ru			Town State 7i	o Code)
S	permit. Peges 1 and 2 should be filed within 72 hours after deeth with the Marylar Department of Heelth and Mentel Hygiene. Important: if Item 27 is marked other than "natural", or Items 23a or 28s-f show any Injury or other traumatic event, the Medical Examiner must be notified at once.		Dennis E. Smit		usband			ge Road (
a)	Hee Hee		20e. Mathod of Disposition			20b. Place of Disp	osition (Nama of		Deta	,	ation - City or To	
altimore,	eges nt of t: # if		Burial 2 Cramation		I from Stata	Woodlawn	Comotor					Maryland
圭	it. P		4 ☐ Donation 5 ☐ Othar 21. Signatura				2. Name end Add	-			Funera	
Ba	Depariment of the permit of th		21. Signatura di unarai Sarvio	o Licelisae	1.0.			ondson Ave				
7			ryunces	Well	un	.00						
			23a. Perf1. Entar tha disaasa, shock, or heart tailura. Li	or complications st only ona caus	that caused on each ii	I tha daath. Do not ar ne.	tar tha moda of d	ying, such es cardiad	or raspiratory	arrest,		Approximate Interval Between
	Physician)				1		i	Onset and Death
7	/Medical Examiner		Immedieta Causa (Final disaasa or condition rasulting in daath)	a. K	Lecus	ment and	env car	inoma	in al	Wom	か.	14ear
		<u>.</u>	rasuning in daatii)	1	1	Due to (or as a conse	quence(of):	\cap				1
	pe tist	nin.	1.	b .	and	i Orespy	any	15/85	1			
-	certificate be executed nding physician and use as the bunal-transit	Examiner	Sequantially iist conditions, if eny, leading to immadiata cause. Entar Undarlying Cause (Disaasa or injury		\bigcirc	Dua to (or as a conse	quance of					.1/
09	be a iclan buris		cause. Entar Undarlying Cause (Disaasa or injury	C	1500	Jel Obs	ruct 11	7.				1/2 months
68760,	phys the	Medical	that initiated avants rasulting In death) Last	1		Dua to (or as a conse	quanca of):				į	
×	ding ding			d								
ă	death of attan	clar										
Ö	0 0 0	Physician	Pert II. Other significant condi-	tions contributin	ig to death b	ut not rasulting in tha	indarlying causa	givan in Pert I.				to the cause of death?
9	as thet the								10	Yee 2	No 3□ Pro	bably 4 Unknow
Records,	requires thet the seen signed by th hould be detache	d by							24a Wa	is an eutops	24b. W	/are autopsy findings
Ö	v require been si should I	Completed								formed?	av	vailabla prior to
36	9 S C	Idu.									,	deeth?
	The age								10	Yes 2	No 1	☐ Yes 2 No
Vital	Physician: The this certificate ral director, pag	Be	25. Was casa retarred to medic axaminar?	Hospital				26. Placa of Des	th (Check only	(ONE)		
o	this aldi	၉	1 Yas 2 No		1 LI Inpatia		nt 3LI DOA	Othar: 4 Nursing H	1		Other (Special	fy)
Z		Certification:	1 Natural 5 ☐ Pend	ling	(Month, Day	ry Year) 28b. Tima o	W		28d. Dascribe	e now injury	occurred	
S	Attending ir death. ector: Aftai by the fune	Icat	2 Accident Invas 3 Sulcida 6 Coul	tigation I not be	Dia	All the state of t		☐ Yes 2☐ No	001 1	/04		10 - 11
Division		ŧ	4 ☐ Homicide data	mined 288.	building, at	ury - At homa, farm, st c. <i>(Specify)</i>	raat, tactory, offic	0	City or T	(Street and own, Stata)	Number or Hun	al Routa Number,
_	pital purs prai i		200 Cortifles 4820-444	las Phastalas	To the base				44 4 4			
	Hospital 24 hours Funeral staly filled	edical	29a. Certiflar (Check only 2 Medical	I Examiner: On	the basis of	ot my knowledga, daat axamination and/or in	n occurred at that evestigation, in my	tima, data and place opinion, daeth occu	red at tha time	a cause(s) a ı, data and p	ind manner as s placa, and dua t	o the cause(s)
	tie to	Mec	29b. Signature and title of certif	-//	amanneystu	mends:	29c Lice	nse number		29d Date	signed (Month,	Day, Year)
	5 × 5 00		1/1/11/11	1/10	1/-	10		70137		0-	1791	
	X		Mullen	Slow	Much	[1111		2451		8	C	4
	10		30. Nama and addrass of period	A	d causa of d	aath (Itam 23a) (Type	Print)	01 1	2.11.	1.	1	21001
	\ 		31. Dete filed (Manth Day, Yea	bine H.	0. 6	aath (Itam 23a) (Type 569 North	Charles	Street V	14/tima	re, Ha	ryland	21204
	Sta Registr		AUG26	1996	gana!	Daignous Ron	7400					



State of Maryland / Department of Health and Mental Hygiene 96 25246

						Ce	rtificat	e or	Dealli		Reg. No.		
hysicia /Medica		1. Decedent's Neme (First, M	iddle, Last	•	ELL	III				2. Dete of De	eth Day	Yeer	3. Time of Death
xamine	_	4a. Fecility Nama (If not institu Union Memor		street end n	ım <i>ber)</i>					Location of Deat ore City		y of Deeth	
neral ector		5. Sociel Security Number 220-72-4476 Usuel Residence of Deceden		х Ж м 2□ F	7. Age (In yr	s. lest birthday, 6 Yrs.	Months	r 1 Yaar Deys	r If Under 24 Hr Hours Mi		th by, Year) 3, 1960	9. Birthpled Country	e (Stete or Foraign) ID
M III		10e. Stete 10b. Cou	inty		10c. 0	City, Town or L	ocation					10d	. Inside City Limits
28a-f show	ķ	MD N/	A			BAI	TO						XXYes 2□ No
8 DO 20	Director	10e. Street end Number			-		10f. Zip	Code			10g. Citizen of	Whet Country	?
The same	a	52 CAPELLA	CT				2	2123	35		U.S.	Α.	
	by Fur	11. Maritel Status 1 X Never Marriad 2 Never Marriad 2 Never Marriad 2 Never Marriad 2 Never Marriad 2 Never Marriad 2 Never Never Marriad 2 Never Ne	Married	12. Was Dec Armed F 1 X Yas If Yes, G Year or I	edent Ever in orces? 2 No 7 8 Dates:	U,S. 13.	Was Dece If Yes, spe 1 Yes		Hispanic Origin? (ben, Mexican, Pua Spacify:	Specify Yas or Norto Rican, etc.)		ce - American ck, White, etc.	
Scal	Completed	15. Dece (Specify only his	dent's Edu	cation	1	16e. Dece	dent's Usu	al Occu	petion	arkina	16b. Kind of B	usiness/Indus	stry
Mex	du	Elementery/Secondery (0-1			1-4or 5+)	life.	DO NOT u	se retire	during most of weed)	Jiking	DD		
1	ဂ် ပ	12th		N/A		PRIN	TER		1		PRINT		
2	m	17. Fether's Neme (First, Mide								eme (First, Middle		ne)	
matic event,	၉	MELVIN SORR		II					DAISE	Y BROWN	J		
5 2		19e. Informent's Neme/Relati	onship (Ty	rpe, Print)		19b. Maill	ng Address	s (Stree	t end Number or F			, Stete, Zip Co	oda)
A -		ANGELA GEE			0.01		CAPEI		CT BA	LTO, MI			
0		20a. Method of Disposition 1X Buriel 2 ☐ Cremation	on 3 🗆 F	lamoval from		Plece of Disponentery, cre	metory or a	me or other ple	ece)	AUG 29	20c. Location	- City or Town	, Slate
Injury		4 Donation 5 Other	(Specify)			RRISON	FOF	REST	T VA	1996	OWINGS	MILS	, MD
important: if itam any injury or othe once.		21. Signetura of Funeral Surv	ice Licens	00		2	2. Name er	nd Addra	ass of Facility	BETTS E	UNERAL	HOME	
1 = 0		Make	1	08	2	1 1	129 N	1. (CAROLIN	E ST BA	ALTO, M	1D 212	213
ician		23e. Part1. Enter the disaase shock, or heert failure.	, or compli List only or	ications that ne ceuse on	caused the de sech line.	eth. Do not en	ter the mod	de of dyi	ing, such as cardi	ac or respiretory e	rrest,	i In	pproximate tervel Between nset end Death
dical niner		Immediate Cause (Final disaase or condition resulting in deeth)	6)	Civa Due to	uato (or as e conse	Quence d'):	F	ailus	0		2	hours
sit	<u>e</u>			, (Carc	11001	-Oi	c .	Shoc			4	hours
and I-transit	Examiner	Sequentially list conditions,			Due to	(or as a conse	quenca of):						
		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	1 .										
the T	Medical	that initieted events resulting in deeth) Lest	1		Due to	or es a consec	quence of):						
se esn	M M			1									
0 0													
hed	Physician	Pert II. Other significant cond	litions con	tributing to d	eath but not re	sulting In the u	inderlying c	ause gi	iven in Part I.	23b. Dld	tobacco uss co	ntribute to th	e cause of death?
be detached	5	Benou fai	luse	٠.	AIT	3. F	RIPL.	LLA	onia	10	Yes 20 No	3 Probat	oly 4 Unknow
D D	o D						100			04- 14/		24h Wasa	autopsy findings
should	Completed									perfo	en autopsy ormed?	availa	bla prior to letion of causa
38 2 B	G.											of dea	ith?
										10	Yes 2 No	1 🗆 Y	es 2 No
, paga										eth (Check only	one)		
ector, pag	9	25. Wes case referred to med exeminer?		La sandan I					her:	Home 5 Resi	donne a Cloub	ner (Specify)	
al director	0 0	exeminer?				☐ ER/Outpatie		7A	4 LI Nuising	-			
al director	0 0	exeminer? 1 Yes 2 No 27. Menner of Death 1 Neturel 5 Per 2 Accident	ding stigetion	28a. Dete		28b. Tima o Injury		28c. fnju Wo	4 LI Nuising	-	how Injury occur		
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tay filled in by the funeral director	Certification: 10 be	exeminer? 1 Yes 2 No 27. Menner of Death 1 Neturel 5 Per 2 Accident Inve 3 Suicida 6 Cou 4 Homicide 29a. Certifier	iding stigetion ald not be emined	28a. Dete (Mor 28e. Place build sician: To the	of Injury th, Dey Year) of Injury - At ing, etc. (Spec	28b. Tima o Injury	M 2 2 meet, fectory	28c. fnju Wo 1 - y, office	rry et ork? Yes 2 No	28d. Dascribe 28f. Location (City or To	how Injury occur Streat and Numb wn, Stete) cause(s) and me	med ber or Rurel R	ed.
tay filled in by the funeral director	redical certification: 10 be	exeminer? 1 Yes 2 No 27. Menner of Death J-KNeturel 5 Per 2 Accident 3 Suicida 6 Cou 4 Homicide 29a. Certifler (Check only 2 Medic	ding estigetion ald not be emined ying Physical Examin	28a. Dete (Mor 28e. Place build sician: To the end man	of Injury - At ing, etc. (Special best of my kn asis of exeminators steted.	28b. Tima o Injury	M reet, fectory	28c. fnju Wo 1 y, office et the ti	iny et ork? Yes 2 No	28d. Dascribe 28f. Location (City or To	how Injury occur Streat and Numb wn, Stete) cause(s) and me	ber or Rurel R enner as stete end due to th	ed. e cause(s)
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DHMH 16 Rev 6/95

State Registrar 31. Dete filed (Month, Dey, Yeer)

96 AUG 27 AH 2: 12

Plea			k Indelible In			-	gible.	05017
	State o	-	Department of Certificate or			lene eg. No.	96	25247
1. Decedent's Name (First, Middle Kela An		essoms			2. Date of Dee Month August	Dey	Yeer 1996	3. Time of Deeth 2015
4a. Fecility Neme (If not Institution UNIVERSITY O	n, give street end nur	mber)		4b. City, Town, or L BALT			ty of Deeth	
5. Social Security Number NONE	6. Sex 1 □ M 2 🗹 F	7. Age (In yrs. last birt	rhday) If Under 1 Yea Months Dey Yrs.	s Hours Min.	8. Dete of Birth (Month, Dey	Year) 22, 1996		iace (State or Foreign try) RYLAND
Usual Residence of Decedent								
MARYLAND ANN		L 10c. City, Town		1			10	0d. Inside City Limits 1 ☐ Yes 2 No
10e. Street and Number			10f. Zip Code	1	1	0g. Citizen o	f Whet Coun	itry?
7998 SILENT	WINDS CO	URT	2106	S.A.				
11. Meritel Status Never Married 2 Man 3 Widowed 4 Divorced	Armed Fo ried 1 ☐ Yes	2 (T)No	13. Was Decedent of If Yes, specify Cu 1 ☐ Yes 2 ☑ No	ban, Mexican, Puerto	ecify Yes or No- Rican, etc.)		ece - Americ lack, White, o	
15. Deceden (Specify only highe	Decedent's Usuel Occi (Give kind of work don life. DO NOT use retir	e during most of work	ring	16b. Kind of	Business/Inc	dustry		

(Spec Fiementery/Secon N/A 17. Fether's Neme (First, Middle, Last)

Physician

/Medical

Examiner

Funeral

Director

28a-f show

Director

Funeral

þ

Completed

Be

Department of Health and Montal Hygiene.
Important if item 27 is merked other than "natural", or items 23a or 28s-f show any injury or other traumatic event, the Medical Examiner must be nothed all others.

Physician

/Medical

Examiner

signed by the attending physician end d be detached for use as the burial-transit requires that the deeth certificate be executed

is certificate hes b director, page 2 s

After this certificate

To the Hospital or Attanding Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, t

Division of Vital Records, P.O. Box 68760,

Completed by Physician/Medical Examiner

Be

Medical Certification: To

Bailimore, Maryland 21215-0020

N/A

N/A

NICOLE ANDRADE

18. Mother's Neme (First, Middle, Meiden Sumeme)

LONNIE SESSOMS 19e. Informent's Name/Reletionship (Type, Print)

19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zlp Code)

GLEN BURNIE, MD LONNIE SESSOMS-FATHER 7998 SILENT WINDS COURT 20b. Place of Disposition (Name of cemetery cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 25,19

1 ☐ Burial 2 ☐ Cremetion 3 ☑ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenter

AUG. CARVER MEMORIAL CEM. 22. Neme and Address of Fecility

96 SUFFOLK, VIRGINIA

CALVIN B. SCRUGGS FUNERAL HOME 1412 E. PRESTON STREET,

23a. Pert 1. Enter the disease, or compilections that caused shock, or heart failure. List only one cause on each line.

th. Do not enter the mode of dylng, such as cardiac or respiretory arrest

immediate Cause (Final disease or condition resulting In deeth)

e. Air Block Syndrome
Due to (or es e consequence of):

Approximate Interval Between Onset and Deeth

Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Last

Pulmonary Interstitial
Due to (or as a consequence of):

Preumothorax Due to (or es e consequence of):

Lung Disease of frematurity

Part II. Other significant conditions	contributing to death but not resulting in	the underlying cause given in Pert i

N/A

23b. Did tobacco use contribute to the cause of death?

Candida Sepsis Renal Failure

Hospitel:

1 Yes 2 No 3 Probably 4 Unknown

1 Yes 2 No

24b. Were autopsy findings available prior to completion of cause of death? 1 ☐ Yes 2 No

25. Wes case referred to medical exeminer?

1 Yes 2 No

1 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of

28. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify)

27. Menner of Death 5 Pending investigation 1 Neturei

28e. Dete of injury (Month, Day Year)

28c. Injury et Work? 1 ☐ Yes 2 ☐ No

28d. Describe how injury occurred

24e. Wes an sutopsy performed?

4 Homicide

2 Accident

3 Suicide

6 Could not be determined 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify)

28f. Location (Street end Number or Rural Route Number, City or Town, State)

29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, and due to the cause(s) and menner es stated.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, dete end piaca, and due to the cause(s) end manner stated.

29b. Signature and title of certifier

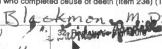
29c. License number MD 26066 29d. Date signed (Month, Day, Year)

Sillian R. Stackmon, M.D.

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

Lillian R.

31. Dete filed (Month, Dey, Year)



22 S. Greene St. Batto. MD

State Registrar

96-4732-510 B.K.S

Amended item #10e, g-738, 8/26/96emh per fh Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

Months

10f. Zip Code

25248

Physician /Medical **Examiner** 1. Decedent's Name (First, Middle, Last) ARTHUR

OUINCY

SAMUEL

2. Dete of Deeth AUG.

3. Time of Deeth 0809 AM

4a. Fecllity Neme (If not institution, give street end number) 500 BLK. WILDWOOD PARKWAY (IN REAR)

12M 2□ F

4b. City, Town, or Location of Deeth BALTIMORE

21, 4c. County of Deeth

10g. Citizan of Whet Country?

1996

Funeral Director

ò

Herrs 23a

should be filed within 72 hours efter on the Mentel Hygiene.

merked other than "natural", or ite

Peges 1 and 2 should be nent of Health and Mentel

60 nt of Health a : If Itam 27 is or other tra

permit. Pege Department of Important: If any Injury or

Physician /Medicai

Examiner

the buriel-transit

80

ate hes been signed page 2 should be de

certificate

this

After

director.

Examiner

þ

Completed

Be

2

Certification:

Medical

State Registrar

traumetic event, the Medical

Baltimore, Maryland 21215-0020

2/7-94-279/ Usual Residence of Decedent 10e Stete 10b. County Maryland none

10c. City, Town or Location Baltimore

7. Age (In yrs. lest birthday)

If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Yeer) Nov. 8, 197 Hours

9. Birthplece (State or Foreign Country) MARGIAND

10d. Inside City Limits

Yes 2 No

28a-f show Examiner must be notified at

Director

Funeral

Completed by

Be

10e. Street end Number 1210 5/04 11. Maritel Status

Road 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ② No If Yes, Give Year or Detes:

21215 Was Decedant of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.)

USA 14. Reca - American Indien, Bleck, White, etc.

Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced

1 ☐ Yes 2 No

Days

40-AMERICAN 16b. Kind of Business/Industry

15. Decedent's Education (Specify only highest grade completed) Elamantary/Secondary (0-12) 10 th

Coliaga (1-4or 5+) none

16e. Decedent's Usuei Occupetion (Give kind of work done during most of working life. DO NGT use retired) Student

17. Fathar's Neme (First, Middle, Last)

SAMOS 19a. Informent's Neme/Reletionship (Type, Print)

Eller Patrice 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stete, Zip Coda)

llen LUCAS

1210 Slayten Rd. 20b. Plece of Disposition (Neme of cemetery, cremetory or other place)

BAHIMORE, MARYLAND Data 20c. Location - City or Town, State

20a. Method of Disposition

Buriel 2 Cremetion 3 Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify)

Dulaney Valle Cem limonium MARGIANO

21. Sanature of Funerei Servica Licensee

Villace nn. Per Lintar the disease, or complications thet caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or head failure. List only one cause on each lina.

Baltimore, and 21229

22. Name end Address of Fecility Wallace Fundral 3405 W. Franklin Spe.

Immediata Cause (Finei disease or condition resulting in deeth)

GUNSHOT WOUND TO CHEST

Dua to (or es a consequence of)

Sequantielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest Physician/Medical

Dua to (or es e consaguença of):

Due to (or es e consequance of)

Pert II. Other significant conditione contributing to death but not resulting in the undarlying cause given in Pert I.

23b. Did tobacco use contribute to the causa of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably ♣ ☐ Unknown

24e. Wes en eutopsy performed?

24b. Were eutopsy findings eveileble prior to completion of cause of death?

Approximete Intarval Between Onset end Deeth

XYes 2 No

28. Plece of Deeth (Check only one)

TX es 2□ No

25. Wes case referred to medical XXYes 2□ No

1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28a. Dete of Injury (Month, Dev Year) 5 Pending investigetion

28b. Time of 8-21-1996 0805A M 28c. Injury et Work? 1 ☐ Yes 2 ☑ No

Other: 4 \square Nursing Home 5 \square Residence XXOther (Specify) STREET 28d. Describe how injury occurred

6 Could not be determined 3 Suicide 28a. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 N Homicide REAR ALLEY

SUBJECT SHOT 28f. Location (Street end Number or Rural Route Number, City or Town, State)

29a. Certifier

27. Mennar of Deeth

1 Naturel

2 Accident

500BLK.WILDWOOD PARKWAY 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end place, and due to the ceutantam India Religious AND 2 Madical Examiner: On the basis of examination end/or investigation, in my opinion, daeth occurred et the time, dete and place, end due to the cause(s) end menner steted.

29b. Signeture end title of certifier

29c. License number

29d. Date signed (Month, Dey, Year)

O.C.M.E

AUG. 21, 1996

30. Neme end eddress of parson who comp lated cause of deeth (Item 23e) (Type, Print)

THEUDORE MIKIN 31. Dete filed (Month, Dey, Year)

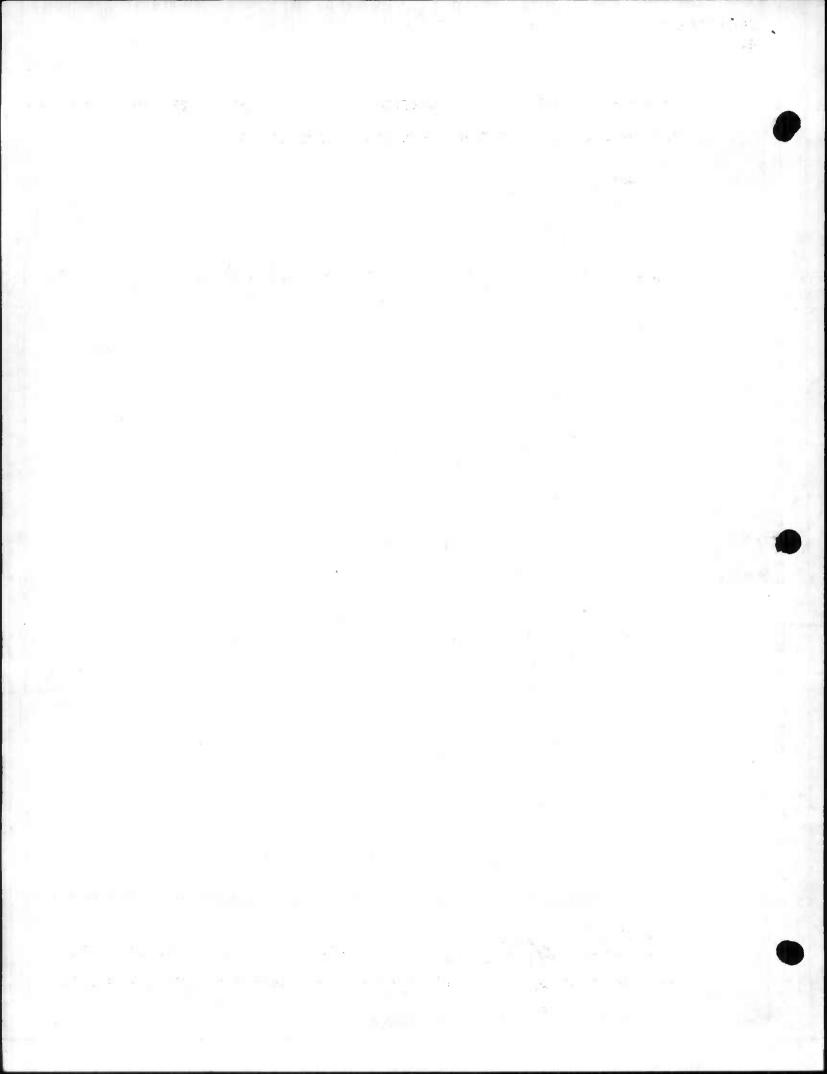
111 Penn Street, Baltimore, Maryland 21201 32. Registrer's Signeture

26 טשמ 1996

Tulia Davidson

or Attending Physician: The lew requires that the death certificate be executed P.O. Box 68760, Records, Division of Vital To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A completely filled in by the fi

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

]	ITEM#5 g738 8/30/9	6ag perFH		Certific	cate of	Death		Rag. No.				
	Physici	an	1. Decedent's Name (First, Middle, La	- V	0=11=1			2. Dete of De Month	eth Dey	Year	3. Time of Deeth			
	/Medi		ANDREW	JACOB		SEMEN	IKIW		AUGUS		1996	6:30 pm		
ŽII.	Examir	ner	4e. Fecllity Neme (If not institution, gir					_	Location of Deet					
			SINEPUXENT BA				Indeed Man		CITY	WORCE				
	Funeral Director		/ 1 3 = 1 (1 = 3 / / / 3	Sex 7. Age (In yi	s. lest birt	Mo	Inder 1 Year onths Days	Hours Mir	. (Month, De	5, 1914	9. Birthpled Country Mary	ce (Stete or Foreign y) yland		
21215-0020 4 within 72 hours after deeth with the Maryland glene. If then "nature!", or flems 23s or 28s-f show, the Maryland Examiner must be myttined at	Med at	tor	MD. 10b. County	10c. (or Location					10d. fnside Clty Limits 1 1 Yes 2 No			
	23a or 28	Funeral Director	10e. Street and Number 3129 NORTHWAY		10	1. Zip Code 21234			10g. Citizen of Whet Country? United States					
	rel', or Rema	by	11. Maritel Stetus 1 □ Never Merried 2 ☑ Merried 3 □ Widowed 4 □ Divorced	U,S.		Decedent of H specity Cuba es 2 X No	lispenIc OrigIn? (an, Mexican, Pue Specify:	Specify Yes or No rto Rican, etc.)	14. Rec Ble Specify	ck, White, etc	- American Indian, , White, etc. White			
5-C	"naturel".	etec	15. Decedent's E (Specify only highest gr	16e.	Decedent's	Usuel Occup	etion during most of w	orkina	16b. Kind of B	usiness/indus	stry			
vithin	- 44	Completed	Elementery/Secondery (0-12)		(Give kind of work done during most of life. DO NOT use retired)			J. N. II. G	0 3					
	Hygiene. ther than ant, the M		12		Неа	ter					Production			
and	d o o	Be	17. Fether's Neme (First, Middle, Last						ame (First, Middle					
Maryland	th and Mental Hygi 7 is marked other traumatic event, I	2	Peter Semenk		4.01	14-9- A-			onnia Z					
Ma d2s	Ta e		19e. Informent's Neme/Reletionship (vay Driv	Rural Route Numb	more, Mo		1234		
e, N	other tra		20a. Method of Disposition		Piece of	Disposition	(Neme of		Dete	20c. Location -				
Baltimore,			1 Buriai 2 □ Cremetion 3 E	Removel from Stete	cemeter	y, cremeton	or other plea		8/26/96		- 1			
Itin	Department of Important: If it any injury or once.		4 □ Donetion 5 □ Other (Specify) 21. Signature of Funerel Service Licansee Mark T. Zavoyna 22. Neme and Address of Fecility							Baltım	ore, M	Maryland		
Ba	Depa Impo any i		Signature of Purerer Service Lica	mark I. Za	voyna	Le	onard	J. Ruck	Inc.					
E	Medical kaminer	niner	Immediate Cause (Finei disease or condition resulting In deeth)	e. CORONAL Due to		AR		D15	ERSE		SEVE	ERRL YRS		
box 68760, deeth cartificate be executed	physician end the buriel-transit	al Examiner	Sequentielly list conditions, if any, leeding to Immediate cause. Enter Underlying Ceuse (Diseese or Injury											
Box 687	D ei	n/Medical	thet initieted events resulting in death) Lest	Due to	e to (or es e consequence of):									
O. Be	ned by the attendir detached for use	Physician/	Pert II. Other eignificant conditions of	contributing to death but not re	23b. Did tobacco use contribute to the cause of death?									
S, P.O	igned b	by P								1 Yes 2 No 3 Probabl				
of Vital Records, Physician: The law requires th	has been s	Completed I				en eutopsy ormed?	svaile	e autopsy findings able prior to pletion of cause ath?						
<u>a</u>		PO							10	Yes 200	1 D Y	res 2□ No		
ita ie:	s certificate director, pag	Be (25. Wes case referred to medical exeminer?	26. Placa of De	eth (Check only o	one)								
of Vita	9 0	ပ္	1 XYes 2 No	Hospitel: 1 Inpatient 2	□ ER/Out	petient 3E	DOA Oth	er: 4 Nursing	Home 5 ☐ Resi	dence 8 3 Oth	er (Specify)	TSLAND IN EPALIKENT L		
Division of or Attending Pl	eath. or: After thi	Certification:	27. Menner of Deeth 1 Neturel 5 Pending 2 Accident investigatio 3 Suicide 6 Could not b		o. Time of 28c. Injury et Work? M 1 ☐ Yes 2 ☐ No			28d. Describe how Injury occurred						
Divi	ours efter death. erel Director: After filled in by the fune		3 ☐ Suicide 6 ☐ Could not be determined	28f. Location (Street and Number or Rural Route Number, City or Town, Stete)										
athe Hospita	nin 24 hours Funerel	ledical	one) 255 Medicai Exar	nysician: To the best of my kr nfner: On the basis of examination and menner steted.	nowledge, netion and	deeth occu Vor investige	etion, in my o	plnion, deeth occ	e, end due to the urred at the time,	ceuse(s) and ma dete end place,	inner as state and due to th	ed. e cause(s)		
۴	50	7	29b. Signeture and title of certifier	7/1 4	me 4	,	29c. Licens			29d. Date signed (Month, Dey, Year)				
1	u	1	Southy C.	Hogunt,	11.0		2	0624-1		00-3	2-96	,		
18	$\overline{}$		30. Neme end eddress of person who	HOLZWORTH	4 /	Type, Print)	20.	3 SNOU	1577 5	NOW HI	LL, M.	D. 21863		
	Sta Registr		31. Dete filed (Month, Dey, Year) AUG2 6 1996	Jahr a Huden he	white.									

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State of Maryland / Department of Health and Mental Hygiene

96

						Cer	tificate d	of Deat	h		Reg. No.				
Dh			1. Decedent's Name (First, Middle, Las	2. Date of D		Year	3. Time of Deeth								
	ysicia Medic		William Charles	Struck						Augus		1996	7:50 AM		
Ex	amin	er	4a. Facility Name (If not institution, give	the state of the s	•					ocation of Dea					
			VA MHCS FORT HOWA				W11. 4 - 4 14		rt Ho			altin			
Dire	eral ctor		5. Social Security Number 6. S. 214-22-7691 Usual Residence of Decedent	DWA OFF	ge (In yrs. las	f birthday) Yrs.	if Under 1 Ya		lar 24 Hrs. s Min.	_(Month, L	irth Pay, Year) 25, 1926	9. Birthi Cou Mar	piaca (State or Foreigr ntry) LYLAND		
yland	Ħ		10a. State 10b. County						10d. inside City Limits						
deeth with the Maryland ms 23a or 28a-f show	notified at	Director	Maryland Baltimore Dunda 10a. Street and Number 10f. Zip Coda						lk ————	10g. Citizen of	What Cou	1 🗆 Yes 🙎 No			
eth with	rust be	erai Di	7130 Railway Aver					212			Unite	d Sto	ites		
- p #	8	d by Funeral	11. Marital Status 12 Navar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedant Armed Forces' 1 Yas 2 If Yes, Give Year or Dates:	? I No	S. 13. Was Decedant of Hispa If Yes, specify Cuban, N 1 □ Yes 2 ☑ No S				ecify Yas or N Rican, etc.)	Specif	e - Amarlock, White,			
72 h	dica	Completed	15. Decedent's Ed (Specify only highest grad	ucation da completed)	1	6a. Deced	ent's Usual Ockind of work do	cupation one during m	ost of work	ting	16b. Kind of B	usiness/in	idustry		
121 Within	S Ma	dE.	Elementary/Secondary (0-12)	College (1-4or	5+)						01.1				
a filed with other than	벌	ပိ	G.E.D. 17. Father's Neme (First, Middle, Last)			Warehouseman 18. Mother's Na.				o /First haidel		Shipping			
E Sab		To Be	William Henry Struck Mary							. Knap		10)			
CEN	er traumatic		19a. Informant's Name/Relationship (Type, Print) Anna M. Crouse 19b. Mailing Address (Street and Number or It								p Code) 1 2 2 2				
ore ges 1 a	or oth		20a. Mathod of Disposition 1XEXBurial 2 ☐ Cremation 3 ☐	Removel from State		e of Dispos atary, crem	sition (Name o	f placa)		Data	20c. Location	City or To	own, Stata		
Baltimore, emit. Peges 1 a Department of Hee mportant: If Nem.	Jury		4 Donation 5 Other (Specify) Holy Rosary Cemetery 8/21/96 Balt										, Maryland		
Baltim permit. Peg Department Important: I	any ir	21. Signature of Funeral Sarvice Ligensee 22. Name and Address of Facility Duda™ Ruck Funeral Home of Dundalk, Inc 7922 Wise Ave. Dundalk, Maryland 212											nc. 1222		
			23a. Part1. Enter tha disease, or comp	plications that causa	d the death.							1	Approximate interval Between		
Physic		1	23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Shock, or heart failure. List only one cause on each line Onset an												
/Medi Exami			Immediate Cause (Final disease or condition resulting in deeth) a. PAN CYTO Pluna UNKNW												
ZX	-	Due to for as a consequence of):										. /			
De L	Insit	퉅		b//	48/0	dy.	sp/as	Tic	241	1dro	ME	C	In Enswa		
8760, ate be executed hysician and	rial-tra	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events Due to (or as a consequence of): Due to (or as a consequence of):													
68760, ficate be experient	be bu	Medicai	Cause (Diseasa or injury that initiated events resulting in death) Last												
X 6 artific	0 08		resulting in obatil) Last				į								
O. Boy	detached for us	by Physician/	Part II. Other significant conditions co	23b. Did	23b. Did tobacco use contribute to the cause of dea										
A ~ D	etach	Phy	Ottomic obstautive pulmonny								1 Yes 2 No 3 Probably				
dS, F	2	þ	July Costinuor Internation												
OS per	2 should	Completed				V	0,	3600			s an autopsy formed?	av	fere autopsy findings vailable prior to empletion of cause death?		
I Re lew	e6ed	E								1□	Yas 2 No	1[□Yes 2□No		
Vital I		Be													
of Vita Physician:		0	Hospital:								ildence 6 🗆 Oth	er (Specif	fy)		
			27. Menner of Death 1 ☑ Netural 5 ☐ Pending	28a. Date of Inju (Month, Da	ay Year) 28	b. Time of Injury		njury at Work?		28d. Describe	how injury occur	red			
		cat	2 Accident investigation M 1 Yes 2 No 3 Suicide Suicide												
Division or Attending effer death. Director: After	in by	Certification:									(Street and Numb own, State)	er or Run	al Route Number,		
Divisite Hospital or Attended Funeral Director		edical C	29a. Certifier XXCertifying Phy one) 2 Medical Exam	sician: To the best Iner: On the basis o and manner st	of examination	dge, deeth and/or inv	occurred at the	time, date a	and place, eath occur	and due to the	cause(s) and me , date and place,	anner as s	stated. the cause(s)		
o the o the	d Hoo										29d. Data signe	d (Month,	Day, Year)		
	1		30. Name and address of person Ano completed gause of death (Item 23a) (Type, Print)												
											00-11)	1.11			
	Sto		MARCUS G 31. Date filed (Month, Day, Year)	ALICIA	} W	0 96		th Poi	int Ro	oad, Fo	rt Howar	d, M	D 21052		
Reç	Stat gistra	_	AUG 26 1996	" Davidsor	Pandel	2									

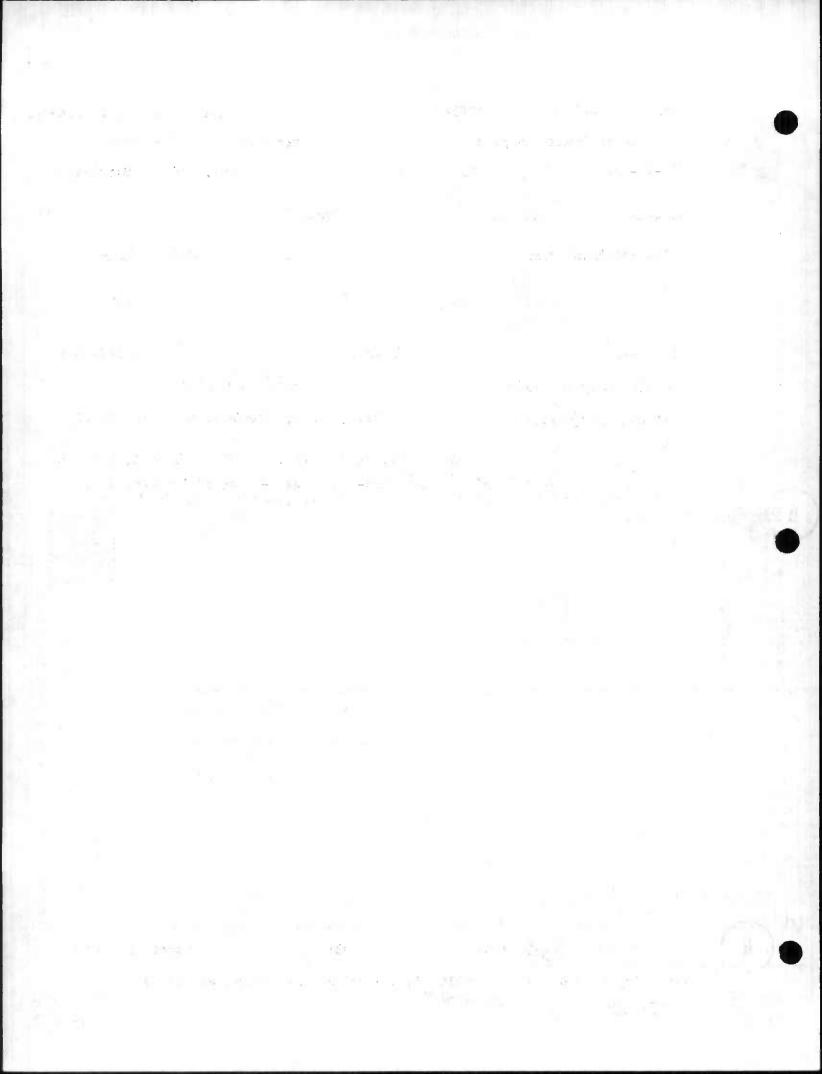
State of Maryland / Department of Health and Mental Hygiene 25251 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Thomas John 21, 199 4c. County of Deeth /Medical 4b. City, Town, or Location of Deeth 1996 8:45 a.m. 4e. Fecility Neme (If not institution, give street end number) Examiner Baltimore Franklin Square Hospital Rossville 6. Sex 1 M 2 □ F If Under 24 Hrs. Hours Min. 5. Sociei Security Number if Under 1 Year 7. Age (In yrs. last birthday) Dete of Birth (Month, Day, Oct. 8, 9. Birthplace (State or Foreign Country)
Mary Land **Funeral** Months Days 215-18-7443 Yrs 75 Director Usuel Residence of Decedent death with the Maryland 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits items 23a or 28a-f shov Maryland Baltimore Dundalk 1 Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 7137 Holabird Avenue 21222 United States Funerai 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien. traumatic event, the Medical Examiner Peges 1 and 2 should be filed within 72 hours efter onent of Heelth and Mentel Hyglene. Int: If Item 27 Is marked other than "natural", or item Bleck, White, etc. 1 ☑ Never Merried 2 ☐ Merried 1 ☑ Yes 2 ☐ No
If Yes, Give
Year or Dates: WWII 21215-0020 1 ☐ Yes 2 ☒ No þ Specify: 3 ☐ Widowed 4 ☐ Divorcad White. Completed 16e. Decadent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 Years Shiphitter Steel Industry Baltimore, Maryland 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Gabriel Stephen Stofko Anna Mary Yuhas 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Peges 1 and 2 s
Department of Heelth or
Important: if item 27 is
any injury or other trau Virginia Stofko/Sister 7137 Holabird Ave. Dundalk, Maryland 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 □ Cremetion 3 □ Removel from Stete 4 Donetion 5 Other (Specify) Sacred Ht. of Mary Cem. 8/24/96 Dundalk. Maryland 21. Signature of Funger Service Mens Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland 21222 23a. Pert T. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart fellure. List only one cause on each line. Approximete Interval Between Onset end Deeth **Physician** Mesothelioma with metastases to pericardium and retroperitoneum /Medical Immediate Ceuse (Finel disease or condition resulting in deeth) five months **Examiner** Due to (or es e consequence of): Examiner The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting in deeth) Lest Due to (or es e consequence of): P.O. Box 68760, ettending physician for use as the burie Physician/Medicai Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco uss contributs to the causs of death? signed by t 1 Yss 2 No 3 Probably 4 Unknown Asbestosis Division of Vital Records. þ Completed 24e. Wes en eutopsy performed? 24b. Were autopsy findings eveileble prior to completion of cause of death? Prostate cancer status post radiation therapy page 1 Yes 2/2/No 1 ☐ Yes 2 ☐ No certificate or Attending Physician: Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Hospitel: 1XXnpatient 2 ER/Outpatienf 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Yes XX No After this 27. Menner of Deeth 28e. Dete of Injury (Month, Dev Year) Medical Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending Investigation 1 X Neturel 2 ☐ Accident death. 1 ☐ Yes 2 ☐ No Director: d in by the 3 Suicide 6 Could not be 28e. Pieca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) after 4 Homicide 24 hours af Funeral D etely filled is 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, and due to the cause(s) and menner es stated.

| Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end plece, end due to the cause(s) end menner stated. 29e. Certifier onel 29b. Signature end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 02105 21, 1996 August 30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print) 9000 Franklin Square Drive, Paula Boyle, M.D. Baltimore, MD 21237

DHMH 16 Ray 6/95

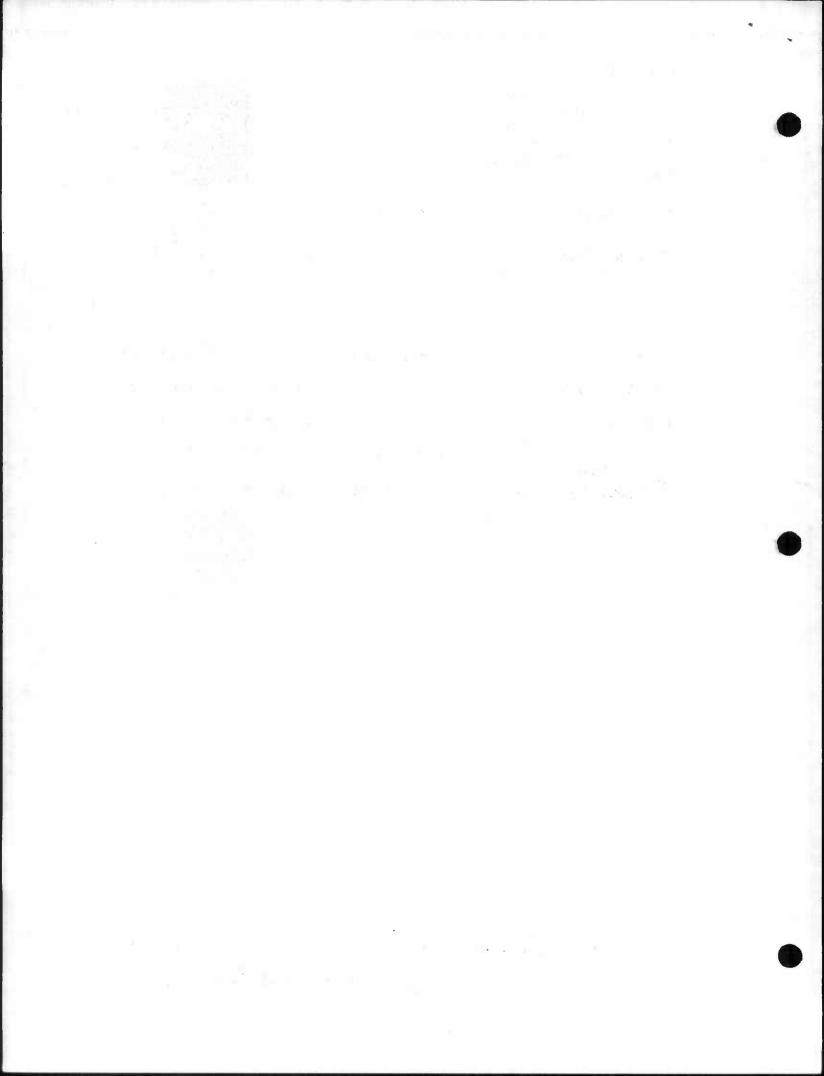
State Registrar 31. Dete filed (Month, Day, Year) AUG 2 6 1996

32 Relaistrace Romole Me



State of Maryland / Department of Health and Mental Hygiene

								Cei	tificat	e of	Death			Reg. No.					
			1. Decedant's Nama (First, Middla, Last) 2. Data of Death										Vana	3. T	ima of Death	1			
	Physici /Medic		Anthony W. U	phof	f sr.								Aug. 2	1, 19	96 Year	6	:30 pm	n	
	Examir		4a. Facility Nama (If not Instit	ution, gh	- Marie														
			1413 Chapel	Hill	Dr. Rosedale									Baltimore					
	Funeral	14.0	5. Social Security Number		Sax	7. Aga (In yrs. last birthday) If Under 1 Yaar If Undar 24 Hrs.							8. Data of Birt (Month, Day	h Veer)	9. Birti	nplaca (S	Stata or Fora	ign	
ı	Director		213-01-3444	Months Days Hours Min.								IAIN I.		1.28,1914 Maryland					
	p ,		Usual Rasidence of Decedari 10a. Stata 10b. Co.				40. O. T						-	•					
	anyla	<u></u>	Md. Balt	imor	e		10c. City, To	wn or Lo seda									ida City Lim		
Faltimore, Maryland 21215-0020 permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiena. Important: if item 27 is marked other than "natural", or items 23a or 28a-f ahow any injury or other traumatic event, the Marieral Exercises must be not lised at once.		5														1 [Yas 2 🔀	40	
		Funeral Director	10f. Zip Code									10g. Citizen of What (
ath w	100	1413 Chapel H	ill						21	237									
le de		nu		11. Marital Status 12. Was Dacedant Evar in Armed Forcas?				n U,S. 13. Was Decedant of Hispanic Origin? (Specifif Yas, specify Cuban, Maxican, Puarto Ric									Amarican Indian, Whita, atc.		
20	s aft	by F	1 ☐ Navar Marriad 2 ☐ Married 17월 Yas 2 ☐ No 174				lo	1 ☐ Yas 2X No Specify:						S	pecify:Whi	te			
8	hour tural	8	15. Dece		Yaar or I	Datas:	19	a Decer	lent's Usu	ai Occur	nation			16b. Kind of Business/Industry					
Maryland 21215-0020	in 72	Completed	(Specify only hi	ghast gr	ada complatad			(Giva	kind of wo	rk dona	durina mos	t of work	ing	TOD. KING	OI DUSINESS/I	noustry			
212	with iena.	E	Elamantary/Secondary (0-1	(2)	Coilaga	(1-4or 5		ool	Grind	ler	•			Beth	. Stee	1			
D	Hyg offie ent,	BeC	17. Fathar's Nama (First, Middla, Last)							18. Motha	r's Nam	a (First, Middle,	Meiden St	umame)					
lar	fenta kenta ked ked	ToB	Frederick W	. Up	hoff						Katl	neri	ne M. K	irsch	enhofe:	r			
ary	shou and N		19a. Informant's Name/Raiat	ionshtp (Type, Print)		19	b. Maitir	g Address	(Stree	t and Numbe	er or Rur	al Routa Numbe	r, City or 1	Town, State, Z	ip Code)			
Σ	alth alth br tra		Dianne Samue	ls				141	3 Cha	apel	Hill	Dr.	Roseda.	le Md	e Md. 21237				
ore	of He Item		20a. Mathod of Disposition 20b. I				20b. Place	Place of Disposition (Nama of sametary, cramatery or other place)					Data			r Town, Stata			
altimore,	Pagnent ant: M		M Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify)						11'		,	8	-24	24 Baltimore					
alt	permit. Departr Importu any Inji		21. Signature of Fugeral Service Licenses 22. Name and Addrass of Facility Connelly Funeral Home Of Dunc							- 7									
٩	20 = 20		John &	m	()	2				_			Rd. 21		TK				
Ė			23a. Part1. Entar tha disaase shock, or haart failura.	, or com	plications that	ceusad	tha daath. Do	not ant	ar tha mod	la of dy	ing, such as	cardiac	or raspiratory ar	rast,	1		ximata al Between		
	Physician										!	Onset and Death							
	/Medical Examiner		Immadiate Causa (Final disease or condition							meta	sta	tic		3 months					
	ZAGIIIII		Immadiate Causa (Final disease or condition rasulting in death) a. Colon Chrice mutastric 3 month Dua to (or as a consequence of):																
	ted nsit	nine			b				,										
,	that the death certificate be executed by the attending physician and deteched for use as the buriet-transit	Examiner	Sequantially list conditions, if any, leeding to immediate course. Enter Underlying												i				
68760,	s be sicla e bur	edical	ceusa. Entar Undarlying Causa (Diseasa or injury that initiated avants	Due to for es e	or as a consequence of);							+							
68	uffical ng phi as th	led	rasulting in death) Last										İ						
SOX	th cei tandir r use	an/M	d.																
O. B	The law requires that the death tta has been signed by the atter bage 2 should be detached for u	Physician	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributing to death but not resulting in the underlying cause given in Part I.									e contribute	bute to the cause of death?						
P.O.	at the	Phy											1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unkn					own	
ŝ	signed I	by													/				
Record	v requir been s should	eted											24a. Was perfo	an autopsy med?	8	vailabia	opsy finding prior to on of ceusa	5	
3ec	has b	Completed													d	of death?	711 01 00000		
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Division of Vital	Physician: The this cartificata ral director, pag	Be	25. Was casa referred to med axaminar?	dical	Hospital:					Ot	har		h (Check only o						
ō	등 등 등	: To	1 Yas 2 No		1 1 1	Inpatia	-			JA	4 L NU	irsing Ho	oma 5 Rasio			cify)			
O	l or Attanding Ph aftar death. Director: Aftar th I in by tha funaral	tion	2 2. Mannar of Death 28a. Data of injury 28b. Tima of 28c. Injury at Work? 28c. Injury at Work? 1 Vas 2 No																
S	E O E	fica	2 Accidant Investigation M 1 Tas 2 No 3 Sulcida 6 Could not be detamined 28a. Placa of Injury - At homa, farm, streat, factory, office 28f. Location (Street and Nur.							Number or Ru	ber or Rural Routa Number,								
á	after Dire	Certification:	4 Homicida detarmined building, atc. (Spacify)																
	Spits hours neral y fille		29a. Cartifiar	fying Ph	ysician: To the	e bast o	f my knowledg	a, daath	occurrad	at tha ti	ima, data an	d pleca,	end dua to tha	ausa(s) ar	nd mannar as	stated.			
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edical	29a. Cartifiar (Check only one) 15Certifying Physician: To the bast of my knowledga, daath occurred at tha tima, data and pleca, end dua to tha causa(s) and mannar as st (Check only one) 15Certifying Physician: To the bast of my knowledga, daath occurred at tha tima, data and place, and dua to and mannar stated.										to tha ca	ausa(s)					
	To the To the Company	Σ	29b. Signatura and titla of cartifier 29c. Licansa number 29d. Data signad (Mor										ear)						
	1		Mark	W.	Hense	~	cm,		I) 4	851			8/	23/96				
		Ì	30. Name and eddrass of per-			sa of da	ath (itam 23a	(Type,	Print)	/ 1.	A. /	,	/BUA						
	,		Mark Iter			ر ا	hande	C. C.	.7 9	5 "	"Ing	end	1004	mc					
	Sta Registr		31. Dete flied (Month, Day, You AUG 26 1996	9 <i>ar)</i>	32.	elijde	's Signature												
	i legisti	41	LOGING 1996		-	7													



96-4769-510

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene QC

				C	ertificate	of	Death		Reg. No.	20	2020	
hysician		. Decedent's Name (First, Middle, La	ist)					2. Dete of D		Year _	3. Time of Deeth	
/Medical	ı.	DONTA					LLIS	AUGUS		1996	9:58P.M	
xaminer	_	a. Fecility Nema (If not institution, gla 1100 BLK N.CAF		•			4b. City, Town, or I BALTIM		th 4c. Coun	ty of Deeth		
neral ector	12	18-82-5714	Sex 7. A	ige (In yrs. lest birthda 17 Yrs.	y) if Under 1 Months	Year Deys	If Under 24 Hrs. Hours Min.	8. Date of Bi	irth ley, Year) 78	9. Birthi	plece (Stete or Foreintry)	
	_	Sual Residence of Decedent 0a. Stete 10b. County		10c. City, Town or	Location						10d. Inside City Llm	
other traumatic event, the Madical Examinar Insulation soft traumatic event, the Madical Examinar Insulation soft traumatic event, the Madical Examinar Insulation soft traumatic event, the Madical Examinar Insulation soft traumatic event, the Madical Examinar Insulation soft traumatic event, the Madical Examinar Insulation soft training	5	MD a	A	BA	Lina	Timore 19						
irec	1	0e. Street end Number		.077	10f. Zip 0				10g. Citizen of	Whet Cou	ntry?	
alb	2	2629 Seam	ON Anie	,		21	1225	•	6	1514		
Funeral Director	1	1. Maritel Stetus	12. Wes Deceden Armed Forces	t Ever in U,S. 13	. Was Decede	nt of h	Hispanic Origin? (S en, Mexican, Puert	pecify Yes or N	0- 14. Re	ce - Amari		
1 by Fu		1 Never Married 2 Married 8 Widowed 4 Divorced	1 Yes 2 In If Yes, Give Year or Detes	Mo	1 ☐ Yes 2			Specify: B			rck	
Completed		15. Decedent's E (Specify only highest gr	ducetion ede completed)	16e. Dec (Gir	edent's Usuei ve kind of work	Occup	petion during most of world)	rking	16b. Kind of	Business/In	dustry	
dw		Elamentery/Secondary (0-12)	Collaga (1-4or	5+) life	5tu		•		0.11	ic 5	charl	
ပိ	1	7. Fether's Neme (First, Middle, Last			2/10	ue	18. Mother's Ner	ne (First, Middle			CRUOI	
To Be		David Ch.	adler	-	Bankare Willis							
-		9e. Informent's Neme/Relationship	Type, Print)	19b. Ma	lling Address (ng Address (Street end Numbar or Rurel Route Number, City or Town, Stete, Zip Code)						
eny injury or		1 Burlel 2 Cremetion 3 C 4 Donation 5 Other (Special Signature of Funeral Service Lices 1. Signature of Funeral Service Lices 2.5a. Part 1. Enter the disease, or company of the signature of the	y)	- /n	22. Name end Albert nter the mode	01	ess of Fecility	400	Lawson 38N.L BATTIN Briest,	Simo	Approximete Intervel Between	
lan cal ner ច	r	nmediate Ceuse (Final iseese or condition esulting in deeth)	. Genst	Due to (or es e cons	equence of):	0	head.	and	leg		Onset end Deeth	
Examiner	Siff	requentielly list conditions, any, leading to immediate eusa. Entar Underlying euse (Disease or Injury	b. —————	Due to (or es e cons	equence of):						170	
clan/Medical Examir	re	euse (Disease or Injury net Initiated events esulting In deeth) Last	d	Due to (or es e conse	equence of):			44	66	1		
Physician/	P	ert II. Other significent conditions of		but not resulting in the	underlying cau	ıse giv	ven in Pert I.	23b, Did	I tobacco une c	ontribute to	the cause of deat	
by Physic								1 🗆	Yes ZNO	3 □ Pro	bably 4 Unkno	
eted									s en eutopsy ormed?	ev	ere autopsy findings eilable prior to impletion of cause death?	
Compl								1/2	Yes 2□No	1/2	Yes 2□ No	
Be		5. Wes case referred to medical examiner?	Ho enitel:			041	26. Plece of Dee					
ation: To Be						: Inju	4 LI Nursing II	Home 5 Residence 6X Wither (Specify) SIDE 28d. Describe how Injury occurred 4			WSIDEWAI	
Certific	27. Manner of Deeth 1 Netural 2 Accident 3 Suicide 4 Homlcide 28e. Date of Injury (Month, Dey Year) 1 Netural 28b. Time of Injury (Month, Dey Year) 28b. Time of Injury 28b. Time of Injury 28b. Time of Injury 28b. Time of Injury 28b. Time of Injury 28c. Place of Injury - At home, ferm, stree building, etc. (Specify)							28f. Location City or Fo	(Street end Num own, State) KNi	ber or Rura	al Route Number, Swave	
Medical Certification	2	9s. Certifies 1 Certifying Ph	ysician: To the best niner: On the basis of end menner si	of my knowledga, dee of exeminetion and/or l teted.	th occurred et nvestigetion, in	the tir	ma, data end piece pinion, daath occu	, end due to the rred et the time,	ceuse(s) and n , dete end plece	nenner es s , and due to	teted. the ceuse(s)	
Me Me		b. Signature and title of certifier	Λ	^	29c. l	icens	e number		29d. Dete sign	ed (Month,	Dey, Year)	
		1 aunti	lo AM	()		2	MF		AliGHET	23	1996	
	30	address of person who	completed cause of	death (Item 23e) (Type	O.C.M.E. AUGUST 23,				23,	1996		

State Registrar

31. Dete filed (Month, Dey, Yeer)
AUG 26 1996

J. LARON LOCKE, MD

111 Penn Street, Baltimore, Maryland 21201

96 AUG 26 PH 9: 42

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 is be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Robert M. Coughlin, M.D. P.O.

31. DATE FILED (Month, Day, Year)

AUG 2 6 1996

Julia Shoulean Randall

TO BE COMPLETED BY FUNERAL DIRECTOR

ilm G738 item 16b pe	er FH 8-29-96	rja							96	25254
FOR 1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF	TMEN'	T OF HE	ALTH AND DEATH	MENTA	L HYGIEN	E		
1. DECEDENT'S NAME (First, Middle, Las	at)						OF DEATH			. TIME OF DEATH
Cecelia (Dlive Whi	te				Au	gust	12.	1996	7:58P
4. SOCIAL SECURITY NUMBER		GE (in yrs. last birthday)	IF UNDE	R 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTHP	LACE (State or Foreign
232-10-8118	1 🗆 M 2 💢 F	91 YRS.	MONTHS	DAYS	HOURS MIN.	3-6	5-1905	5	WV	
9e. FACILITY NAME (If not institution, give	e street end number)		9b. CIT	Y. TOWN OR	LOCATION OF D				NTY OF DEA	TN
Garrett County		Hoenita			cland				rett	
RESIDENCE OF DECEDENT	Memorial	nospica	<u> </u>	Ua:	zzana			Gar.	Lecc	
10e. STATE 10b. COU	NTY	10c. CIT	Y, TOWH	OR LOCATIO	N				1	Od. INSIDE CITY
WV. PI	reston	E	q101	n i						LIMITS?
10e. STREET AND NUMBER				10f. 2	IP CODE			10g. CITI		AT COUNTRY?
P.O. Box	126 Eglon	Rd.			26716			U	.S.A	
tt. MARITAL STATUS	12. WAS DECEDENT EVE		13.		IDENT OF NISPA	NIC ORIGI	N? (Specify Yes	or No.	14 BACE	- American Indian
1 Never Married 2 Merried	FORCES? 1 Y	ES 2 X NO		If yes, spec	Ify Cuben, Mexic	en, Puerto		0, 110-		- Americen Indian, White, etc.
3 📉 Widowed 4 🗌 Divorced	IF TES, GIVE WAR O	H DATES		1 YES 2	XNO Speci	ny:			Whi	te
15. DECEDENT'S E	DUCATION	16a. DECEDENT'S	USUAL C	CCUPATION		16	b. KIND OF BUS	SINESS/INC		
(Specify only highest gri		(Give kind of life. Do NOT u	work done	during most						
8	College (1-4 or 5+)	Homem	ake:	r			Own	Home		
17. FATNER'S NAME (First, Middle, Lest)					te. MOTHER'S N	AME /Eimt	Middle Meiden	Summer at		
Oliver Benjar	nin Miller				Savi11				ina	
	WIN WILLEL									
19e. INFORMANT'S NAME (Type/Print)	J 50 12 1 1 1				Number or Rural					0.001.0
Mrs. Winnifr	ed Gatto	Eglon	Rd	. P.	O. Box			on,	WV.	26/16
20e. METNOD OF DISPOSITION 'Y' Burlel 2 Cremetion 3 R	emoval from State	20b. PLACE AND DATE	OF DISPO	SITION (Nem	e of	DA	TE 20c. LO	CATION —	City or Tow	n, Slate
YCKBurlel 2 Cremetion 3 R		Eglon C	eme	tery	8-15	-199	96 Eg	110n	, WV	•
21. SIGNATURE OF FUNEAL SERVICE	LICENSES // O		H	inkl	e Fune	rak	Home			
- Scott	Jerko		1		Box 18			wv.	262	60
23. PART i. Enter the diseeses, or heart fellow	or complications that ceure. List only one ceuse of	used the death. Do	not ente	r the mod	e of dying, au	ch aa cai	rdiac or respi	ratory an	rest,	Approximate
IMMEDIATE CAUSE (Fine)	e. clar only one couse o	iii eccir iiiie.								Onset and Death
disease or condition resulting in death)	a. Acute M	Myocardi	al 1	Infai	ction					4 Days
resulting in death)	DUE TO (OR	AS A CONSEQUENCE O	F):	LIILU	CCIOII					Days
	- Corona:	ry Arter	v Di	iseas	se					Years
Sequentially list conditions,		AS A CONSEQUENCE C	_							f
If any, leading to immediate cause. Enter UNDERLYING										,
CAUSE (Disease or injury that initieted events	C. DUE TO (DR .	AS A CONSEQUENCE O	P):							+
resulting in death) LAST										
	d									+
PART II. Other algnificent condit	ione contributing to dee	th but not resulting	in the u	nderlying	ceuse given in	Part I.	24a, WAS AN			VERE AUTOPSY FINDINGS
							1 TYES 2			MAILABLE PRIOR TO COMPLETION OF CAUSE
								My no		OF DEATN?
DID TOBACCO USE CON	STRIBLITE TO CALISI	F OF DEATH Y	FS 🖂	NO E	UNCERTA	IN \square				YES 2 NO
25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEA		**	DITCERIA	114				
EXAMINER?	HOSPITAL:		OTHE	R:						
1 YES 2 NO	1 XInpetient 2 ER/			1	5 Residence	_				
1 Netural 5 Pending	(Month, Day, Ye		JURY	28c. INJU WOR	K?	28d. DE	SCRIBE HOW I	NJURY OC	CURED	
2 Accident Investigation			М		8 2 NO	-				
3 Suicide 6 Could not 4 Nomicide determined	building, atc.	IURY — At home, lerm, (Specify)	street, fac	ctory, office			CATION (Street of or Town, State)		r or Rural Ro	ute Number,
T I HOUSE CONTRIBUTION										
29e. CERTIFIER 1 CERTIFYING PN	YSICIAN: To the best of my i	nowledge, death occur	red at the	time, date e	nd place, end du	e to the c	suse(s) end me	nner es ata	ted.	
one)	INER: On the besis of exemin									end manner es stated.
29b. SIGNATURE AND THE OF CERTI	PIEDE				29c. LICENSE NU	IMBED		204 DAY	E SIGNED /	Month, Day, Year)

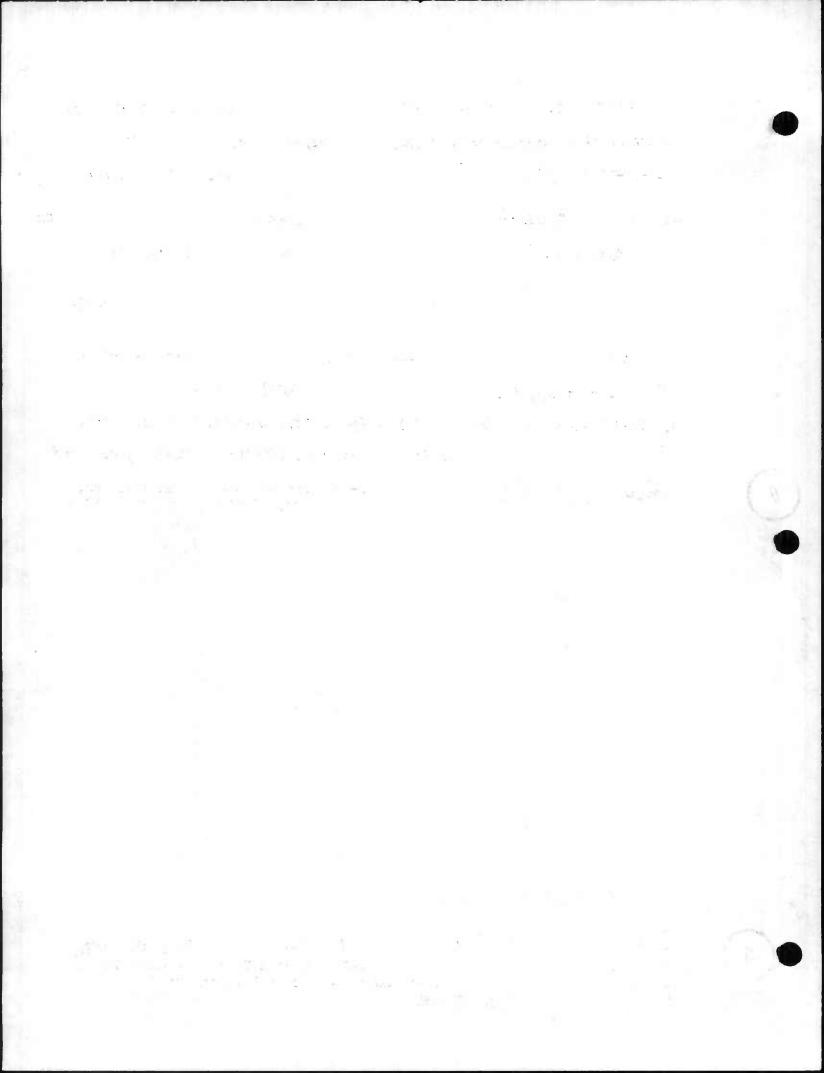
P.O. Box 8, Eglon, WV

State of Maryland / Department of Health and Mental Hygiene

25255 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Day Floyd Wilbanks, Jr. 6:26 p.m. 19 1996 August /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Johns Hospkins Bayview Medical Ctr. Baltimore City N/A If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** 8. Date of Birth (Month, Day, Year) Min. Birthplace (State or Foreign Country) Months Days Hours 10(C)(M 2 □ F Yrs. Director 457-38-9183 Dec. 68 14,1927 Texas Usual Residence of Decedent the Marylend 10a State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits Peges 1 and 2 should be filed within 72 hours after deeth with the Maryle nent of Haalth and Mantal Hygiane.
Int: If item 27 is marked other than "natural", or items 23a or 28a-f show int: or other traumatic event, it a Medical Examiner must be notified at Director Baltimore 1 Yes 2/3/No Maryland Dundalk 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 717 Gregwood Ct. 21222 United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American indian, 1 Never Merried 2 Married 1. Xyes 2 No If Yes, Give Year or Detes: Ballimore, Maryland 21215-0020 1 ☐ Yes 2 1 No Specify: by 3 1 Widowed 4 □ Divorced Korean White Be Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) Steel Industry 12 Years Steelworker 17. Father's Name (First, Middla, Last) 18. Mothar's Name (First, Middla, Maiden Sumame) Floyd Q. Wilbanks, Sr. 19a. Informant's Name/Relationship (Type, Print) Sally Pearl Vest 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 5307 Colt Drive Broad Run, Virginia Mr. Floyd 2 Wilbanks III/Son 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete Dele ₩Burial 2 Cremation 3 Removal from State Christ Lutheran Cem. 8/24/1996 ment Dundalk. Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Fungeral Service Licensee 22. Name and Address of Facility Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland shock, or haart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** Immediata Cause (Final disease or condition resulting In death) /Medical Abdominal aortic aneurysm 2 mo. Examiner Dua to (or as a consequence of) Examiner The lew requires that the death certificete be executed bunal-transit Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying Causa (Disease or Injury that initiated events resulting In death) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, ettending physicien Physician/Medical the Due to (or as a consequence of): 98 igned by the ettendin be detached for use Part II. Other significant conditions contributing to death but not resulting in the underlying ceusa given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☑ Probably 4 ☐ Unknown Coronary artery disease by Completed 24a. Was en eutopsy performed? 24b. Were autopsy findings evailable prior to completion of cause of death? Renal artery disease has cartificate 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No o the Hospital or Attending Physician: thin 24 hours after death. • the Funeral Director: After this cartifical empletely filled in by the funeral director, 25. Was cese referred to medical axaminer? Be 26. Place of Death (Check only one) Hospital: 1 X Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Medical Certification: To 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Panding invastigation 1 Natural 1 TYas 2 TNo 2 Accident 6 Could not be datermined 3 Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 ☐ Homicide 1 Cartifying Physician: To the best of my knowledga, death occurred at the time, date and place, and due to the causa(s) and manner as stated.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29a. Certifier 29b. Signature end title of certifie 29c. License number 29d. Date signed (Month, Day, Year) 042910 Avg 19,1996 30. Nama and addrsss of person who complated cause of death (Hem 23a) (Type, Print) Johns Hopkins Bayview Medical Center Schul Richard 4940 Eastern Avenue, Baltimore, MD 31. Date filed (Month, Day, Year) State Registrar

DHMH 16 Rev 6/95



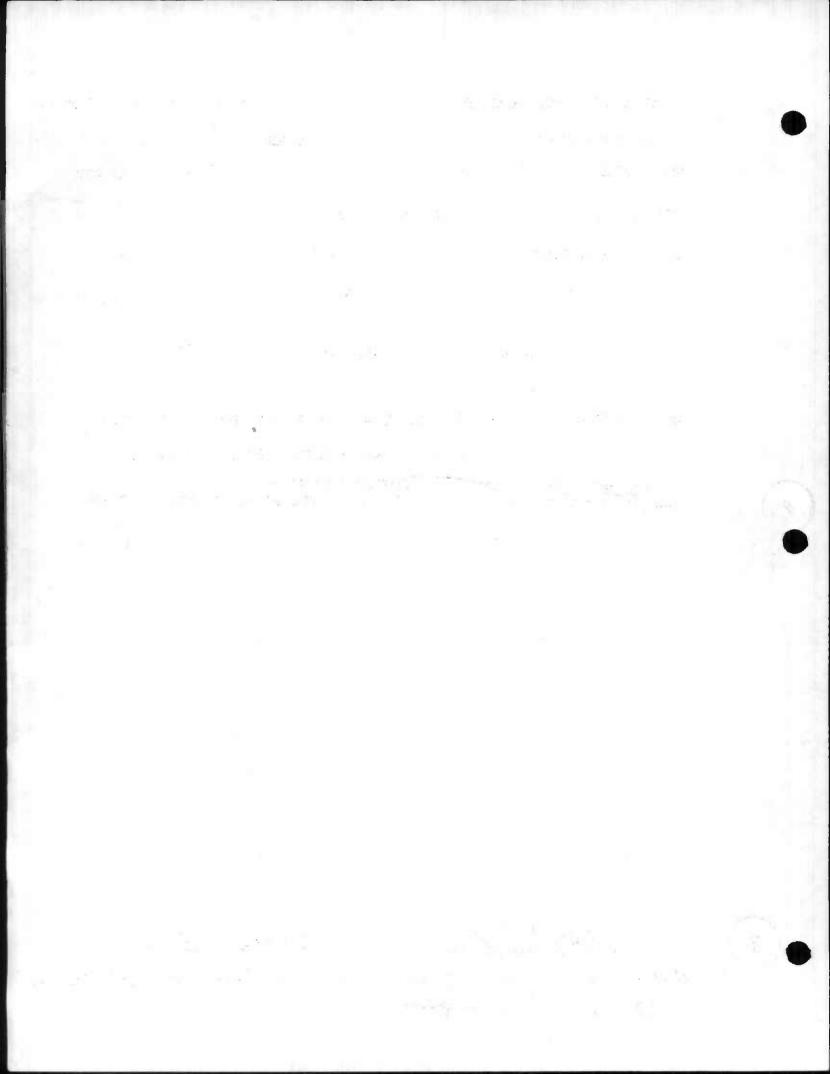
State of Maryland / Department of Health and Mental Hygiene

25256 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death **Physician** 20, 1996 AUGUST ANGELA ELIZABETH WINKLER 9:50 P.M. /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** MANOR CARE - TOWSON TOWSON BALTIMORE 5. Sociel Security Number If Under 1 Yeer If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthdey) Birthplece (Stete or Foreign Country)
 NEW YORK Funeral Deys Min. 1□M 20 F Hours 94 721-16-9265 Vrs Director Usuel Residence of Decedent 10e. State 10b County 10c. City, Town or Location 10d. Inside City Limits 28a-f show MARYLAND N/A BALTIMORE CITY Director 1 XYes 2 No 10e. Street end Number 10f. Zip Code 10a. Citizen of Whet Country? 6 death with Herns 23a 1209 LAKESIDE AVENUE 21218 USA Funeral Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Rece - American Indian, Black, White, etc. filed within 72 hours after 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yes 2 ☐No Specify: Specify: WHITE by 3 Widowed 4 □ Divorced Completed 16e. Decedent's Usuei Occupation (Give kind of work done during most of working life. DO NOT use retired) Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) I Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) Depmit. Pages 1 and 2 should be filed with Dependent of Health and Mentel Physiens Important: if tem 27 is marked other than any injury or other traumatic event, if any once. B&O RAILROAD 6 YEARS SECRETARY 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumeme) Be LASLO BOGARTY **IRMA DUBUS** 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) JOHN E. BLEACH FRIEND 201 ½ MARYLAND AVENUE TOWSON, MD 21286 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) Dete 20c. Location - City or Town, State 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from State BALTIMORE NATIONAL CEM. 8/23/96 BALTIMORE, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerei Service Licenses 22. Name end Address of Fecility
JOHNSON FUNERAL HOME 8521 LOCH RAVEN BLVD. TOWSON, MD The the disease or complications that caused the deeth. Do not enter the mode of dying, such es cerdiac or respiretory errest, or heart feilure. List only one ceuse on eech line. Physician /Medicai Immediate Ceuse (Final Weeks disease or condition resulting in deeth) Examiner Examiner The law requires that the death certificate be executed the burial-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or as e consequence of): P.O. Box 68760. Physician/Medical Due to (or as e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, þ 8 Completed 24b. Were autopsy findings aveilable prior to completion of ceuse of death? 24a. Wes en eutopsy performed? this certificate 1 Yes 1 Yes 2 No of Vital spital or Attending Physician: Theores after death.
neral Director: After this certificate y filled in by the funeral director, pa Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) examiner? P 1 Yes 2 No Other: Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Date of Injury (Month, Day Year) Certification: 27. Manner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Division 1 Neturel 2 Accident 5 Pending 1 Yes 2 No Investigation 6 Could not be determined 3 Sulcide Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide Hospital of 24 hours af Funeral D edical (29a. Certifier Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, dete end piece, end due to the ceuse(s) end menner stated. D - 12849 8-21-96 29b. Signature end title of certifier 29c. License number od cause of deeth (Item 23a) (Type, Print)
MD. 7600 OSLER Dr. Towson. Md 21204 30. Name end eddress of person who complet 0 32. Registrar's Signature 31. Dete filed (Month, Dey, Year) State AUG 26 1996

DHMH 16 Rev 6/95

Registrar



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hydiere prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
D THE HO!	THE FUN	APORTA

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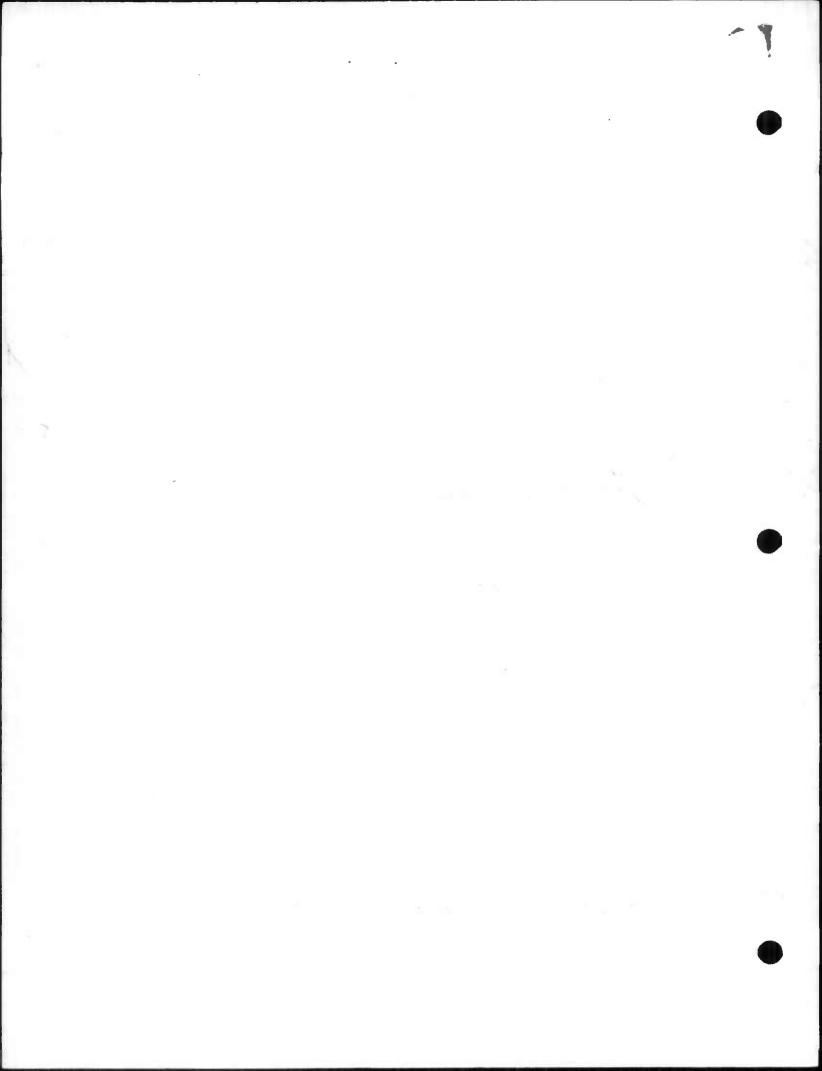
												9	6	2525	7	
	1 - FOR STATE REGISTRAR		STATE OF N	MARYLAND /	DEPAR						GIENI				•	
	1. DECEDENT'S NAME (First, Mid BEATRI		CLARK		AD	KINS	3			2. DATE OF DE MONTH	DA		YEAR 1996	3. TIME OF DEAT	тн Р м	
	4. SOCIAL SECURITY NUMBER 215-38-0973		5. SEX	8. AGE (In yrs. les.	st birthday)	IF UNDER	ER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BII	RTH	9	-22	PLACE (State or Fo	~	
	9a. FACILITY NAME (# not institute				The.	an CIT	Y, TOWN O	COLOCATI	21 05 05		10	000		" MD		
DIRECTOR	Berlin Nurs	sing F					Ber		DH OF DE	AIn			orces			
EC		DENT D. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY	,	
	MD	Wor	rcester			Be	erlin							LIMITS?		
AL	10e. STREET AND NUMBER						101	. ZIP CODE	E			10g. CIT.	IZEN OF W	HAT COUNTRY?	110	
JER	11212 Gum	Poin	t RD					218	11			l	JSA			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merr 3 Wildowed 4 Divorced	rried	12. WAS DECEOEN FORCES? 1 IF YES, GIVE W	YES 2XN	YES 2X NO If yes, specify Cuban, Mexican, Puerto					n, Puerto Ricen,	etc.)	or No-	14. RACE Black, Specify	CE — American Indian, lock, White, etc.		
8	15. DECEDEN (Specify only high	NT'S EDUCA	ATION	16a. DE	CEDENT'S	USUAL C	OCCUPATIO	N		16b. KIND	OF BUS	BUSINESS/INDUSTRY				
COMPLETED	Elementary/Secondary (0-12)		College (1-4 or 5+	He.	ive kind of v . Do NOT us	vork done se retired.)	during mos	st of working	g							
MPI	10				Hous	ewif	е			He	ome	ne				
8	17. FATHER'S NAME (First, Middle,	,,								ME (First, Middle,		Surname)	mame)			
BE	James Clark	Ger a due Davis														
2	190. INFORMANT'S NAME (Type/P			196												
	Albartus Ad								ran	kford,		_				
	1 X Buriel 2 Cremation 3 4 Donation 5 Other Spec	3 C Remov ec/ly)	SA DECEMBER	20b. PLACE A carnetery, cree Sunse	matory of of	of DISPOS ther place)	ial F	ark		OATE B/12/96			City or Tow	vn, State		
	21. SIGNATURE OF PUNERAL SEI	W B	Burtal				108	Willi	ams	Burk St. Be	erlin	M	D 2	Home		
	23. PART I. Enter the disease shock, or heart	ses, or co	ist only one cou	caused the de	ath. Do r	ot enter	r the mor	de of dyl	ng, such	n as cardiac o	r respir	atory an	rest,	Approxima		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Tellule, L.	du			UE	3/44	Iw	F	619 Y	7			Interval Be Onset and		
z			DUE TO	OR AL ACONSEO	WENCE OF	シム	22	-						1		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	le	DUE TO	(OR AS A CONSEO	DUENCE OF	-):								-		
CA	cause, Enter UNDERLYING CAUSE (Disease or Injury	C.														
H	that initiated events resulting in death) LAST		DUE TO	(OR AS A CONSEO	JUENCE OF):										
SER		d.														
· .	PART ii. Other significant c	onditions	contributing to	death but not m	esulting i	n the ur	nderlying	causa g	iven In I	Part I. 24s. 1	WAS AN			WERE AUTOPSY FI		
PHYSICIAN: MEDICAL	100	V	47	end	2	De	w	w	u	- 1	YES 2			AVAILABLE PRIOR COMPLETION OF		
ME			/											1 YES 2 X	NO	
ž	DID TOBACCO USE	USE OF DEA	TH YE	S 🔲 I	NO 🗆	UNC	ERTAIN	1 🗆								
CIA	25. WAS CASE REFERRED TO ME EXAMINER?		HOSPITAL:	28. PLAC	E OF OEAT	OTHER										
IYSI	1 YES 2 NO		1 Inpetient 2		-	4X Nun	raing Home		sidence (6 Other (Spec	tfy)					
ВУ РН	1 X Natural 5 Pendi	ding stigation	28s. OATE OF (Month, Da							28d. OESCRIBE	HOW IN	JURY OCC	CURED			
COMPLETED	3 Suicide S Could	id not be rmined	28e. PLACE Of building, (F INJURY — At honetc, (Specify)	/ — At home, farm, street, factory, office 26f. L					26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
PLE	29a. CERTIFIER (Check only	NG PHYSICI	IAN: To the best of a	my knowledge, dei	ath occurre	d at the t	time, date	and place.	and due f	to the cause(a) a	and many	tota pa stat	and .			
MO	one) 2 MEDICAL	EXAMINER:	On the basis of ax	amination and/or is	nvestigatio	n, ln my c	opinion, de	eath occur	ed at the 1	time, data and pl	iece, and	due to th	e cause(a)	and manner as st	isted.	
	296. SIGNATURE AND TITLE OF C							29c. LICEI						(Month, Day, Year)		
BE	12	~	22	-	7		- 1		0202		- 1	290. DATE	E SIGNED (Month, Day, Tear)		

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (JPEN 27) (Type, Print)
FEDERICO G. ARTHES 1622A OCEAN PINES

MD 21811 BERLIN

29c. LICENSE NUMBER
D02026

32 REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS. P.O. BOX 68760

		1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF I		MENTAL HYGIEN						
		1. DECEDENT'S NAME (First, Middle, Last) ARTHUR Gra			stock	Jr.	august	10 19916	3. TIME OF DEATH A				
Pin		Carlotte Annual Control	1⊠M2□F 83	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		Cou	THPLACE (State or Foreign ntry) rginia				
. 2. 3 sho	TOR	SHADY GROVE ADV		SPITAL	POCKV	OR LOCATION OF DE	ATH	MONTGO					
u.z.o. physician. burial-transit permit. Pages 1, 2. 3 should	DIRECTOR	100. STATE 100. COUNTY Maryland Montgo	omery		y, TOWN OR LOCA Lthersbu				10d. INSIDE CITY LIMITS? 12 YES 2 NO				
nsit permi	FUNERAL	10. STREET AND NUMBER 24 Dalmar Street	- Apartmen			1. ZIP CODE 20877			WHAT COUNTRY?				
F 2	ВУ		12. WAS DECEDENT EVER II FORCES? 1 🔯 YES IF YES, GIVE WAR OR D. WWII	N U.S. ARMED	If yes, sp	CENDENT OF HISPAN Hecity Cuben, Mexicer 2 NO Specify		e or No- 14. RA	CE — American Indian, oct, White, etc. White				
N m or	PLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	TION Impleted) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT use Couri		ON ost of working		siness/industry					
at de te	BE COMPL	17. FATHER'S NAME (First, Middle, Last) Arthur Grady Ails	tock, Sr.			Emma	ME (First, Middle, Maldon Darne11						
ay be retained the page 5 should the notified	10	190. INFORMANT'S NAME (Type/Print) Mabel F. Ailstock 200. METHOD OF DISPOSITION		24 Da	lmar Str	eet - Ap		hersburg	20877 Maryland				
metor,		1 © Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Resthaven Memorial Gardens 8/13 Frederick, Maryland 21. BIGHATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
2 2 2 2	j	Olin L. Molesworth, P.A., Funeral Home 26401 Ridge Road, Damascus, Maryland 20872 23. PART If Enter the diseases, or complications that caused the desth. Do not anter the mode of dying, such as cardiac or respiratory arrest, interval Retween Interval Retween											
ted with the hours after completely filled in by the ial, cremation, or removal event, the medical		IMMEDIATE CAUSE (Final disease or condition resulting in death)	st only one cause on a	ach line.	Dag Co		n ss cardiac or resp	Iratory srrest,	Approximate interval Between Onset and Death				
ficate be execuply, sician and ne prior to bur	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):											
the death certify the attending of Mental Hygier Injury, or oth	O	PART II. Other significent conditions	contribution to death h										
w requires that the been signed by the pr. of Health and I 3 shows any In	MEDICAL	1-6-	enal Jailar	ut not resulting	in the underlying	g ceusa given in i	Part I. 24a. WAS AN PERFOR	RMED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
De De	PHYSICIAN:	DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL		F DEATH YE		UNCERTAIN							
CIAN: The ertificate h the State t or Item	IYSIC	1 YES 2 NO	OSPITAL:			e 5 🗆 Reeldence (8 Other (Specify)						
ATTENDING PHYSICIAN: ECTOR: After this certificals after death with the Standard of the Standa	ву Рн	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year)		M 1 🗆	YES 2 NO	26d. DESCRIBE HOW I						
OR ATTEND DIRECTOR: A hours after d Item 28 Is	ETED	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, :	street, factory, offic		28f. LOCATION (Street of City or Town, State)	and Number or Rure	Route Number,				
7 70 -	COMPLETED	29e. CERTIFIER 1 CERTIFYINO PHYSICIA (Check only one) 2 MEDICAL EXAMINER:							(e) end manner ee stated.				
TO THE HOSPITA TO THE FUNERA De filed within 7 IMPORTANT: I	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DE	ATH (ITEM OR CO.	Diet.	29c. LICENSE NUM		≥ Quyu	D (Month, Day, Year)				
		31. DATE FILED (Month, Day, Year)	GROVE Rd	Pocku	the m	0							
		AUG 1 4 1996	Julia Dan	dear Randa	on.								

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State of Maryland / Department of Health and Mental Hygiene

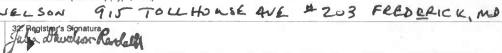
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25259

						Cert	ificate c	of Death	Re	g. No.			
			1. Decedent'e Name (First, Middia, L	ast)					2. Data of Death	1	W	3. Tima of Death	
	Physic		Pauline Water	s A	llison				July 28	, 1996	Yaar	7:00 P.M	
	/Medi Exami		4a. Facility Name (If not Institution, g	iva street and num	nber)			4b. City, Town, or L	-	4c. County	of Death		
7			Frederick Memor	rial Hosp	oital			Frederic	k	Frede	erick		
	Funeral Director		5. Sociel Security Number 220-10-5539 6.	Sex 1□M 2XX	7. Aga (In yrs. 75		If Under 1 Ye Months Day		8. Deta of Birth (Month, Day Sept. 9	, 1920	9. Birthple County Mary	aca (Stata or Foraig Land	
	p		Usual Residence of Dacadant										
	show	20	10a. State 10b. County Maryland Frederi	ck		y. Town or Loca derick	tion				10	d. Insida City Limits 1- Yes 2□ No	
	the N	Director	10e. Street and Number				101 71- 0-4			- 011			
	23a or		414 Military Ro	ad			10f. Zip Code 217		10	U.S.A.	vnat Counti	ry /	
	r dea	Funerai	11. Meritel Stetus	12. Was Dace Armed For	dant Evar In U	S. 13. Wa	s Decedant o	of Hispanic Origin? (Spuber, Mexican, Puart	pecify Yas or No-		e - Amarica k, Whita, a		
020	d within 72 hours efter death with the Maryland jiene. I than "natural", or itema 23a or 28a-f show the Modical Examinat must be notified at	þ	1 ☐ Naver Merried 2 ☐ Married ② Widowed 4 ☐ Divorced	Armed For 1 Yas If Yes, Give Yaer or Da	A		Yas 2XX			Specify	Y 77		
5-0	72 h	ete	15. Dacadant's E (Specify only highest g	ducation 16a. Decede (Giva k			nt's Usual Oce	cupation	kina 1	6b. Kind of Bu	ustry		
Maryland 21215-0020	yene.	Completed	Elamantary/Secondary (0-12)	Collega (1	4or 5+)	Seams		na during most of work ired)		Cloth:	ing Fa	actory	
nd	al Hygid	Be (17. Fether's Nema (First, Middle, Las	t)					ne (First, Middle, M		,		
yla	should be filed and Mental Hygle i marked other tumatic event, if	1º	Thomas		RO	CKWELL		Edna WATERS					
	permit. Peges 1 end 2 should be filed Department of Heelth and Mental Hyg Important: If Item 27 is marked othe any Injury or other traumatic event, 2010.		19a Informant's Name/Ralationship Mrs. Faith R. Net		iece			eet an <i>d Number or Ru</i> reet, Fred					
ore,	of He of He r		20e. Method of Disposition	70		laca of Disposit	ion (Name of tory or other p	piace)	Dete 2	Oc. Location -	City or Tow	m, Stata	
aitimore,	ment of I		1 🖺 Burial 2 □ Cramation 3 I 4 □ Donation 5 □ Other (Spec		Res	thaven Ma	morial (ardens, July	31, 1996	Frede	rick,	Md.	
Bail	permit. Peg Department Important: I any Injury o	21. Signature of Funeral Sarvice Licansee Richard E July M00255 22. Name end Addrass of Facility Keeney and Basford P.A. Fune 106 East Church St., Frederi										1701	
-	2200		23a. Part1. Entar tha disaesa, or con shock, or haart failura. List only	nplications that cay	used tha daat							Approximete Intarval Batween	
	Physician /Medicai		Immediate Cause /Final									Onset and Deeth	
	Examiner	Immediate Causa (Final disease or condition rasulting in death) BOWEL OBSTRUCTION										3 DAYS	
		Je	Dua to (or as a consequenca of):										
	tificate be executed ig physician end as the buriel-transit	Examiner	Sequentially list conditions	b	Dua to /o	r as a consequa	ince of).				1		
oʻ	an en	Ex	Sequantially list conditions, if any, leading to immadiata causa. Entar Undarlying								1		
68760,	ate be	Ical	Cause (Diseasa or Injury thet initiated evants rasuiting in daath) Last	C	Dua to (o	r as a consequa	nce of):				<u> </u>		
99 X	certificate be executed ding physician end use as the buriel-transit	/Medical	rasulting in Galatti, Cast								1		
Bo	death ce	lan/		d			-						
o O	the e	Physician	Part II. Other significant conditions	contributing to dea	ath but not ras	uiting In the und	arlying causa	given In Pert I.	23b. Did tol	acco use co	ntribute to	the cause of death	
σ.	The law requires that the death of the base been signed by the etten page 2 should be detached for u		HEART FAIL	ic RE	NAL	FAILU	26/	CONGESTIV	£ 1□ Ye	8 2⊠No	3 Probe	ably 4 Unknow	
ds,	uires sign	d by							24a. Was an	autopsy	24b. Wer	a eutopsy findings	
Record	beer shou	Completed	HEART FAILL	LCE/]	1485	TES MA	ELLIT	w	perform	ed?	com	lable prior to plation of causa eath?	
	The law sete hes page 2	ошо		·						2 No	1 1100	Yas 22 No	
Vita			25. Was casa rafarred to medical					26 Blace of Dee				Tas 215 NO	
	Physician: this certificant and director,	To Be	axaminar? 1 ☐ Yes 2 ☐ No	Hospitei:	patient 2	ER/Outpatient	3□ DOA	Wher:	th <i>(Check only one</i> oma 5 ☐ Rasidar		er (Cnecify)		
0	£ 5 8		27. Menner of Death	28a. Date o	f Injury	28b. Tima of	28c. In		28d. Dascribe ho				
0	Attending r death. ector: After by the fune	atio	1 ☐Naturel 5 ☐ Panding 2 ☐ Accidant Invastigation		, Day Year)	fnjury		Vork? □Yas 2□No					
Division of	3 4 4 6	ertification:	3 ☐ Suicida 6 ☐ Could not l 4 ☐ Homicida determined	1 288. Place	of Injury - At ho g, atc. (Specif	oma, farm, straa	na, farm, straat, factory, office 28f. Location (Street and Number or Rural Route Nu City or Town, State)					Route Number,	
	the Hospital or thin 24 hours effe the Funeral Dir mpietely filled in	edicai C	(Check only 2 Medical Exa	miner: On tha bas	sis of examine	wledga, death or ion end/or invas	ccurred at the	tima, data and placa, y opinion, daath occur	and dua to tha ca red et tha tima, da	use(s) and ma	nnar as sta and due to t	ited. the ceuse(s)	
	ithin 2 the omple	Mec	(Check only one) 2 Medical Examiner: On the basis of examinetion end/or invastigation, in my opinion, death occurred et the time, data and place, and due to the ceuse(s) and mennar stated. 29b. Signature and title of certifier 29c. License number 29d. Deta signed (Month. Day, Year)										

State Registrar 31. Dete filed (Month, Day, Yaar) JUL 3 0 1996

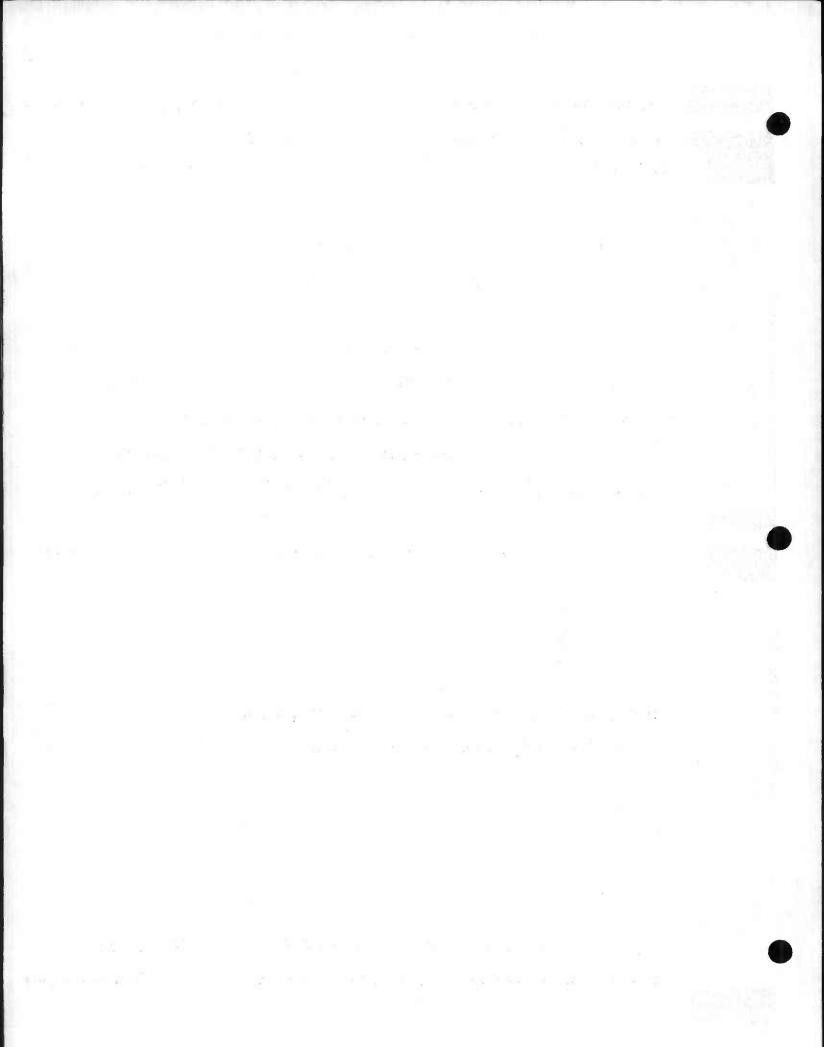
ANDREN



30. Nama and address of person who complated causa of daath (Itam 23a) (Type, Print)

D 21936

7.29.96



8. BIRTHPLACE (State or Foreign Country)

10d. INSIDE CITY

1 YES 2 X NO

Maryland

Prince Georges

10g. CITIZEN OF WHAT COUNTRY?

United States

14. RACE — American Indian, Black, White, etc.

Specifiwhite

9c. COUNTY OF DEATH

3. TIME OF OFATH

430 A

REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Ernestine Denton Boyd Ernestine Boyd 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF LINDER 24 HRS 7. DATE OF BIRTH 217 36 9448 DAYS HOURS 1 M 2 X F MIN. VDQ September 21 1914 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Manor Care Nursing Home DIRECTOR Largo RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Prince Georges Upper Marlboro permit. 10e, STREET AND NUMBER FUNERAL 10f, ZIP CODE 14100 Manchester Road burial-transit 20774 Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Maxican, Puerto Rican, etc.) BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY 1 TYES 2 X NO Specify 3 XWidowed 4 Divorced use as the 15. OECEDENT'S EDUCATION 18s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gr H filled in by the funeral director, page 5 should be detached for ion, or removal. Elementary/Secondary (0-12) health care COMPL Reigsterd nurse 17. FATHER'S NAME (First, Middle, Last)
Ernest Denton 18. MOTHER'S NAME (First, Middle, Malden Surname) Edna Gott 7 notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Barbara Thomas same as #10 must be Cameter, cremetory ocather place | Christ Episcopal Cemetery | 20 C. Location - City or Town, State | Christ Episcopal Cemetery | 6 Port Republication - City of Town, State | Christ Episcopal Cemetery | 15 Port Republication - City of Town, State | Christ Episcopal Cemetery | 15 Port Republication - City of Town, State | Christian - City of Town, State | Christian - City of Town, State | Christian - City of Town, State | Christian - City of Town, State | Christian - City of Town, State | Christian - City of Town, State | Christian - City of Town, State | Christian - City of Town, State | Christian - City of Town, State | Christian - City of Town, State | Christian - City of Town, State | Christian - City of Town, State | Christian - City of Town, State | Christian - City of Town, State | Christian -20a, METHOD OF DISPOSITION

1 Description
1 Removal from State 4 Donation 6 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 4405 Broomes Is. medical 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ahock, or heart fellure. List only one ceuse on each line. I completely filled irial, cremation, c IMMEDIATE CAUSE (Final the disease Dr condition Acute myocadial interction reaulting in death) event. DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF) and com burial, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): the attending physician ar Mental Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 10 PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceues given in Part I. MEDICAL 24a. WAS AN AUTOPSY signed by the PERFORMED? any cerebrorusular accident 1 YES 2 NO shows t. of h PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN has be Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only goe) HOSPITAL OR ATTENDING PHYSICIAN: The this certificate h HOSPITAL: OTHER 1 TES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4-1 rsing Home 5 - Residence 6 Other (Specify) 0 27. MANNEB OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY marked. 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural M DIRECTOR: After the hours after death with them 28 is mark 1 YES 2 NO В 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide COMPLETED 6 Could not be 4 Homicide TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 296. SIGNATURE AND TITLE OF 29c. LICENSE NUMBER BE 022780 0 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

> 32. REGISTRAR'S SIGNATURE Jalia Davidson Randall

Peter M Schuler MD

1996

31. DATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE

1 -

Port Republic MD Rausch Funeral Home PA Rd. POrt Republic MD Approximate interval Between Onset and Daath (udden 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year) 7500 Greenway CAr Dr. Ster30 Greenbelt Md 20770 DNMH-16 Rev 1/89

Amended line 26 8/13/96

	FCHD	-	/34F Plea	State of I		d / Depa		Health and				25261	
			1. Decedent's Neme (First, Midd	le, Last)					2. Dete of D		V	3. Time of Death	
	Physici /Medi		William Henry	Baldwin					August	10, 19	96	6:13 P.M	
	Examir		4e. Fecility Neme (If not institution	n, give street end numb	er)			4b. City, Town, or	Location of Dee				
	Funeral Director		Frederick Memore 5. Social Security Number 194–09–7402 Usual Residence of Decedent			lest birthdey) Yrs.	If Under 1 Yee Months Dey		s. 8. Dete of B (Month, D		9. Birthpla Country Penns	ce <i>(Stete or Foreig</i> n y) sylvania	
	show	_	10a. State 10b. County	1	10c. City	y, Town or Lo	cation				100	d. Inside City Limits	
	death with the Maryland ma 23a or 28a-f show	Director	Maryland Fred	erick	Fr	ederio	k 10f. Zip Code			12 Yes 2 □ N 10g. Citizen of What Country?			
	th with		5042 Shookstow	n Road			2170			United			
20	n 72 hours efter death w "natural", or items 23a	by Funeral	11. Meritel Status 1 □ Never Merried 2 ☑ Mar 3 □ Widowed 4 □ Divorced	If Yes, Give	§? Mo		Wes Decedent of f Yes, specify Cu 1 ☐ Yes 2 🖔 N	Hispenic Origin? (aben, Mexican, Pue o Specify:	Specify Yes or N rto Rican, etc.)		ce - American sck, White, et	n Indien, c.	
7700-61717	should be filed within 72 hours efter of Mentel Hygiene. Inarked other than "natural", or itei umatic event, tre Medical Examiner	Completed b	15. Deceder (Specify only higher Elementery/Secondery (0-12)	Year or Dete nt's Education set grede completed) College (1-46)	DO NOT use retii		orking	Business/Indu	stry				
	filed v Hygie other ti	e Co	12 17. Father's Neme (First, Middle,	Last)	18. Mother's Na	me (First, Middl	Const	ructione)	on				
yland	ges 1 and 2 should be filed to fleelth and Mentel Hyg If flem 27 is marked other or other traumatic event,	To Be	Dorse Russell	Baldwin				Grace N	Mabel Ro	adman			
Mar			19e. Informent's Neme/Reletionship (Type, Print) Kathern Anna Baldwin/ wife 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, 2) 5042 Shookstown Road, Frederick, Marylan										
	and leeith m 27 her tr			aldwin/ wif	_			own Road,			-	21702	
pallillore,	Peges 1 nent of H nt: If Ite		20e. Method of Disposition 20e. Plece of Disposition (Neme of cermetary, cremetory or other plece) 20e. Location - City 20e. Plece of Disposition (Neme of cermetary, cremetory or other plece) 20e. Location - City 20e. Plece of Disposition (Neme of cermetary, cremetory or other plece) 20e. Location - City 20e. Plece of Disposition (Neme of cermetary, cremetory or other plece) 20e. Location - City 20e. Location - C										
Dall	permit. Peges 1 and 2 Department of Heelth s Important: If Item 27 is any Injury or other tra once.		Resthaven Memorial Garden8/13/96 Frederick, 21. Signeture of Funerel Service Licensee 22. Neme and Address of Fedility Stauffer Funeral Homes, P.A. 1621 Opossumtown Pike, Frederick, Man										
	Dhysisian		23a. Pert1. Enter the disease, or shock, or heart failure. List	r complications thet cause on each	sed the deeth line.	not ent	er the mode of d	ylng, such es cardie	ec or respiretory	arrest,	1 1	Approximete Interval Between Onset and Deeth	
-	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in deeth)	e. V a	-	-\c4	slid th	NIC				yes	
	Pa #s	iner		a b	000 10 (0	1 63 6 601366	delice oi).				1		
oo,	be executed sician and buriel-transit	ai Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury		Due to (or	r es e consec	uence of):						
00 YO	certificate nding physuse as the	edica	that initieted events resulting in deeth) Last	d	Due to (or	es e conseq	uence of):						
0.7.0	t the d by the	/ Physician/M	Pert II. Other significant condition	ons contributing to death	but not resu	ulting in the u	nderlying cause (given in Pert I.		i tobacco use co Yes 2□ No		he cause of death?	
מכסומה,	aw requires the	pleted by									e autopsy findings able prior to pletion of cause seth?		

Division of Vital Re To the Hospital or Attending Physician: The is within 24 hours after deeth.
To the Funeral Director: After this certificate ha completely filled in by the funeral director, page

Be

Certification: To

Medical

25. Wes case referred to medical examiner? 1□Yes 2□No 27. Menner of Deeth 1 Neturel

2 Accident

3 Suicide

4 Homicide

5 Pending Investigation

6 Could not be determined

1 inpatient 2 ER/Outpatient 3 DOA 28e. Date of Injury (Month, Day Year)

28b. Time of Injury

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28c. Injury et Work? 1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5 Desidence 6 Other (Specify) 28d. Describe how Injury occurred

26. Place of Deeth (Check only one)

1 Yes 2 No

28f. Location (Street and Number or Rurel Route Number, City or Town, Stete)

29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and manner stated. 29b. Signeture end title of certifier

29c. License number

29d. Date signed (Month, Dey, Year)

1 Yes 2 No

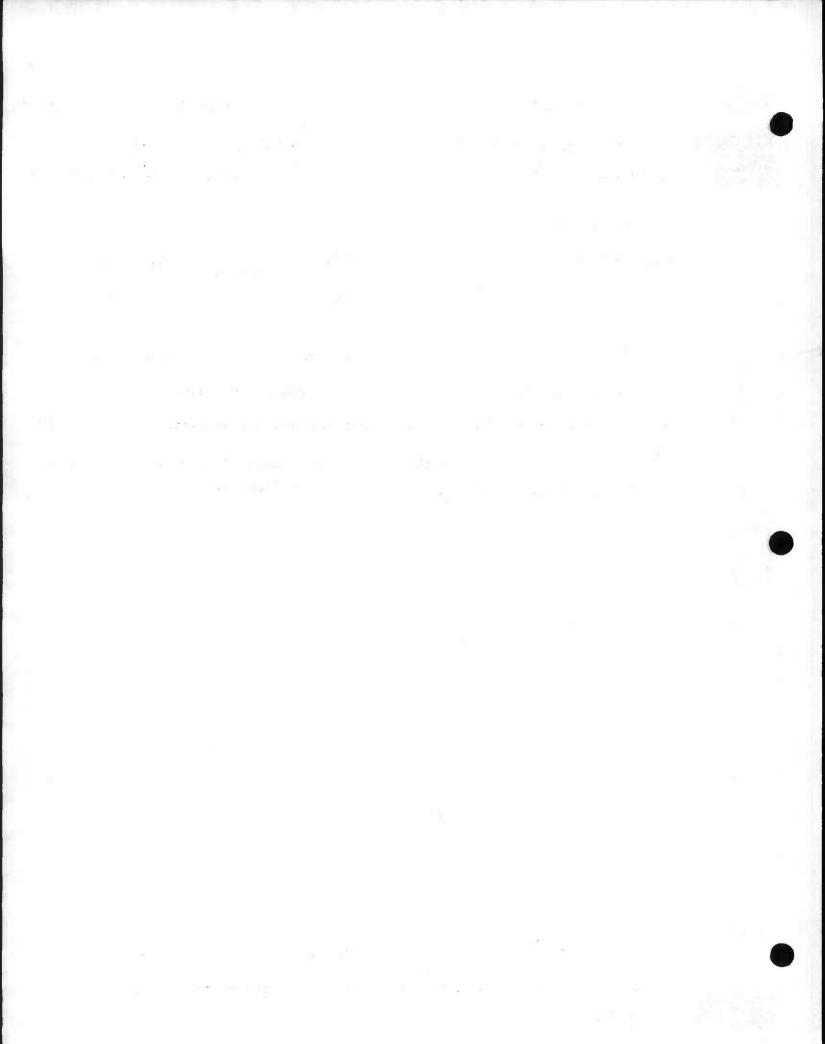
RE lis D16939

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

Behre, Michael, M.D. S Church Street & Franklin, Middletown, MD

31. Dete filed (Month, Dey, Year) AUG 1 3 1996 32. Registrar's Signeture Di Studion Randell

State



State of Maryland / Department of Health and Mental Hygiene

96

				Ce	rtificate of	Death		Reg. No.		
Dhoo	-!	1. Decedant's Nama (First, Middle, Las	t)				2. Data of De Month	bath Day	Yaar	3. Tima of Death
Physi /Med		DONALD E. H	BOCCARD				AUGUST		96	10:45
Exam		4a. Facility Nama (If not institution, give	street and number)			4b. City, Town, or	Location of Deat	h 4c. County	of Death	
74		Washington Adv		spital		Takoma		Mont	gomer	CY.
Funera		5. Social Sacurity Number 6. Sa	744 0DE	In yrs. last birthday,	Months Days			th i <i>y, Year</i>)	9. Birthpla Counti	aca (State or Foraign ry)
Directo	r	Usual Rasidanca of Dacedant	71	Yrs.				0 1925		
and w		10a. Stata 10b. County	11	0c. City, Town or L	ocation				10	d. insida City Limits
Mary	0	MD Montgom	ery	Gaither	sburg					X Yas 2□ No
the 28s	9	10e. Street and Number			10f, Zip Coda		1	10g. Citizan of	What Count	rv?
3a o	0	18507 Grackle	Way		2087	9		U.S.		
be filed within 72 hours effer death with the Maryland tall Hygiens 4 or 28a-f ahow event, me Medical Examinet must be notified at	Funeral Director	11. Marital Status	12. Was Dacedant Eve	ar in U,S. 13.	Was Dacedant of	Hispanic Origin? (S	Spacify Yas or No		e - Amarica	
ofter or Ite		1 ☐ Navar Married 2 ☐ Married	Armed Forcas? 1∑ Yas 2 □ No		1 ☐ Yas 2 No	ban, Maxican, Puar	to Rican, atc.)		ck, Whita, a	tc.
ral',	1 by	3 ☐ Widowad 4 ☐ Divorced	If Yas, Giva Yaar or Datas: 1	943/46	THE YES ZEING	Specify:		Specify	whi	te
72 hours of natural; or	Completed	15. Decedant's Edition (Specify only highest grades)	ucation la completed)	(Give	dant's Usual Occu	during most of wa	nrkina	16b. Kind of B	us inass/i ndi	ustry
filed within Hygiene. ther than end, the Mer	mpl	Elamantary/Secondary (0-12)	Collaga (1-4or 5+)	life.	DO NOT use retin	9d)		U.S.I	-	
filed within Hygiene. offer than		17. Fathar's Nama (First, Middle, Last)	4	Forei	gn Serv	rice Off				on Agenc
d 2 should be filled within the and Mental Hygiene. 7 Is marked other than traumatic event, the Mental traumatic event, the Mental traumatic event.	Be	Maurice Boccar	d				ma (First, Middla Chlore		na)	
should nd Men merks urmetic	2	19a. informant's Name/Ralationship (T		10h 14e3i	in a Addison (Otro)				Ct. t. Tr.	0- 4-1
0.000		Selma G. Boccar		1	_	eta <i>nd N</i> um <i>ber or R</i> kle Way,				
Heelth Heelth tem 27		20a. Mathod of Disposition		20b. Place of Disposametery, cre			Data	20c. Location -	-	
00-		1 Burial 2 ☐ Cramation 3 ☐ 6 4 ☐ Donation 5 ☐ Other (Specify,	namoval mom Stata				10	Oreinaa	M d l	l a MD
permit. Peg Department Important: I any injury o		21. Signature of Funeral Service Licens		Garriso	n Fores 2. Nama and Addr		8/8	Owings	MILL	ls, MD
permit. Departr Importa any inju		M/1/1/1 0 0/2	-/			uneral	Home	P.O. B	ox 86	5
_		23a. Part1. Enter the disease, or comp	lications that caused the					roct		Approximata
Physician		shock, or haart failura. List only o	na causa on aach lina.	a dada. Do not on	nor the mode of dy	ing, soon as cardia	o or respiratory a	iidot,	, ,	Interval Between Onset and Death
/Medica	_	Immediata Cause (Final	(. 0. 000	. 01	- 0				- 0-
Examine	r	disaasa or condition rasulting in death)	a	a to (or as a conse	mi Bl	Lock			0	ne week
	ne ne		C	AC	GaU.	my disc			17	- + · · · ·
cuted	Examiner	Sequentially list conditions,	b. Du	a to (or as a conse	quence of):	7	m		1	normy great
e exe										
certificate be executed ding physician end se es the burlel-transit	Medical	that initiated evants rasulting in death) Last	Dua	a to (or as a consec	quance of):					
n certific inding p use es	Me		d							
ath of the lor u										
	Physician	Part II. Other significant conditions con	ntributing to death but n	ot rasulting in tha u	ındariying ceusa g	ivan in Part I.	23b. Dld	tobacco use co	ntribute to	the cause of death?
2 2 2		Sepsio,	nneumma			٠	10	Yes 2□ No	3 Prob	ably 4 ☐ Unknow
he lew requires that the e has been signed by the ege 2 should be deteche	d by			/			24a Was	an autopsy	24b. Was	ra autopsy findings
v require been si	Completed							rmed?	avai	ilabla prior to apletion of cause eath?
0 - 0	d m							/		
Iclan: The certificate rector, peg		25. Was casa refarred to medical				00.01	10		10	Yas 2□ No
	o Be	axaminar?	Hospital:	2 ☐ ER/Outpatie	nt 3 DOA	her _	ath <i>(Check only c</i> Homa 5 ☐ Rasi		or /Conside	
문 문 등	ı.T	27. Manner of Death	28a, Data of Injury	28b. Time o	1		1	how injury occur		
or Attending F after death. Director: After I in by the funer	atio	1 ☑ Natural 5 ☐ Panding 2 ☐ Accident invastigation	(Month, Day Ye	ear) Injury		ork?]Yas 2∐No				
or Attendit after death. Director: A d in by the fu	Mic	3 ☐ Sulcide 6 ☐ Could not ba 4 ☐ Homlcida detarmined	28a. Place of Injury	- At homa, farm, st	reat, factory, office			Street and Numb	per or Rural	Route Number,
a after a direction of the parties o	Certification:	4 Ditomolda	building, atc. (5	эр <i>еспу)</i>			City or To	WIL SIBIE)		
To the Hospital or J within 24 hours after To the Funeral Dire completely filled in t	edical	29a. Cartifiar 1 ☐ Certifying Phy: (Check only one) 2 ☐ Medical Exami	sician: To the best of m ner: On the basis of axi and mannar stated	amination and/or in	h occurred at tha t vastigation, in my	ima, data and place opinion, daath occu	e, and dua to the urred at tha tima,	cause(s) and ma data and place,	annar as sta and dua to i	ited. tha causa(s)
ompl	Me	29b. Signatuse and title of certifier			29c. Licen	se number		29d. Data signe	d (Month, D	Pay, Year)
->-0		1 Struden	~ ·	40	24	971		august	05.	1996
		30. Nama and address of person who co				*		0 ,,		
		15225 SHADY			ROCKVILL	9	m0			
S	tate	31. Data filed (Month, Day, Year)	22 Pagletrade	Cionatura		(.				
Regis	trar	AUG 0 8 1998	Da	vilson-Randa	L.					
					7					



State of Maryland / Department of Health and Mental Hygiene 25263 Certificate of Death 1. Decedent's Nama (First, Middle, Last) 3. Tima of Death 2. Data of Death Day **Physician** Month Vaar F. Paul Briggs 11:40 PM August 3, 1996 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Frederick Memorial Hospital Frederick Frederick | If Under 1 Year | If Under 24 Hrs. | 8. Data of Birth (Month, Day, Year) | June 17,1913 5. Social Security Number 7. Age (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** 15 M 2□ F 218-38-9466 83 Yrs. Director Maryland Usual Residence of Deceden the Marylend 10a State 10h Counts 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Modical Examiner must be notified at 10d. Inside City Limits 1 ☐ Yas 2 No Directo Maryland Frederick Mt. Airv 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 12635 Molesworth Drive 21771 United States death 13. Was Dacedant of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - Amarican Indian, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after to Depertment of Health and Mentel hygiene. If them 27 is marked other than "natural", or ham any injury or other trainment. X Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed Decedent's Usual Occupation
 (Give kind of work done during most of working life. DO NOT use retired) 15 Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Farming Own farm 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) Frederick Briggs Nettie Mills 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Gloria A. Smith - Friend 12635 Molesworth Drive, Mt. Airy, Md. 21771 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 8/7/96 Forest Oak Gaithersburg, Md. 22. Name and Address of Facility
Olin L. Molesworth, P.A. 21. Signature of Funeral Service Licensea 0 Cesu 26401 Ridge Rd., Damascus, Md. 20872 23a. Part 1. Enter the disease, or complications that ceused the death. Do not entar tha mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Dead Physiclan /Medical Immediate Cause (Final diseasa or condition resulting in death) Examiner certificate be executed -trensit pue Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting In death) Last Due to (or as a consequence of): P.O. Box 68760, ettending physicien for use as the burie Physician/Medical the Dua to (or as a consequance of) use es signed by the 4 Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Vunknown Records, p 24b. Wara autopsy findings available prior to completion of causa of death? Completed 24a. Was an autopsy performed? peen page 2 certificate 2 No 1 ☐ Yes 2 No Division of Vital To the Hoepital or Attending Physician: within 24 hours efter deeth.

To the Funeral Director: After this certifica completely filled in by the funeral director, it 25. Was cese referred to medical Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 ☐ Nursing Homa 5 ☐ Residence 6 ☐ Other (Specify) Yes 2□ No Certification: To 27. Menner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how Injury occurred 5 Pending investigation 1 Naturel 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 ☐ Homleide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end plece, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and plece, and due to the cause(s) and manner stated. edical 29a. Certifier (Check only onel 29b. Signature and little of certifiar 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Itam 23a) (Type, Print) Aug. 5, 1996 Pasqual Perrino, M.D.

DHMH 16 Rev 6/95

State Registrar

31. Date filed (Month, Day, Year)

32. Registra Separtura

N. Main St., Mt. Airy, Md. 21771

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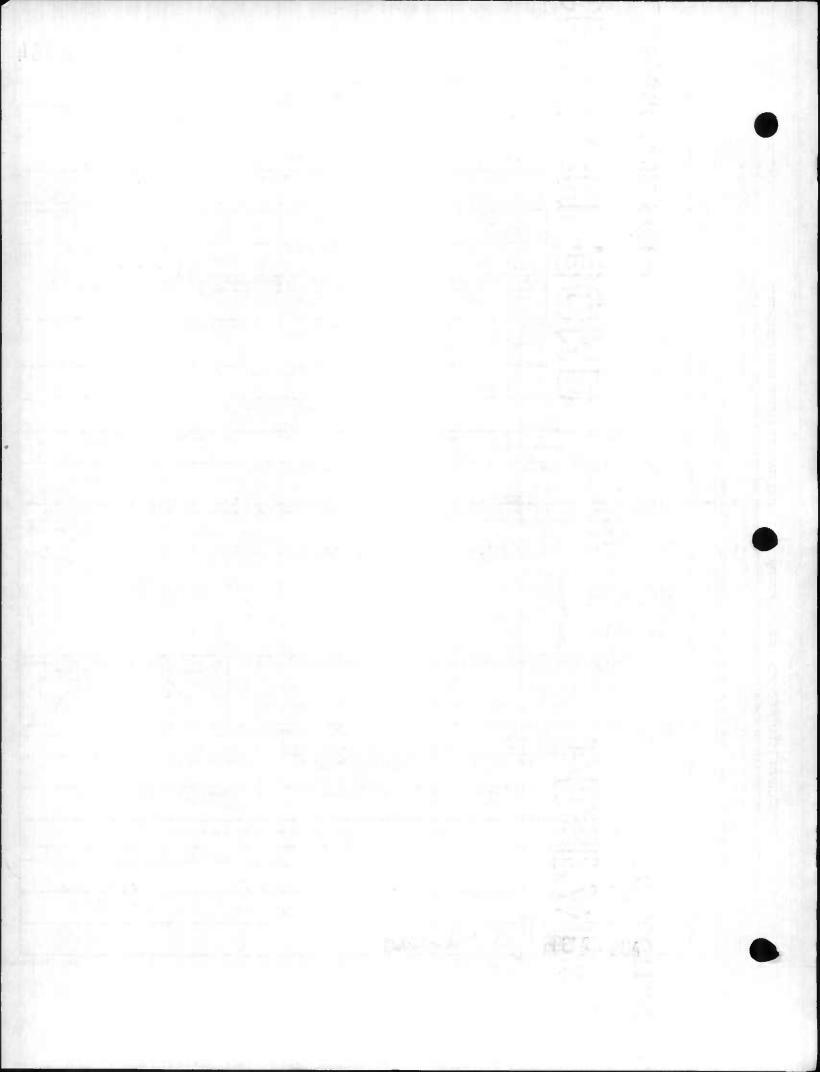
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detached for use as the burial-transit permit. Pages 1, 2, 3 should ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

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		TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Aburs after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be d	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at o	
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (Firs	t, Middle, Last)								2. DATE OF I	DEATN			3. TIME OF DEATN
	JOHN G. E		5							Augus	st 2	, 19	996	4:25 pr
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. les	it birthday)	IF UNDER	DAYS	IF UNDE	R 24 HRS.	7. DATE OF B (Month, De	V Vanel		Count	HPLACE (State or Foreign
	217-05-76		1 ₹ M 2 □ F	81	YRS.					Feb.	12,	191	5 N	Maryland
m	9a. FACILITY NAME (If not i								ION OF D	EATH		150	NTY OF D	
5	Freder	ick H	ealthca	re Cent	ter	Fr	ede:	rick				Fr	ede	rick
DIRECTOR	10e. STATE	10b. COUNT			10c. CI1	TY, TOWN	OR LOCA	TIDN				-		10d. INSIDE CITY
	Md.	Fr	ederick			Mi	dd1	etov	m					LIMITS?
IA	100. STREET AND NUMBER				101. ZIP CODE									WHAT COUNTRY?
FUNERAL	501 W.	Main			21769							U.S	. A.	
5	11. MARITAL STATUS 1 Never Married 2	Married	FORCES? 1	YES 2 N	YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.)						or No—	14. RACI Blac	E — American Indian, ik, White, etc.	
B	3 Widowed 4 Div		W. W	MAR DR DATES			1 TYES	ZX ND	Specif	у:			Spec	White
COMPLETED		CEDENT'S EDU	CATION	16a, DE	CEDENT'S	USUAL O	CCUPATIO	ON of work	ina	18b. KIN	D OF BUS	INESS/INC	DUSTRY	
9	Elementary/Secondary (College (1-4 or 5	+)		work done se retired.)		or work	nny	1				
₩.	17. FATHER'S NAME (First, A			LLI	uck	dri	ver				mber		•	
			iam Bow	1115						ME (First, Middle 1 i zah.			nt	
BE	19a. INFORMANT'S NAME (3 ADDRES	Mary Elizabeth Haupt ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)										
2	Margaret	Bow1	us							MIdd1				21769
	20a. METHOD OF DISPOSIT	NON 3 Rem	novel from State	20b. PLACE	AND DATE	OF DISPOS	SITION (N	ame of		DATE				own, State
	4 Donation 5 Othe	r (Specify)		Luthe	erar		_			8/6 Middlet				n, Md.
	TI. SIGNATURE OF PUNER	1 T	CENSEE						S OF FA		on F	une	ral	Home
	Donald B. Thompson Funeral Home 31 E. Main St., Middletown, Md 23. PART Lenter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, App.												, Md.21769	
CERTIFICATION	ahock, or heart feilure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF):										2 mos			
MEDICAL C	PART II. Other algnifica	ant condition	na contributing to	death but not r	esuiting	in the ur	nderlyln	g cause	given in		WAS AN / PERFORE	MED3	246	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
Ë														
CIA	25. WAS CASE REFERRED 1	O MEDICAL	HOSPITAL:			OFHE		ACE DF	DEATN (Ch	eck only one)				
PHYSICIAN:	1 VES 2 NO		1 Inpatient 2	ER/Outpatient 3		4 X Nur	sing Non		esidence	6 Other (Sp.				
	1	Pending	26a. DATE Of (Month, L		285. TIS	JURY	WC	URY AT	□ NO	28d. DESCRIE	BE HOW IN	IJURY OC	CURED	
Accident Investigation 1 TES 2 NO										261. LOCATIO	N (Street ar	nd Number	or Rural I	Route Number,
U 4 Homicide determined building, etc. (Specify)														
COMPLETED	and a		ICIAN: To the best of a											a) end menner as stated.
	296. SIGNATURE AND TITLE)			ENSE NUI					O (Month, Day, Year)
BE (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1													
2	30. NAME AND ADDRESS O	F PERSON WA	ID COMPLETED CAU	SE DF DEATH (ITE	M 27) /1/P	200	to a	40.		11 1	1,-		1	
	KORELT L.	KAUFI	MANN	300 W.	414	DT.	ME	DEN	sco	100	111	01		
	31. DATE FILED (Month, Day,	9 100%	32. REGISTRA	AR'S SIGNATURE	200	la .								
	AUG 1 2 1996 Julia Standson Randelly													



State of Maryland / Department of Health and Mental Hygiene

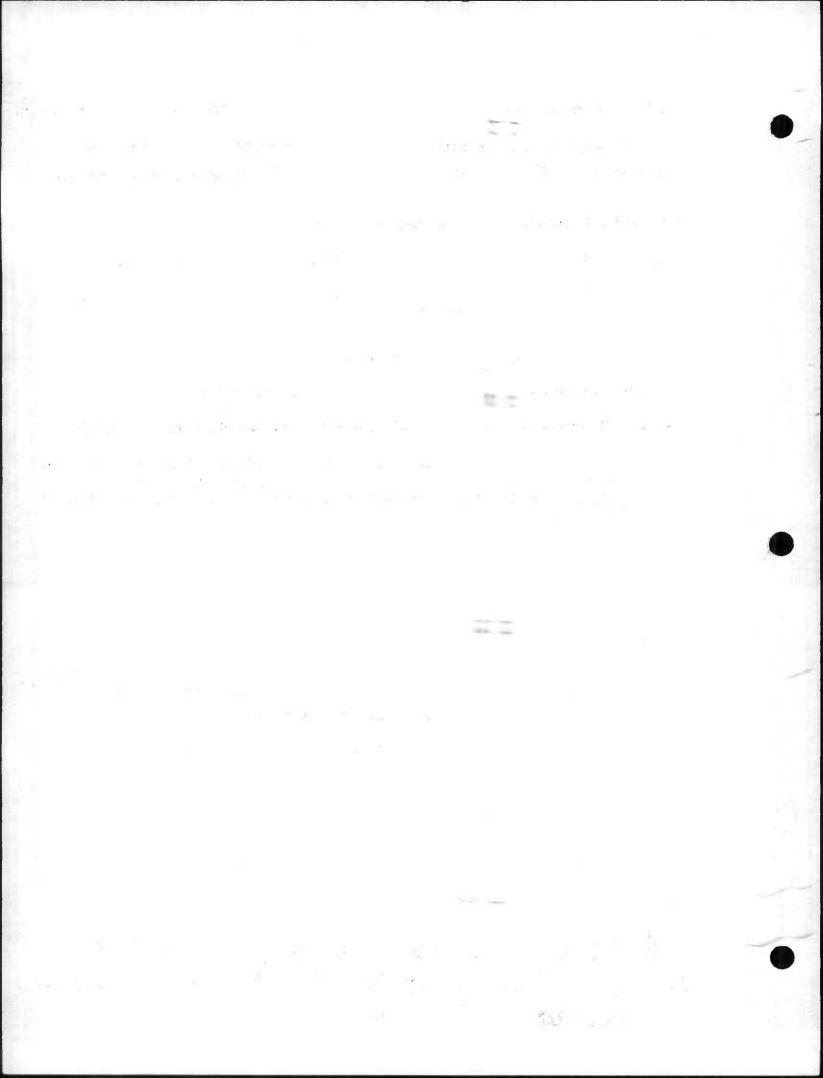
96

25265

					Ce	rtificate o	f Death		Reg. No.					
	Cl		1. Decedent's Neme (First, Middle, Last)					2. Dete of De	eth	Yeer	3. Time of Death			
	Physici /Medi		LEROY NICHOLAS E	LUMENAUER	, SR.			Month	25. 1	1996	4:55 p.m			
	Examir		4e. Fecility Nama (If not institution, giva strae	and number)			4b. City, Town, or	Location of Deat		of Deeth				
			Frederick Memoria	al Hospita	1		Frederi		Fre	ederic	k			
	Funeral Director		5. Social Sacurity Number 6. Sax XXM	7. Age (In y	rs. lest birthday, Yrs.	Months Day		(Month, Da	th ly, Year) 12, 1918	9. Birthpla	nce (Steta or Foreign y) yland			
	and *		Usuel Residance of Decedent 10a. Stata 10b. County	10c.	City, Town or Lo	ocation				10	d. Inside City Limits			
	Se-f sho	Director	Maryland Frederick		Frederi					1 <mark>%</mark> □ Yes 2 □ No				
	or 2	Dire	10e. Street and Number			10f. Zip Code	9		10g. Citizen of V	Vhat Countr	у?			
	ath w	10	412 Lee Place				702		United	State	S			
020	72 hours after death with the Maryland "natural", or items 23s or 28s-f show added Examiner must be notified at	by Funeral	1 Navar Married 2 Married 1	/as Decedent Ever in rmed Forces? IŽYes 2 □ No Yes, Give eer or Detes: 19	43–46	Wes Decedent of If Yes, spacify C 1 ☐ Yes 2 🛣	of Hispanic Origin? (Suben, Mexican, Puerl No Specify:	pecify Yes or No o Rican, etc.)	Specify	e - Amaricar ck, White, et : Whi	tc.			
Maryland 21215-0020	within ane.	Completed	15. Decedent's Education (Specify only highast grade com Elamantary/Secondery (0-12)	n ppleted) ollege (1-4or 5+) Д	(Give	dant's Usuei Oct kind of work doi DO NOT use ret	ne during most of wo ired)	rking	16b. Kind of Bu	ısiness/Indu	istry			
D	at the state of th		17. Fathar's Neme (First, Middle, Last)	4	Dus	THESSMAI		ne (First, Middle	, Meiden Sumem	na)				
lan	V 20 0 0	To Be	John Blumenauer				Inlia	Fritz						
ary	CAFE	-	19e. Informent's Neme/Reletionship (Type, F	rint)	19b. Meili	ng Addrass (Stre	eet end Number or Ri		er, City or Town,	Stete, Zip C	Code)			
Ž	tra tra		Naomi C. Blumenauer,	wife	41	2 Lee Pl	lace Fred	erick. 1	Maryl and	217	0.2			
Baltimore,	T II		20e. Method of Disposition 1	20b	o. Plece of Dispo cemetery, cre	osition (Name of metory or other p	plece)	Dete	20c. Location -	City or Tow	n, Stete			
tim	artman ortant: injury		4 □ Donetion 5 □ Other (Specify)	/27/96	7/96 Woodsboro, Maryland									
Ba	Department Department Important Inches		22. Name and Address of FecilitStauffer Funeral Homes, P. 1621 Opossumtown Pike Frederick, Maryland											
1	Physician /Medical Examiner		29a. Part Enter the disease or complication on call immediate Ceusa (Finel disease or condition rasulting in deeth) e		1	Approximete Interval Between Onset end Deeth Sweeks								
-	D #	iner	a b	SEPSIS						1	Z DAYS			
	and I-trans	Sequentially list conditions, if any, leading to Immediate cause Enter to Indention												
60,	be ay ician buria		Cause (Disaasa or Injury											
30x 68760,	aath certificeta be asscuted attending physician and for usa as the burial-transit	Cause (Disease or Injury that initieted events reasulting in deeth) Last Dua to (or es a consequence of): d.								1				
O.B	a death he atter led for u	Physician	Pert II. Other significant conditions contribut	ing to death but not r	esuiting in tha u	ndarlying cause	given in Pert I.	23b. Did	tobacco uee cor	ntribute to t	the cause of death?			
s, P.O	ires that tha death signed by the atte d be detached for	by Phy	CHRONIC ORSTAU	CTIVE PI	ULMON	MY DI	SEASE	10	Yes 2□ No	3 Probe	Unknown			
Record	aw requisite been 2 should	Completed	CONGESTIVE HEART	FAILUR	F, C	Orona	NY	24a. Was	en autopsy ormed?	avail com	e autopsy findings lable prior to eplation of cause aeth?			
	The ata h page	Cou	ANTERY DISEAS	2				10	Yes 25Ho	10	Yas 2□ No			
Vital	delan: The	Be	25. Wes case refarred to medical axaminer?	I.				eth (Check only	one)					
	5 00	2	1 Yes 200 Hospit	1 Cinpatient 2	☐ ER/Outpatie	IL SEL DON		lome 5 ☐ Resi		ar (Specify)				
ion	Attending For death.	ation:	27. Menner of Death Netural 5 Pending 2 Accident invastigation	a. Dete of Injury (Month, Dey Year)	28b. Time o Injury	V	ijury et Vork? □ Yes 2 □ No	28d. Describe	how Injury occurr	ed				
Division of	ial or Attendest's afterdest al Director: ed in by the	Certification:	3 Suicida 6 Could not be determined 28	e. Plece of Injury - At building, etc. (Spe	home, ferm, sti	reat, factory, office	CO	28f, Location (City or To	Straet end Numb wn, State)	er or Rurel I	Route Number,			
	To the Hospital or Attending Phy within 24 hours after death. To the Euneral Director: After thi completaly filled in by the funeral	edical	29e. Certifiar (Check only one) Certifying Physictan 2 Medical Examiner: Certifying Physictan Check only one)	: To the best of my k In tha basis of exemi and mannar stated.	nowiedga, daat netlon end/or in	h occurred et the vestigetion, in m	time, dete end piece y opinion, deeth occu	, end dua to tha rred et the time,	cause(s) end ma dete end place, o	nner as stat and due to t	ted. he causa(s)			
	To t To tl	M	29b. Signature and title of certifier	du-	M	29c. Lice	47611		29d. Data signed	1 (Month, De	ay, Year)			
			30. Nama and eddress of person who complain	ed cause of deeth (It	em 23a) (Type,	Print)	1011	-	-					
			NEIL WARANDER	IN, MD	MAS	1 ANET	AUE, t	204 1	74POFAL	K, MC	21702			

Registrar

JUL 2 6 1996



State of Maryland / Department of Health and Mental Hygiene 96

					Ce	rtificate (of L	Death		Reg. No.			
	٩,	1. Decedent's Nsme (First, Middle, L	ast)						2. Date of D			3. Tims of Death	
Physicia:	- 1	Pe	C1.	oud			Month 08	Day 06	Yeer 96	09:18 AN			
/Medica Examine		4a. Fecility Name (If not institution, g	umber)					Location of Dea			A		
LAdmine	31	Caroline Nursing	Home.	Inc.			D	enton, N	(arvland		oline		
Euporal			Sax	7. Aga (In yrs. la	st birthday)	If Undar 1 Y		If Under 24 Hrs					
Funeral Director		213-12-3330	1□M 280 F	88			ays	Hours Min.		bey, Year) Ty 5, 1908	Coul	plece (Steta or Foreigntry) Ginia	
		Usual Residence of Decedent		00	<u></u>				IGALGA	.y 3/ 1.00	ATT	giiia	
/lanc		10e. Stete 10b. County		10c. City,	Town or Lo	cation					1	10d. Inside City Limi	
Men in series	o	Delaware Susse	v	Mi 1	ford							1 1 Yes 2 1	
with the Meryland a or 28a-f show	Director	10e. Street and Number		PALI	LOIG	10f. Zip Co	de			10g. Citizen of	Whet Cour	ntry?	
23a or		716 D W	Walter Land										
filed within 72 hours after death Hyglena. The than "natural", or items 23 inf, the Wedical Experience.	Funeral	716 Parson Thorne		sedant Evar in U.S	13 1	Uas Decedent		spenic Origin? (S	nacify Vac or N	U.S.		can Indian	
items items	5	1 Never Married 2 Merried	Armed F	orces?		if Yas, specify	Cuban	, Mexican, Puer	to Rican, etc.)		ce - Amarican Indian, ck, White, etc.		
rs at	by	3 Widowed 4 □ Divorced	If Yes, G	ive		1 □ Yas 200	No	Specify:		Specif			
"natural",				Jalas.	100 Dans	dantia Harral O		ala-a				asian	
nai Pole	Completed	15. Decedant's t (Specify only highest g	rade com <i>pleted)</i>)	(Give	dent's Usual O kind of work d	one de	tion uring most of wo	rking	16b. Kind of B	usiness/in	dustry	
ylena.	E I	(Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) (Give kind of work done during most of working life. DO NOT use retired)											
filed with Hyglena. rther the	ပိ	10	41		Tele	phone of				Communications			
る 章 を	å	17. Fether's Neme (First, Middle, Las		111	e, Maiden Sumer								
Merke	၉		mond	Smi	th			Mal	cel M.	Spiche	r		
d 2 should th and Mer 7 is marke traumatic		19e. Informent's Neme/Reletionship	(Type, Print)			7/4				ber, City or Town			
and and and ar tr		Preston W. Smith	n Bro	ther	933	3 Doubl	le I	Hills Ro	oad, Den	iton, Mai	rylan	d 21629	
of te		20a. Method of Disposition		20	netery, crer	sition (Neme of	of r plece)	Dete	20c. Location	ocation - City or Town, State		
Pegas nent of mr. if its iry or o		1 X Buriel 2 ☐ Cremetlon 3 4 ☐ Donetion 5 ☐ Other (Spec		State		Cemeter		′ I	8/9/96	Denton	. Mar	v1 and	
permit. Peg Department Important: It any Injury o	1	21 Signature of Funeral Service On		- 50		2. Nama and A		s of Facility	0/ 3/ 30	Denton, Maryland			
permit. Fegas I and a Department of Heath a Important: If item 27 is any injury or other tra		Moore Funeral Home, P.A.											
	4									aryland	2162		
		23a. Pert1. Enter the diseese, or con shock, or haert failure. List onl	nplications thet of the contract on the cause of the cause on the cause of the caus	caused tha daath. eech line.	Do not ent	er tha moda of	dying	, such as cardia	c or raspiratory	arrest,		Approximata Intervsi Between Onset and Deeth	
hysician													
/Medical Examiner		Immadiata Cause (Finel disease or condition resulting in death) e. Preumonia										10 days	
		resulting in deeth)	0.		es e consec	quence of):							
*	<u>ē</u>	_									i		
physician and s the burial-transit	Examiner	Sequentielly list conditions,	D	Due to (or	es e consec	quenca of):							
he b	Medical	Ceuse (Diseese or injury thet initiated events resulting in death) Last Dua to (or as a consequence of):											
agus cenincare be executed at the direct of for use as the bunal-transfer.	9	resulting in death) cast									1		
			d										
requires the the death of the sitem signed by the attent hould be detached for un	000	Psrt II. Other significant conditions	contributing to d	leath but not resul	ting in the u	nderiving caus	e nive	n in Pert I	23h Dia	I tobacco use co	ntribute to	o the cause of deat	
by the tached	2	- f		7 7			o givo			Yss 2□ No	3 □ Pro	1	
signed t	7	Chromic Myles	scytic	Cymph	oma	. 07	TI)		1188 2 1140	3 LIO	dably 4 a Olikit	
sign d be	Completed by Physician	/	/	, .		,			24a Wa	s an autoney	24b. W	ere sutopsy finding	
phoen s	ete	CHF, CVA,	An	emia						24a. Was an autopsy performed? 24b. Were sutops sveileble price completion of			
ate hes b	d l	,					of	death?					
pag	0								1 🗆	Yes 2 No	1[☐ Yes 2☐ No	
	Re	25. Wes case referred to medical exeminer?				26. Plece of De			one)				
000	9	1 ☐ Yes 2 ☑ No	Hospitel: 1	inpatient 2□ E	R/Outpatier	nt 3 DOA	Othe	Nursing I	dome 5 ☐ Ras	idenca 6 Oth	ner (Specif	fy)	
After this funeral d	ë	27. Manner of Death	28a. Dete	of injury	28b. Time of	f 28c.	Injury	et	28d. Describe	how injury occur	rred		
the start		1 → Maturel 5 ☐ Pending investigation		nth, Day Year)	Injury		Work'	r 'es 2 □ No					
des y	Certification:	3 ☐ Suicida 6 ☐ Could not	4 200 FIECE	e of Injury - At hor	ne, ferm, str	eet, fectory, of	fice		28f. Location	(Street and Number or Rural Route Number,			
Dir		4 Homicide	build	ling, etc. (Specity)					City or To	own, State)			
within 24 hours effer death. To the Funeral Director: After completely filled in by the funer	2	29e. Certifier 1 Certifying P	hvelcism: To the	best of my know	ladra death	o constrad at th	a time	data and alace	and due to the	neuea(s) and m	onnar ac e	totad	
Fun Fun	edical		minsr: On the b	pasis of axaminetic	on end/or in	vestigetion, in r	my opi	inion, deeth occi	urred et the time	, dete end piece,	snd due to	o the cause(s)	
within 24 hours efter dead To the Funeral Director: completely filled in by the	ğ Z	29b. Signature and title of certifier	9110 111911	iner steted.		29c 1 is	cense	number		29d. Dete signe	ed (Month	Dev Year	
3 ≥ 8 = =	-	250. Signal and add title of certifier								25u. Doto signe	od (moran,	Day, roar,	
		150				D:	33	294		8/6/9	6		
		30. Neme end eddress of person who	completed caus	se of deeth (Item :	23a) (Type,	Print)		- N					
		Rob Lappin 1	ms	920 M	orke	r 5t.	1	anton.	MR.	2162	9		
State	е	31. Data filad (Month, Day, Year)		Registrar's Signatu				1					
Registra	Ĩ .	AUG - 7 '96	2	ia Davidson	5								
H 16 Rev 6/95			O Co	· WWW. Hason	Manda	22_					-	-	

DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96

_							Jeni	ricate or	Death			Reg. No.				
	Physici /Medi		Decedent's Nema (First, Middle Ora Lee	fle, Last)	Clark						Data of De Month ugus	Day	996	3. Time of Deeth 12:25am		
7	Examir		4a. Facility Name (if not institution Memorial							n, or Loca ton	tion of Deet		4c. County of Deeth Talbot			
	Funeral Director		5. Sociel Security Number 234-36-8014	6. Sex 1 ☐ M 2 🛣 F		(In yrs. lest birth	//	If Undar 1 Yaar Wonths Deys		4 Hrs. 6. Min.	Data of Bir (Month, De	th Year 1925	9. Birthi	placa (Steta or Foreign ntry) Va.		
	Meryland a-f show	tor	Usuel Residence of Decedent 10a. Stata 10b. Count Md • Car	y oline		10c. City, Town								10d, Insida City Limits 1 ☐ Yes 2 ☐ No		
	h the	ire	10e. Street end Number					10f. Zip Code				10g. Cltizen of	What Cou	ntry?		
	h wit	aiD	15171 Drapers	Mill Rd.	,			21636								
020	is 1 and 2 should be filed within 72 hours effer deeth with the Meryland if Health and Mentel Hygiene. Item 27 is marked other than "natural", or itema 23s or 28a-f show other traumatic event, the Medical Examiner must be notified at	by Funeral Director	11. Meritel Stetus 1 Never Merriad 2 Me 3 Widowed 4 Divorce	12. Wes Do	Ves Decedent Evar In U.S. Imed Forcas? ☐ Yes XX No Yes, Give X aar or Dates: 13. Was Deceden If Yes, apecify 1 ☐ Yas 2 X					in? (Specifi Puarto Ric	y Yes or No can, atc.)	2000	14. Race - Amarican Indian, Bieck, White, etc. Specify: White			
21215-0020	n 72 ho	Completed	(Specify only high	nt'a Education est grade complete	pleted) 16a. Decedent's Usuel C (Give kind of work of life. DO NOT use r				petion during most (of working		16b. Kind of B	dustry			
212	with than	шо	Elementery/Secondery (0-12) College (1-4or 5+) Homemaker									Househ	Household			
Maryland 2	uld be filed fental Hyg ked other tic event,	To Be C	17. Father's Name (First, Middle Lacy Cook	, Last)								e (First, Middle, Meiden Sumeme) Parks				
Baltimore, Mary			19e. Informant's Name/Reletionship (Type, Print) Jack Ramsey (son) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) P.O.box 238 Kegley W.Va. 24731											o Code)		
	permit. Peges 1 and 2 Department of Health a Important: if Item 27 Is any Injury or other tra 906.		20e. Method of Disposition 1 Buriel 2 Cremetion 4 Donetion 5 Other (20b. Piece of Disposition (Neme of cemetery, cremetory or other place) Roselawn Mem. Cem.						Dete 20c. Location - City or Town, State 3-6-96 Princeton W. Va.					
Balt			21. Signeture of Fuperei Service Licensee 22. Nama and Address of Facility Fleegle- Helfenbein P.O.Box160 Greensb											boro Md.		
	Physician /Medicai Examiner	Examiner	23a. Pert1. Enter the disease a shock, or heert fellure. Lis Immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions,	Θ	SEPS		onseque 7	ence of):	ILE	ardiac or r	espiretory e	rrest,		Approximate Interval Between Onset and Death W 25/C		
ox 68760,	n certificate be executed anding physician and use es the buriel-transit	n/Medical	Ceuse (Disease or Injury that initiated events rasulting In deeth) Lest Dua to (or as a consequence of): d.									1				
B.	he death the atter	sicia	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobe										scco use contribute to the cause of dea			
s, P.O.	ires thet the death signed by the atte d be deteched for	by Physicia								1 Yes 2 No 3 Probably 4						
Division of Vital Records,	aw requ	Completed I									24e. Was an autopay performed? 24b. Were autopsy fit available prior to completion of ct of death?			vallable prior to empletion of causa		
E .	F age	Son										1 Yes 2 No 1 Yes 2 No				
/ita	Physicism: The this certificate ral director, pag	Be	25. Wes casa referred to medic examiner?							of Deeth (Check only	one)				
7	hysle this c	2	1 ☐ Yes 2 ₹ No		Inpatian	-	atient	3LI DUA		1		dence 6 Oth		fy)		
sion (De le constant	Certification:	2 Accident investigation M						Yes 2 □ N							
Divi	ital or Attendil us after death. ral Director: A lied in by the fu		3 ☐ Suicide 6 ☐ Could not be determined 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify)									28f. Location (Street and Number or Rural Route Number, City or Town, State)				
	To the Hospital within 24 hours of To the Funeral completely filled	Medical	(Check only 2 Medica one)	-	he best of basis of e enner state	xaminetion and/	death of	stigetion, in my	opinion, deeth	piece, and occurred	d due to the et the time,	date and piece,	and due t	o the cause(s)		
	with To	×	29b. Signatura and title of certifi	Whom							29d. Dete aigned (Month, Day, Year) 8.13 (96					
			30. Name and address of person	WM S	, E	REMER		(Im	57	- 1	1 KHA	els 1	MD	21663		
	Sta Registr		31. Dete filed (Month, Dey, Year 96	32	Registrer	's Signeture Hidson-Pan	delle									

State of Maryland / Department of Health and Mental Hygiene

25268

						Ce	rtificate d	of Dea	th		Reg. No.					
			1. Decedant's Nama (First, Middla,	Last)							2. Data of Death Month Day Yaar					
	Physic /Modi		Mary			Chas	se			August	70 70		1400			
	/Medi Examii		4a. Facility Nama (If not institution, g	California Chillian Commen						ocation of Death	h 4c. County of Death					
	Funeral Director		5. Social Sacurity Number 219-48-0006	. Sax 1□ M 2∏ F		s. last birthday) 75 Yrs.		dar 24 Hrs.	8. Data of Birt Month, Da June 3		9. Birthplace (S Country) Mar					
			Usual Rasidance of Decedant													
	Merylen	tor	10a. Stata 10b. County Maryland Calv	ert	10c. C	Prince	e Freder	ick				1	0d. Insida City Limits 1 ☐ Yas 2 ☐ No			
	h the	Director	10e. Street and Number		*		10f. Zip Cod	e			10g. Citizen of	What Cour	ntry?			
	h wit		480 Stamper C	ourt			206	78			U	SA				
50	be filed within 72 hours after death with the Meryland nei Hygiene. Id other than "natural", or thems 23e or 28e-f show event, the Medical Exeminer must be notified at	by Funeral	11. Marital Status 1 Navar Married 2 Married	Armed Forcas? 1 □ Yas 2 ☑ No If Yas Give					Orlgin? (Spican, Puarto				- American Indian, , Whita, atc. Black			
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	1 an 16ail 17 2 17 2		20a. Mathod of Disposition	Tella	206				Ва	rstow,		Chan				
JOL	1 o 5		XXBurial 2 ☐ Cramation 3		Stata	cematary, crai	natory or other	place)	1		20c. Location					
Baltimore,			4 □ Donation 5 □ Other (Special Service Lice	• • • • • • • • • • • • • • • • • • • •	E		e Jones			3/14/96 Chesapeake Beach, I						
	permit. Departr Imports eny inje		21. Sommature of Funaral Sarvice Licensee 22. Nama and Addrass of Facility Sewell Funeral Home 1451 Dares Beach Rd. Prince Frederick, MD													
	_		provided the second													
	Ol!-!		23a. Part1. Elitar tha diseasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart tellure. List only one cause on each line. Approximate intervel Between Onest and Death													
P	Physiclan /Medical Examiner		Immediata Causa (Final disease or condition 455 CARDIAL ARCEST													
ı	LAGIUME		resulting in death) Due to (or as a consequence of):													
	be is	Jin e		b. E1	ND STA	WE F	RENA		DISE	KSE	ON DI	HY))			
	certificate be asscuted iding physician and ise as the burial-transit	Examiner	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or injury		Dua to (or as a consequence of):											
09	be a sician burie		cause. Entar Underlying Causa (Disaasa or injury	C	MIN							i				
68760,	licate phys s the	/Medical	that Initiated events rasulting in death) Last		_	(or as a conseq						1				
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Ö	iaw requires that the deeth as been signed by the atter 2 should be detached for u	Physician	Part II Other elanificant conditions	contributing to c	contributing to death but not resulting in the underlying cause given					22h Did t	d tobacco use contribute to the cause of de					
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	s tha	ру Р		b					100 20110	0	out, volument					
of Vital Records,	v require been sig should b										an autopsy	24b. W	ara autopsy findings aliable prior to			
000	aw requisite peems 2 should	plet								pario	rmed?	CO	mpletion of cause death?			
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ita		Be C	25. Was casa ratarred to medical					28. P	ace ot Dee	th (Check only o	1151					
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0 0	aling Ph h. After th funerai		27, Mennar ot Death 1 Netural 5 Pending		of Injury oth, Day Year)	28b. Tima of	28c. I	njury at Work?		28d. Dascribe h	now Injury occur	red				
Sio		atle	2 Accidant Investigati	ion				☐ Yas 2	□No							
Division	or Attendent of the Control of the C	Certification:	3 Sulcida 6 Could not datarmine	d 28a. Place	e 28a. Place of Injury - At homa, tarm, straat, factory, office building, atc. (Spacify)					28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)						
Ω	rai Dellied ii															
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edical	29a. Certifier 1 X CertifyIng F 2 Medical Expone)	aminer: On the b	e best ot my kn easis of axamin nnar stated.	owledga, death ation and/or in	occurred at the vastigation, in m	tima, data y opinion,	and place, daath occur	and dua to tha causa(s) and mannar as statad. red at tha tima, data and place, and dua to tha cause(s)						
	To the within 2 To the complete	Σ	29b. Signatura and titla of certitier				29c. Lic	ansa numb	91		29d. Data signe	d (Month,	Day, Year)			
	(4	ma			D!	50249			8/11/	96				
	4		30. Nema and addrass ot person wh	o complated cau	sa ot death (Ite	em 23a) (Type,	Print)				-//	7				
_			Dr. P. Patel, F	Prince F	rederio	ck, MD	20678									
	Sta		31. Data filed (Month, Day, Year)	32.	Registrar's Sign	natura Los Randa										
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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						Ceri	illicate of	Dealli		Reg. No.				
	Physici	an	1. Decedent's Neme (First, Middle, La	ist)					2. Data of De Month	Dey 04 19	Year	3. Time of Deeth		
4	/Medi		GINA	CHELSTR	LINE AL -D.			45 Ciby Tayon and	AUGUST	0530				
7	Examir	ner	4a. Facility Name (If not Institution, given			4b. City, Town, or L			of Death					
			5. Social Security Number 6.5			a de database et a s	If Undar 1 Year	RINCE FRI	EDERICK	CALV				
	Funeral Director			- V-	ge (In yrs. lasi 86	Yrs.	Months Deys	Hours Min.	8. Date of Bi	By, Year)	9. Birthpi Count	ace (State or Foreign		
Ш			Usual Residence of Decedent		00				June	11,191	J MI	nnesota		
	/land		10a. Stete 10b. County		10c. City, T	own or Loc	ation				10	d. Inside City Limits		
	Man	ţ	Md. Calver	t	Sta	Leon	nard					1 Yas 2 No		
	r 284	Director	10e. Street end Number			200	10f. Zip Code			10g. Citizen of W	hat Count	try?		
	h wit	0	7330 Stone Co	urt			2	0685		U. S.	of	Δ		
	be filed within 72 hours after death with the Maryland lel Hyglena. I other than "natural", or items 23a or 28a-f show event, the Medical Exprision must be notified at	Funeral	11. Merital Stetus	12. Was Decedent	Ever In U,S.	13. W	as Decedent of H	lispenic Origin? (Sp an, Maxican, Puerto	ecify Yas or No		- Amarica	an Indien,		
0	or he		1 Naver Merried 2 Married	Armed Forces?	No		Tes, specify Cuba	Specify:	Hican, etc.)		k, White, e	etc.		
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21215-0020	swithin 72 hours after liena. Idena r than "natural", or I the Medical Exami	Completed	15. Decedent's E (Specify only highast gro	ducation ade completed)	1	6e. Decede	ent's Usual Occup	ation during most of work	kina	16b. Kind of Bu	siness/Ind	ustry		
121	within ena. than "	d.	Elementery/Secondery (0-12)	College (1-4or	5+)	life. D	O NOT use retired	d)						
2	e filed withing Hyglena. other than	ပိ	10		P:	racti	cal Nu			Hospit				
and	be filed ntel Hyg od other event,	Be	17. Fether's Neme (First, Middle, Last Gunder Volder							, Meiden Sumem	B)			
7	should be and Mentel marked o	10							Larso					
Maryland	C 8 0 2		19e. Informent's Neme/Relationship (end Number or Rui				•		
	CENE		Mary Flynt-Daughter 7330 Stone Court St. Leonard, Md.											
10	60 mg 40 G		20e. Method of Disposition 1 Buriel 2 Cremetion 3	Removel from Stete	cem	etary, crem	etory or other plea	Aug. +	07-96	20c. Location -				
tim	tmer tant:	4 Donetion 5 Other (Specify) Lower Marlboro UMC Lower Marlbor												
Baltimore,	permit. Pege Department of Important: If i any injury or once.		21. Signature of Funeral Service Ligar	T 67		22.	Nema end Addre	ss of Fecility Le	e Fune	ral Hon	ne Ca	alvert,P.		
	E02 # 0		Yosel 18	La Joh		18	325 So.	Md. Bl	vd., 0	wings,	Md.	20736		
в			23a. Part1. Enter the disease, or com shock, or heart failure. List only	plications that cause one cause of each li	d the daath. I	Do not ante	r tha mode of dyir	ng, such es cardiac	or respiretory a	arrest,		Approximata Intervel Between		
	Physician		Immediate Ceuse (Finel disease or condition resulting in death) 8. Mya cardi al Tufarti an											
	/Medical Examiner		Immediate Ceuse (Finel disease or condition resulting in deeth)	· Myoca	erdial	Tu	reaction	h			1			
В		6	Tooling in desiry		Due to (or as	s e consequ	ence of):				1			
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-6	axacu n end el-tra	Exal	Sequentielly list conditions, if any, leading to Immediate cause. Enter Underlying C.											
68760,	certificate be axecuted nding physician end use as the buriel-transit		Cause. Enter Underlying Ceuse (Disease or Injury thel Initiated events	c	Due to fee se									
	ificat g phy as th	edical	resulting In deeth) Lest		Due to (or es	e consequ	anca ot):				1			
XO	ndin use	In/M		d										
œ.	that the death red by the atter detached for	Physicia	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributions.											
P.0	t the by the tache	hys	•			9	, g g	011 111 11 1011 11		Yes 2□ No		Probably #MUnknown		
	as that igned b be deta	by F												
pro	v requiras been sign should be								24e. Wes	en eutopsy ormed?		re autopsy findings llable prior to		
Records,	0 0	ple							, po	J. 111001	con	nplation of causa leeth?		
m	0 - 0	Completed							10	Yes 20 No	1 🗆	Yes 22 No		
Vital		Bec	25. Wes case referred to medical					26. Place of Deel	th (Check only	one)				
>	5 00	To	examinar? 1 Yas 2 No	Hospitel: 1 Inpatie	ent ÆER	/Outpetlent	3□ DOA Oth	er: 4 Nursing Ho	ome 5 Res	Idence 6 Othe	r (Specify)		
n of			27. Manner of Deeth NONeturel 5 ☐ Pending	28e. Dete of Inju	iry 28	b. Tima of Injury	28c. Injur Wor	y et k?	28d. Describe	how injury occurre	ed			
Sio	Attending or death.	atle	2 Accident investigation					Yes 2 □ No						
Division	or Attendent efter deat Director:	Certification:	3 Sulcide 6 Could not be determined	28e. Plece of Inj building, et	ury - At home c. (Specify)	, ferm, stre	et, fectory, office		28f. Location (City or To	Street and Numbe wn, State)	or or Rural	Route Number,		
	Hospital or 24 hours efte Funeral Dir stely filled in													
	Hosp 24 ho Fund Fund	edical	29e. Certifier 1 Certifying Ph (Check only one) 2 Medical Example	ysician: To the best niner: On the basis of	t examinetion	dge, deeth o end/or Inve	occurred et the tine estigetion, in my o	ne, dete end plece, pinion, deeth occur	end due to the red et the time,	dete end piece, e	nner es ste nd due to	eted. the ceuse(s)		
	To the Hospital or At within 24 hours efter or To the Funeral Direct completely filled in by	Mec	29b. Signatura and title of certifier	end menner st	a(00.		29c. Licens	e number		29d. Dete signed	(Month f	Day Year)		
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		}	10 year	are My				7610		8/4/9	6			
	5		30. Neme end eddres of person who	· ·	leeth (Item 23 nce Fre		•	20678						
	- C4-	to	Dr. Tardio 31. Dete filed (Month, Dey, Year)		er's Signeture		עויו ואי	20070						
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State of Maryland / Department of Health and Mental Hygiene

						(ertiti	cate of	r Deatr	7		Reg. No.			
	Physic /Medi		Decedent's Name (First, Midd		2. Data of De Month August	Bay 3rd,	1996	3. Time of Death							
	Exami	taminer 4a. Facility Name (If not institution, give street and number) 806 Gabriel Ct.						4b. City, Town, or Lo Frederic					of Death ederi	ck	
	Funeral Director	1 226 20 0561 1 M 2 45 C2						. last birthday) If Undar 1 Year If Under 24 Hrs. Months Days Hours Min.			8. Data of Birth 9. (Manth, Day, Year) 9. July 8th, 1933			Birthplace (State or Foraign Country) New York	
	Aaryland f show ed at	ō	Usual Rasidanca of Decedant 10a. Stata 10b. County Maryland Free	derick	10	c. City, Town o		n					1	0d. Insida City Limits	
	1 the l	rect	10e. Street and Number			110001		f. Zip Coda				10g. Citizan of V	Vhat Coun	itry?	
	th with	aiD	806 Gabriel (Ct.				2170	2			USA			
020	d within 72 hours after death with the Maryland jene. Than "naturel", or items 23a or 28a-f show the Madical Examinet must be notified at	by Funeral Director	11. Marital Status 1 □ Nevar Married 2 Mar 3 □ Widowed 4 □ Divorced	If Yas G	orcas? 2 🔀 No	r In U,S.	If Yas	, specify Cu	Hispanic O ban, Maxica o Specify	in, Puarto	ectfy Yes or No Rican, atc.)	Blac	14. Race - American Indian, Black, Whita, atc. Specify: Caucasian		
2-0	72 hou		15. Deceder	nt's Education		16a. D	16a. Decedent's Usual Occupation (Giva kind of work dona during most of worki lifa. DO NOT use ratired)					16b. Kind of Bu	sinass/ind	dustry	
121	C	Completed	Elamantary/Secondary (0-12)		(1-4or 5+)	- 'li	lifa. DO NOT use ratired) Homemaker					Homem	Y		
Maryland 21215-0020	黄灰紫花	Be	17. Fathar'a Name (First, Middla, Frederick		18. Mothar's Name					a (First, Middla, Maidan Surnama)					
ryla	d 2 should be it and Mentai I 7 le marked of traumatic eve	40	3	405.5	Author Aut						0-1-7	0.41			
	th ar		19a. Informant's Name/Raiations David Crens	haw/ husb	and							er, City or Town,			
re,	of Health a litem 27 le		20a. Mathod of Disposition			20b. Place of D	isposition	(Nama of		/Fre	Data	Marylar 20c. Location -			
Baltimore,	permit. Peges 1 er Department of Hea Important: if item 2 any Injury or other once.		1 ☐ Burial 2 🛣 Cremation 3 ☐ Ramoval from Stata cematary, crematory or other place)										on,	on, Virginia	
Salt	Departr Importa any Inje		21. Signature of Funeral Service Licensee 22. Nama and Address of Facility												
	20239		Arlington Funeral Home Arlington, Va. 2220. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate interval Between												
	Physician /Medical Examiner	ner	shock, or haart failura. List Immediata Ceusa (Final disaase or condition resulting in death)		TENS		THEE	E SM				s sange	7	Approximate Interval Batween Onset and Death	
,	cata be executed physician and s the buriel-transit	Examiner	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause, (Disease or Injury c.												
ox 68760,	certificate be executed uding physician and use es the buriel-transit	/Medical	Causa (Disaase or Injury that Initiated evants resulting In death) Last	d	Due	to (or as a cor	(or as a consequence of):								
Bo		ician	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute											About the second	
, P.O.	requires thet tha death seen signed by the atter hould be detached for	by Physician											contribute to the cause of death? 3 Probably 4 Unknown		
of Vital Records,	8W 2 8	Completed b										an autopsy ormed?	av.	ara autopsy findings allabia prior to mpletion of cause death?	
E 33	The ate h	Con									10	Yes 2 No	10	Yas 25 No	
Vita	Physician: The this certificate and director, page	Be	25. Was casa rafarred to medica axaminar?	Hospital:					Whar		h (Check only	ona)			
ou of	iling Phys h. After this funeral di	tion: To	1 Yas 2 No 27. Mannar of Death Thatural 5 Pandir 2 Accident Investi	28a. Data	2 ER/Outpo 28b. Tim Inju	na of	28c. Inj	4LIN	ursing Ho	4	5 ☐ Residence 6 ☐ Other (Specify) Dascribe how Injury occurred				
Division	or Attending effer deeth. Director: After d in by the fune	Certification:	3 Suicide 6 Could 4 Homicida detarn	not be 28a. Plac								28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)			
	To the Hospital or Attend within 24 hours efter deeft To the Funeral Director: completely filled in by the	edical C	29a. Certifier (Check only one) Certifyir 2 Medical	ng Physician: To the Examiner: On the b and man	a best of m basis of axa nnar statad	amination and/o	laath occu or Invastig	arred at tha ation, in my	tima, date a opinion, da	nd place, ath occur	and dua to the red at tha time,	cause(s) and ma data and place,	nnar as si and due to	tated. tha cause(s)	
	To the within: To the comple	W	29b. Signatura and title of certifie	14 Ha	nor	MD			nsa number	761		29d. Data signer 8 / 4	196	Day, Year)	
			70 7	CONNER	50	1 W, S.	rpe, Print)	NJH	87.	FF	REDERI	ck M	0	21701	
	Sta Registi		31. Data filed (Month, Day, Year) AUG 1 4 K		Registrara	Signatura	in.								

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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25271

								Jen	tificate of	Death			Reg. No.				
г	Physic	ion	1. Decedent's Neme (F	irst, Middle, La	ist)							2. Data of I	Death Day		Year	3. Tin	na of Death
Į.	/Medi			ELVA				CO	NKLIN			Augus				3:	00 A.M
	Exami		4e. Fecility Neme (If no	t Institution, giv	ra s <i>treet</i> end nu	ım <i>ber)</i>				4b. City, To	own, or L	ocation of De	eth 4c.	County	of Death		
			Frederic	k Healt	h Care	Cent	ter			Fre	deri	ck		Frederick			
	Funeral		5. Social Security Numb		Sex	7. Age	(In yrs. lest birth	dey)	If Under 1 Year Months Days		24 Hrs. Min.	6. Data of E	Birth Day, Year)		9. Birthpi	ace (St	ate or Foreign
ı	Director		097-14-9165	5	1 □ M 2 🖾 F		75 Y	rs.	World Days	Hours	IVAII I.	July 2	6,192	1	Penns	ylva	ania
	9		Usual Residence of Dec													-	
	how	_	10a. Stata 10	b. County		1	10c. City, Town	or Loc	ation						10		da City Limits
	a Me	cto	Maryland I	Frederi	ck		Monrov	via.							ĺ	1 🗆	Yas ZONo
	th th	Director	10e. Street and Number	r					10f. Zip Code				10g. Citiz	zan of V	What Count	try?	
	th w		3908 Millst	tone Ci	rcle					2177	0	United States					
	dea dea	Funeral	11. Marital Status		12. Was Dec	edant Ev	rer in U,S.	13. W	as Decedent of I Yas, specify Cub	Hispenic Or	igin? (Sp	ecity Yes or I	No- 1		e - America		in,
0	or Its		1 Never Merried		1 ☐ Yes If Yas, G	211 No			☐ Yes 2 No			riioari, oto.)					
00	raf,	by	3 ☐ Widowed 4 ₹	Divorced	Yaar or E	Datas:			L 195 241 NO	эреспу.				Specify	WH	ITE	
Maryland 21215-0020	should be filed within 72 hours after death with the Meryland di Mentel Hyglans. marked other than "natural", or items 23s or 28s-f show imatic event, the Medical Examiner must be notified at	Completed	15. (Specify o	Decedant's E	ducation eda complated)		16a. [Decede Give k	ent's Usual Occu	pation	t of work	ina	16b. Kir	nd of Bu	usinass/ind	lustry	
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nd	Very Car	Be (17. Fathar'a Neme (Firs	t, Middla, Last,)					18. Moth	ar's Nam	a (First, Midd	la, Maidan	Sumam	na)		
la		2	Edison		Weil	and				Mar	ie		Fe	en	ey		
an	2 sho and I is me		19a. Informant's Name/	Relationship (Type, Print)		19b.	Mailing	g Addrass (Stree	t and Numb	er or Rur	Rural Routa Number, City or Town, State, Zip Code)					
		١.	Edison R. (Conklin	/ SON		390	8 1	Millston	e Cir	cle,	Monro	via,	MD	2177	0	
Baltimore,	permit. Pagas 1 and Department of Haalth Important: If Item 27 any injury or other tr		20a. Mathod of Disposition 1 □ Burial 2 ☒ Cramation 3 □ Ramoval from Stete								Dete 20c. Location - City or Town, State					le	
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Ħ	permit. Pag Department Important: If any Injury o		21. Signature of Funera			,	nugoro.		Name and Addre			auffer					, Lullu
ä	permit. Departr Importa		DIS.	OP	21	10	1/2				. 51	aurrer	rulle	lar	поше		
	200		23a. Part1. Enter tha d	iennen or rom	D_/	Coursed th	n dank-	1	621 Opos	ssumto	wn I	ike/ I	reder	ick	, Md.		
			shock, or haart fai	iiura. List only	one cause on	each line.	a dealing do no	A BING	i the moda or dyi	ing, such as	Cerdiac	orraspiratory	arrest,			Intarva	I Between
0	Physician /Medicai		Immedieta Ceuse (Fina	i			0		po .	0.0					1	0	195
Γ.	Examiner		disaasa or condition resulting in daath)	1	a		26/5	26	C.1	J.P.D						0	112
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Т	bed Isit	를			b		Sch	em	170	-ard	(101	~yop	why		1		116
	and	хаг	Sequantially list conditions, if eny, leading to Immadiate cause. Enter Undartying Causa (Disaasa or Injury			Di	ua to (or as a co	nsequ	ance of):	v	C		T 0		0 -	white, atc. WHITE s/industry PC-CC 770 Town, State Maryland	
9	certificate be executed nding physician and use as the buriel-transit									JW 2	1. D	120	din	1	WK		
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>	yaic is ca direc	To	axaminar? 1 ☐ Yes 2 No		Hospital:	Inpatient	2 ER/Outp	atient	3□ DOA Ot	har: 4 Ni	ursing Ho	ma 5 ☐ Re	sidence 6	Oth	er (Specify)	
0	Attending Physician: ar death. ector: After this cartific by the funaral director,		27. Mannar of Death		28a. Data	of Injury	(88c) 28b. Tir	na of ury	28c. Inju Wo	iry at		28d. Dascrib	e how Injury	occur	red		
Division of Vital Records, P.O.	or Attending after death. Director: After I in by the funa	atio	1 Natural 5	☐ Panding Invastigation		in, Day I	out/ IIII	ury		Yas 2	No						
SIN	Atte ar da ecto by th	of I	3 ☐ Sulcida 6 4 ☐ Homicida	☐ Could not be detarmined	289. Place	of Injury	- At homa, farr	n, stre	et, factory, office	0		28f. Location			er or Rural	Route	Number,
5	al or A s aftar il Direct	Certification:	4 - Homiolog		Dulid	ing, atc.	(эреспу)					City of 1	own, Stata)				
	hour hour mera y fille		29a. Certifier	Certifying Ph	ysician: To the	best of r	my knowiedge,	death (occurred at tha ti	ma, data ar	nd piace,	and dua to th	a cause(s)	and ma	nner as sta	ated.	
	To the Hospital or Attending Physician: The lav Within 24 hours after death. To the Funeral Director: After this carificata has complately lilled in by the funeral director, page 2	edical	(Check only 2	Madicat Exam	niner: On the b	asis of ex ner stete	xamination end/	or Inve	astigation, in my	opinion, dae	eth occur	red et tha time	a, data and	place,	and dua to	tha cau	isa(s)
	To the Within To the comple	¥.	29b. Signatura end titia	of certifiar	1				29c. Licens	se number			29d. Date	a signa	d (Month, L	Day, Ye	ar)
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Registrar

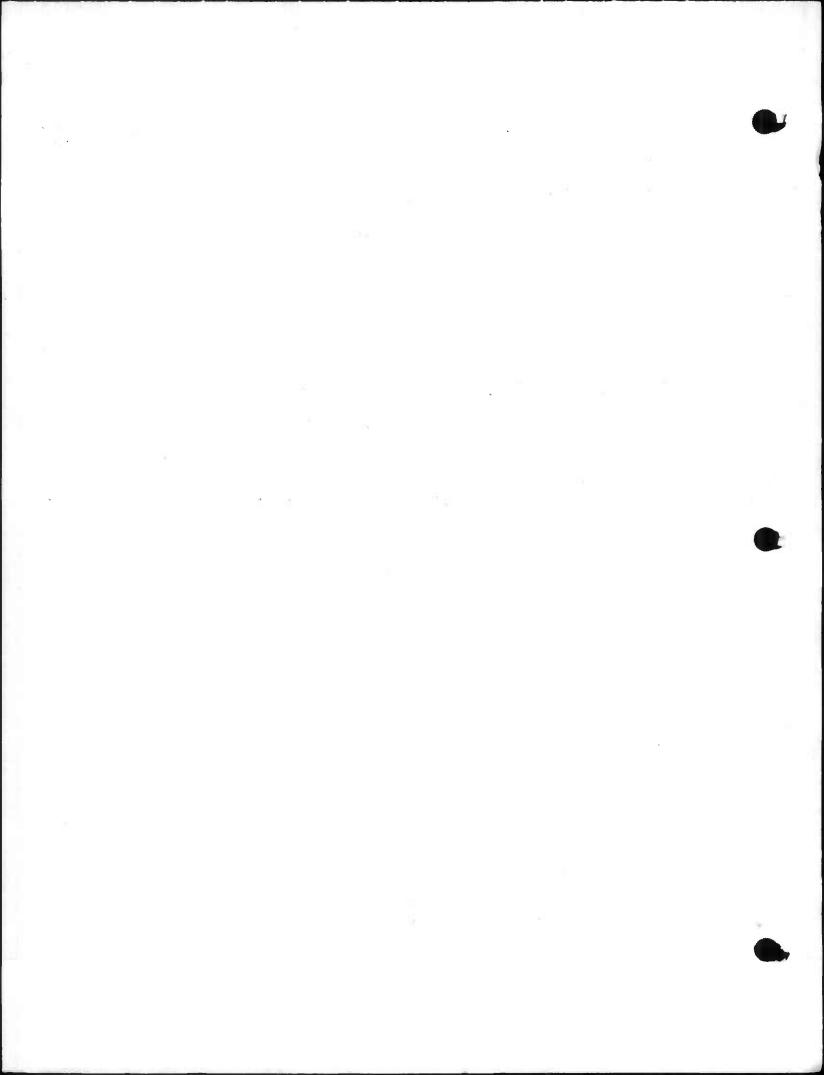
BALTIMORE, MARYLAND 21215-0020	the hospital or attending physician.	detached for use as the burial-transit permit. Pages 1, 2, 3 should
MARY	e retained by	5 should be
	ours after death. Page 6 may be	in by the funeral director, page
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
	DR.	DIR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death, Page 6 may be retained by the hors TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

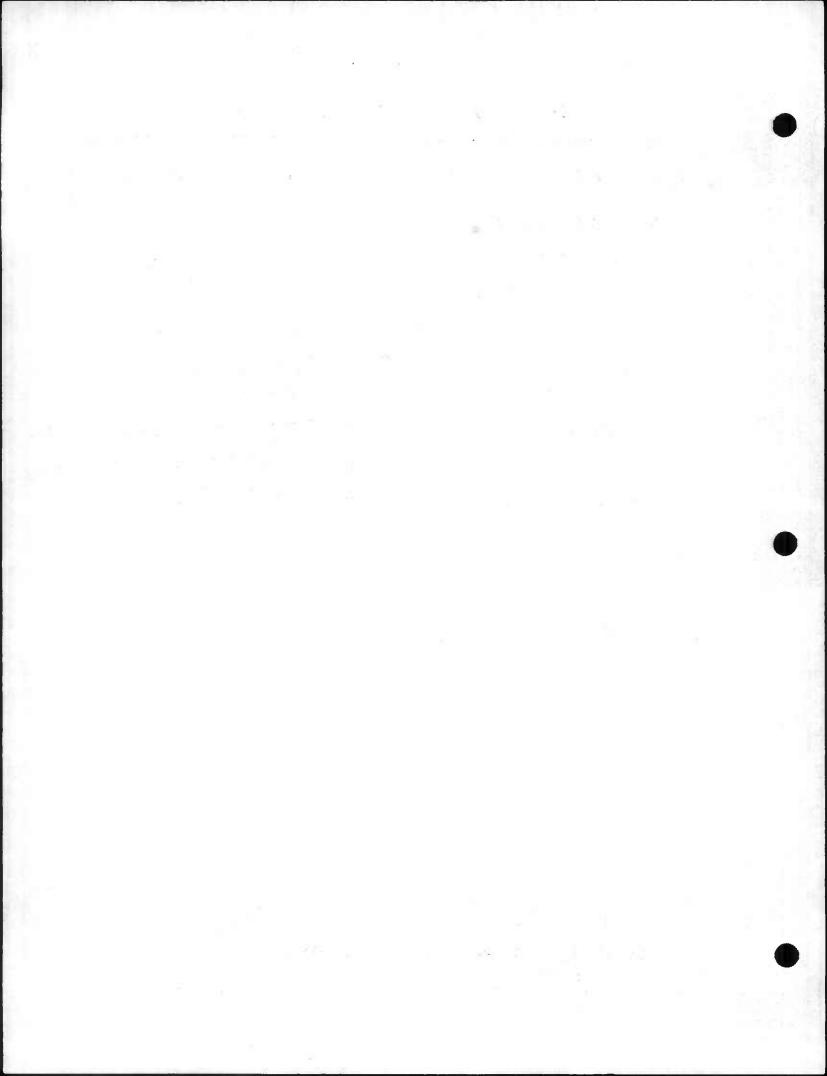
	REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH										
- 6	Edna Louise Cannon VAT 968 9:30 AM										
1	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign										
a	230-09-7735 1 M 2 Set 77 YRS. MONTHS DAYS HOURS MIN. Apr. 1919 Vinginia										
œ	9a. FACILITY NAME (If not institution, give street and number) 12 N. Vinginia Avenue Brunswick Frederick										
18	RESIDENCE OF DECEDENT										
입	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY										
DIRECTOR	MD Frederick Brunswick 1 2 yes 2 no										
FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 12 N. Vinginia Avenue 21716 USA										
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Vac or No. 14. BACE - American Indian										
BY F	1 Never Married 2 Married Specify: 1 YES 2 NO If YES, GIVE WAR OR DATES If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: White										
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working										
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +) iile. Do NOT use retired.)										
OMI	10 Housewife Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)										
BE C	Clifton Mahlone Vaughn Frances Miller										
	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
입	Margo L. Smith 1142 Rosemont Drive, Knoxville, MD 21758										
1	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION /Name of DATE 20s. LOCATION — City or Town, State										
	4 Donallon 5 Other (Specify) #ill Aborro Cemetery 7/29 #1//Aborro 1/4										
	22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 23. NAME AND ADDRESS OF FACILITY										
	Barbara A. Williams, Owner 100 Petersville Rd Brunswick MD 217										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fine) disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximate Interval Batween Onset and Death Office of the CARDIANA COUNTY OF THE OFFICE OF										
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST										
8	d										
	PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
DICAL	PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?										
MEC	1 TES 2 NO OF DEATH?										
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
YS	1 No 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)										
у РНУ	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28e. DATE OF INJURY (Month, Day, Year) 28e. INJURY AT WORK? 1 YES 2 NO 28d. DE\$CRIBE HOW INJURY OCCURED										
ED BY	2 Accident investigation 3 Sulcide 6 Could not be 4 Homicide detarmined detarmin										
<u> </u>	29e. CERTIFIER										
COMPLET	298. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.										
BE C	29b. SIGNATURE AND TITLE OF CERTIFIED 29d. DATE SIGNED (Morith, Day, Year)										
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 70 (Type, Print)										
	AUGNIEN, BRUNSWICK, MY										
	31 DATE SHIED (Month Day Mar) 49 DECISTRADIO GLOSLAVIDE										
	ALIG 0 1 1996 Julia Davidson-Rarlally										



State of Maryland / Department of Health and Mental Hygiene

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of the August 10. **Physician** Dorothy Layberta DOUGLAS 1996 5:50 A.M. /Medical 4b. City, Town, or Location of Death 4a. Facility Neme (If not Institution, give street end number) 4c. County of Death **Examiner** Frederick Health Care Center Frederick Frederick 5. Sociel Security Number If Under 1 Year if Under 24 Hrs. 8. Dete of Birth (Month, Day, Jan. 29 7. Age (In yrs. last birthday) 9. Birthpieca (State or Foreign **Funeral** Months Days Pennsylvania Hours 1 M 2 X F 159-20-2987 74 Director Usual Residenca of Decedent permit. Pages 1 and 2 should be liled within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Important: If item 27 is marked other than "natural", or items 23s or 28s-4 show any injury or other traumatic event, fire Medical Examiner must be notified at once. 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limita Maryland Frederick Frederick 1 Yas 2 No Directo 10g. Citizen of What Country? 10e. Street end Number 10f. Zlp Code 21701 U.S.A. 800 Motter Avenue, Apt. 716 Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-lt Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 No Specify: þ White 3 Widowed 4 □ Divorcad Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Bueiness/Industry Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Graham Patterson George L. Nancy Rosetta 2 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21701 19a. Informant'a Name/Relationship (Type, Print) 30 West All Saints Street, Apt. 3, Frederick, MD Janet M. Wisner, Daughter 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State Cowansville Cemetery, Aug. 13, 1996 Cowansville, PA 4 ☐ Donetion 5 ☐ Other (Specify) ^{22.} Name and Address of Facility
Keeney & Basford P.A. Funeral Home
106 East Church Street, Frederick, MD 21701 21. Signeture of Funeral Service Licenses Ruby M00703 War 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart teilure. List only one cause on each line. Approximete interval Between Onset and Death **Physician** immediate Cause (Final disease or condition resulting in death) /Medical renal disease Stare Examiner Due to (deas a consequence of) Examine pertension The law requires that the death certificate be executed physician and s the burial-transit Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760, Sknosis Physician/Medical attending pi mpertrophie Cardionie signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 Probably 4 Unknown secondary To þ 24b. Were autopsy findings aveileble prior to completion of cause of deeth? Completed 24a. Wes an autopsy performed? page 2 s 1 Yes 2 No 1 ☐ Yes 2 No certificate Merbid obesiti 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: Mursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No 2 1 Inpatient 2 ER/Outpatient 3 DOA 28e. Date of Injury (Month, Day Year) 27. Menner ot Death Certification: 28b. Time of 28d. Describe how injury occurred 28c, injury et Work? 1 Naturel 5 Pending 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 Suicide

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director; to

28t. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, tarm, street, factory, office building, etc. (Specify) 4 - Homicide tal certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner es stated. 2 Medicat Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated.

D43389

29b. Signature and the of cogifier

29d. Dete signed (Month, Day, Year) 29c. License number

30. Neme and address of person who completed Jause of death (Item 23a) (Type, Print)

Dr. Susan Brinkley, M.D., 915 Toll House Avenue, Frederick, MD 21701

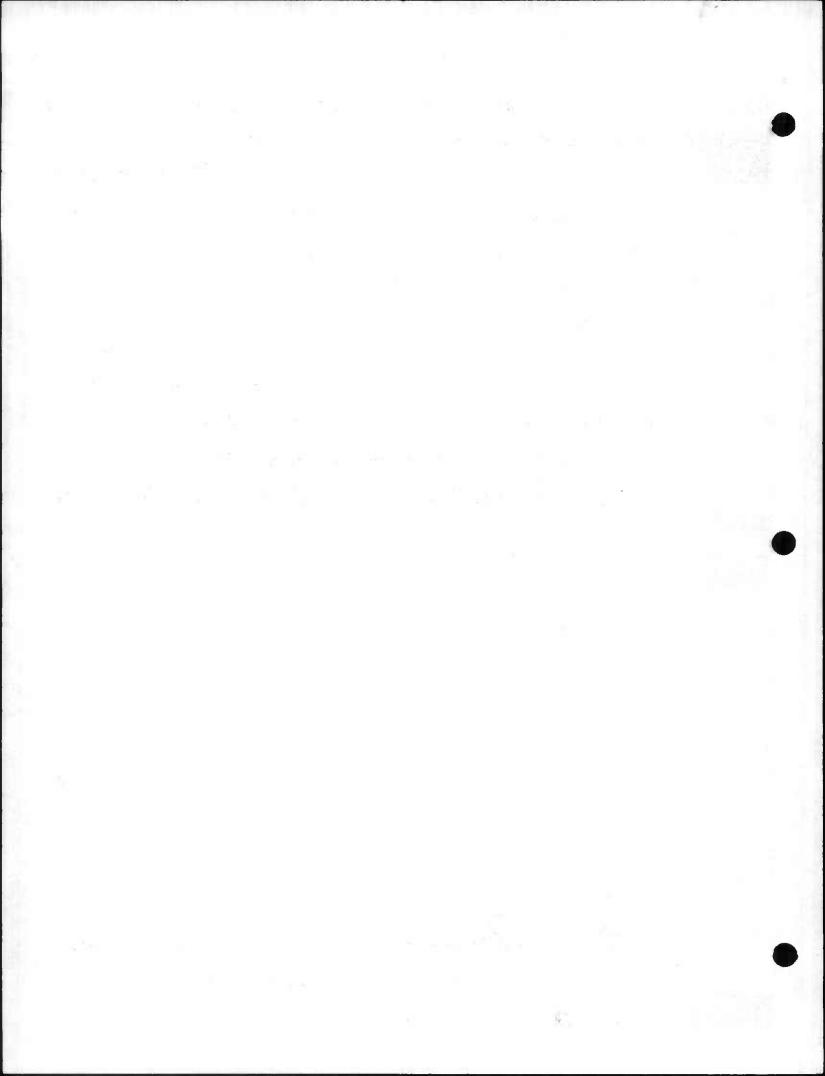
August 12, 1996

31. Date filed (Month, Day, Year) State Registrar

29a. Certifier

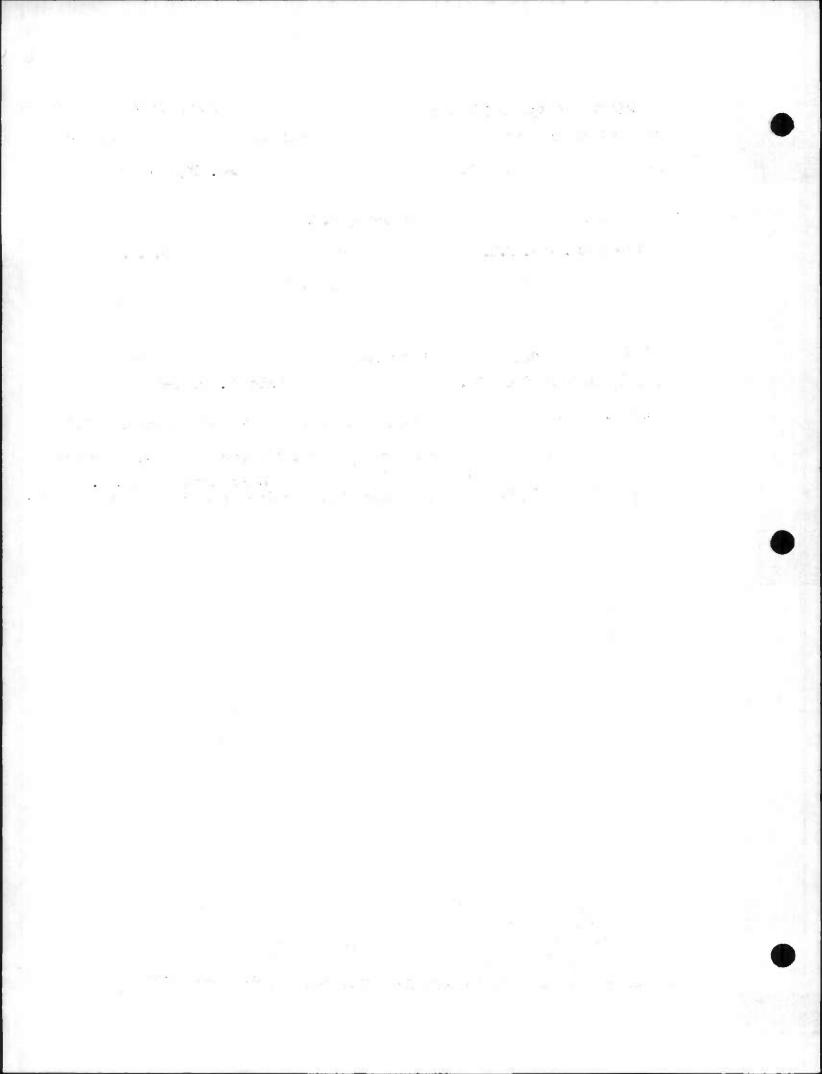
Medical

32. Registrer's Signature In Saviden Rendall



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

						Cei	rtificat	e of	Death			Reg. N	lo.		
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	Funeral Director		5. Sociel Security Number 579–48–4295	Sex 7	. Aga (In yrs. lest I	birthdey) Yrs.	If Under Months	1 Year Deys		24 Hrs. Min.	8. Data of B (Month, D DeC.	irth 16,1	906	9. Birthp Court	place (State or Foreign try)
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	23a or		1716 Mich.	Ave. N.E.				2001	.7				U.S.		my.
020	n 72 hours after death with the Marylan "natural", or Nema 23a or 28=f show solical Expringer must be notified at	by Funeral	11. Marital Status 1□ Never Merried 2□ Married 3ঊ Widowed 4□ Divorced	12. Wes Deced Armed Force 1 Yes 2 If Yes, Give Yeer or Det	es?	1	Wes Deced f Yas, spec l□Yes	cify Cub	en, Mexicai	n, Puerto	ecify Yes or N Rican, etc.)	10-	Bie	e - Amaric ck, White, White	etc.
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altimore,	permit. Pages 1 an Department of Heal Important: If Itam 2 any Injury or other once.		20a. Method of Disposition 1 Burial 2 Cremetion 3 4 Donation 5 Other (Spe	cify)		crem	atory atory	ther ple	Aug.	1		Cli	nton		yland
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68760,	8 2 1.		Sequentially list conditions, if any, leeding to immadiete cause. Enter Undarlying Cause (Diseases or Injury thet initieted events	C	Due to (or es										
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alB	E ag		25.11			_						3.77	20 No	10	Yes 2 No
Vital	Physician: this certific ral director,	To Be	25. Wes case referred to medical examiner? 1 Yes 2 No	Hospitel:	patient IDER/O	Outpatien	t 3 🗆 DO	A Ot	hor		h <i>(Check</i> only oma 5□ Res		6 120th	ar (Specif	PANLY NG
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Division	2 4 4 5	Certification:	3 Suicide 6 Could not determine	d 200. Plece 0	f Injury - At home, , etc. (Specify)	farm, str	eet, fectory	, office	2		28f. Location City or To			ber or Rura	l Route Number,
	To the Hospital within 24 hours and the Funeral Completely filled	fedical	(Check only 2 Medical Expone)	Physician: To the beaminer: On the basend menne	is of examination e	ge, deeth end/or inv	estigetion,	in my	opinion, dee	d piace, th occur	end due to the red et the time	e cause(e, dete e	(s) end mond plece,	enner es si and due to	eted. the cause(s)
	To the within: To the comple	M	29b. Signature end title of christian	and,	Lorent	7	1	Licen 2	uff4	5		29d. D	ta signe	196	Dey, Year)
			30. Name and address of person who Michael Levine,		of deeth (Item 23a 1 Branch			, c	linto	n, M	arylan	d 20	735		
	Sta Registr	10.0	31. Dete filed (Month, Day, Year) AUG1		gistor's Signature.			***************************************			-				



State of Maryland / Department of Health and Mental Hygiene

25276 Certificate of Death 2. Data of Deeth 3. Time of Daath

Physician
/Medical
Examiner

Betty Elizabeth 4a. Facility Name (If not Institution, give street and number) 8953 Indian Springs Road

1. Dacedant's Nama (First, Middla, Last)

August 9, 4b. City, Town, or Location of Death Frederick

If Under 24 Hrs.

.^{Da}1996 11:10 AM 4c. County of Daath

Frederick

Funeral

212-24-7303 Usuai Rasidanca of Dacadant 10b. County

If Undar 1 Yaar 7. Aga (In yrs. last birthday) Days Hours Yrs

10f. Zip Coda

8. Data of Birth (Month, Day, Year) June 9, 1929

9. Birthplaca (Stata or Foreign Country) Maryland

Director

28a-f show

"natural", or items 23a or 28a-f show

Director

by Funeral

Completed

Be

Pegas 1 and 2 should be filed within 72 hours efter death with the Maryland tent of Health and Mantal Hygiena.

h and Mantal Hygiena.
7 is marked other than "natur traumatic event, the Madical

nt of Health a : If Item 27 is or other tra

Department of Important: If any Injury or once.

Physician

/Medical

Examiner

the

SBS esn

signed by the et d be deteched fo

certificate

this

Aftar

s after death

To the Hospital within 24 hours a To the Funeral D

funeral director,

the th

completely filled in by

or Attending Physician: The law requires that the death certificate be asscuted

Box 68760.

Division of Vital Records, P.O.

Examiner

Physician/Medical

Completed by

Be

Certification: To

Medical

Baltimore, Maryland 21215-0020

10a Stata Maryland Frederick 10c. City, Town or Location Frederick

ENGLE

10d. tnsida City Limits 1 Yas 2 No

U.S.A.

10e. Street end Number

5. Social Security Number

8951-B Indian Springs Road

1□M 2EF

21702

10g. Citizan of What Country?

1 ☐ Navar Merried 2 ☐ Marriad 3 Widowad 4 □ Divorced

12. Was Dacadant Ever In U,S. Armed Forces? 1 ☐ Yes 240 No If Yas, Giva Year or Datas:

67

 Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 1 ☐ Yas 2XXXVo

14. Rece - Amarican Indien, Bieck, Whita, atc. Specify: White

15. Decedant's Education (Spacify only highast grade complated) Elamantary/Secondary (0-12)

Collaga (1-4or 5+) Binding Worker

16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired)

Commerical Printing

16b. Kind of Businass/Industry

LINTON

17. Fathar's Name (First, Middla, Last)

Russell Harrison HARRIS 18. Mothar's Nama (First, Middla, Maidan Sumama)

19a. Informant's Nama/Ralationship (Type, Print)

19b. Mailing Addrass (Straat and Number or Rurel Routa Number, City or Town, Stata, Zip Code)

Mrs. Lorrie E. Fisher, Daughter

20b. Piaca of Disposition (Nama of cemetary, cramatory or other place)

8953 Indian Springs Road, Frederick, Md. 21702 20c. Location - City or Town, State

20a. Mathod of Disposition 1 X Buriai 2 ☐ Cramation 3 ☐ Ramovai from Stata 4 ☐ Donation 5 ☐ Othar (Spacify)

Pleasant Hill Cemetery, Aug. 12,

1996 Frederick, Md.

21. Signatura of Funeral Servica Licanse

MO0255

22. Neme end Addrass of Facility Keeney and Basford P.A. Funeral Home

106 East Church St., Frederick, Maryland 21701 23a. Part1. Entar tha disaase, or complications that caused the deeth. Do not antar tha mode of dying, such as cardiac or respiratory arrast, shock, or haart failure. List only one cause on each line. Approximata Intarvai Between Onset and Death

Data

immediata Causa (Final disaasa or condition rasulting in daath)

MUCINOUS ADENOCARCINOMA OF COLONS Dua to (or as a consequance of)

9 MONTHS

Dua to (or as a consequanca of)

Due to (or es e consequence of):

Sequantially list conditions, if eny, laading to immadiata causa. Entar Undarlying Cause (Diseasa or Injury that initiatad evants rasulting In daeth) Last

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco usa contributa to the cause of death? 1 □ Yes 2 No 3 Probably 4 Unknown

24a. Was an eutopsy parlormed?

24b. Wara autopsy findings available prior to completion of cause of daath?

1 Yas 2 No

1 ☐ Yas 2 No

25. Was casa rafarred to medical axaminar? 1 Yas 2 No

Hospital: 1 ☐ Inpatiant 28a. Data of Injury (Month, Day Year) 5 ☐ Panding Invastigation

2 ER/Outpatient 3 DOA 28b. Tima of

26. Placa of Death (Check only ona) Othar: 4☐ Nursing Homa 5☐ Residenca 6 ☐ Othar (Specify) 28c. Injury at Work?

28d. Dascribe how injury occurred

29a. Certifier (Check only one) To the best of my knowledge, death occurred at the time, date and piace, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner steled.

29b. Signature and title of certifiet

27. Mannar of Daath

1/⊠Natural

2 ☐ Accidant

4 - Homicide

3 Suicide

29c. License number

28a. Piace of Injury - At homa, farm, streat, factory, office building, atc. (Spacify)

D 31761

1 ☐ Yas 2 ☐ No

29d. Data signed (Month, Day, Year) August 9, 1996

Location (Streat and Number or Rurel Routa Number, City or Town, Stata)

30. Nama and addrass of person who complated causa of daath (Itam 23a) (Type, Print)

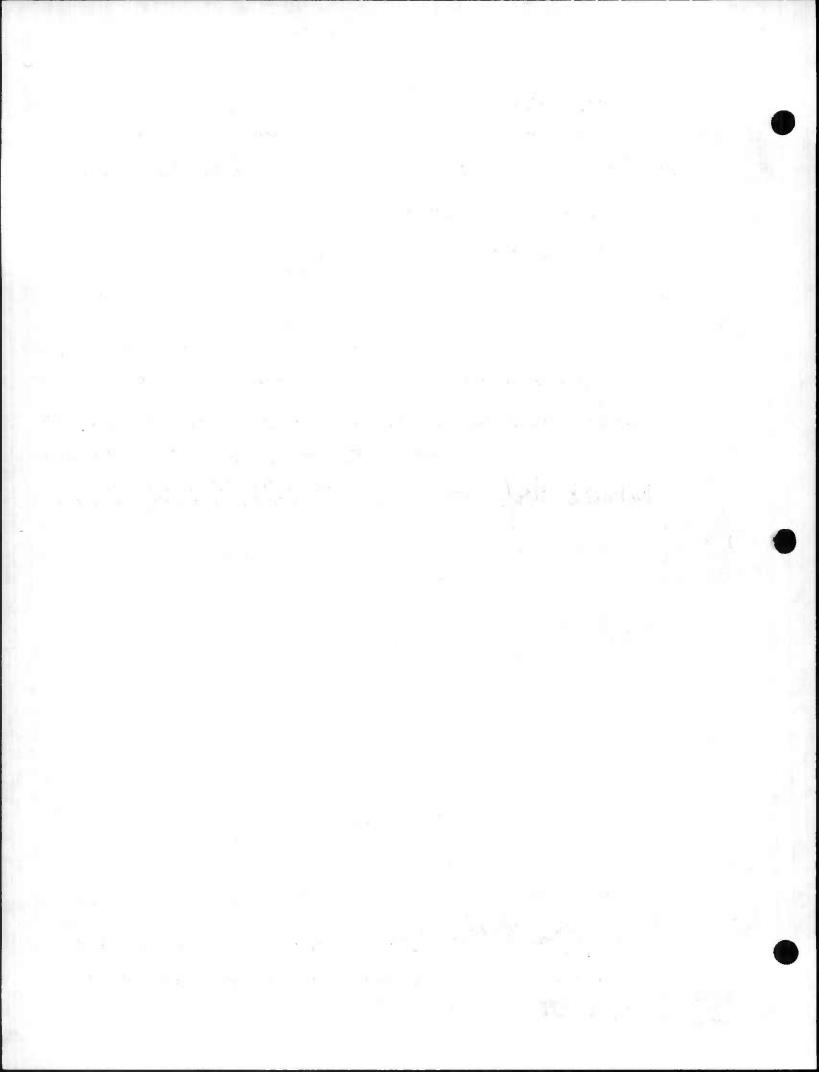
Dr. Brian O'Connor MD 501 West Seventh Street, Frederick, Maryland 21701

State Registrar

31. Data filed (Month, Day, Year) AUG

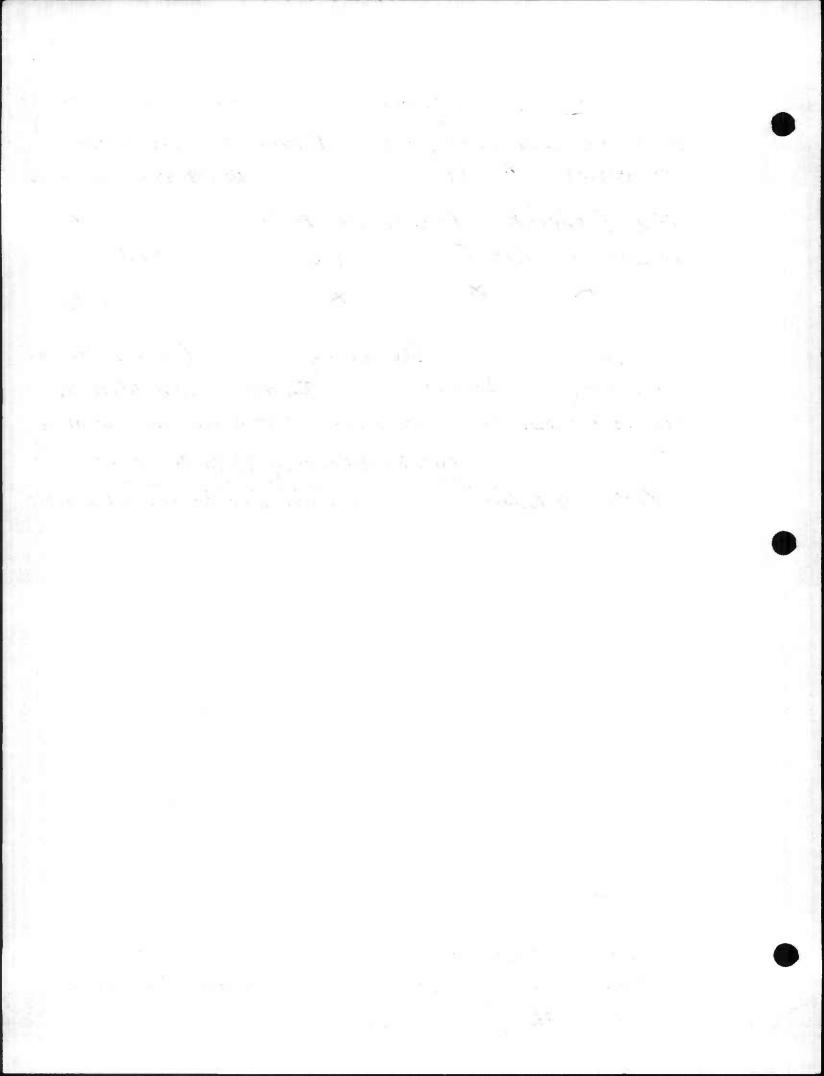
6 Could not be datarmined

32. Aggistra & Signatura Randall



State of Maryland / Department of Health and Mental Hygiene 96

					Certificate o	f Death	Reg. No.		-
ı	Physic	an	1. Decedent's Neme (First, Middle, Le Sharon		Edwards	2	2. Dete of Deeth	3,1996	3. Time of Death 1:40 AM
	/Medi		4e. Fecility Neme (If not institution, give	re street end number)		4b. City, Town, or Loca		County of Deeth	
	Examir Funeral Director	ner	Frederick Mx 5. Social Security Number 6.5 219-46-1304	emorial Ho	Sptial rs. lest birthday) Yrs. Hunder 1 Yea Months Dey	Frederic or If Under 24 Hrs. s Hours Min.	Dete of Birth	9. Births	plece (State or Foreign ntry) Son, W. Va
	Maryland a-f ehow	tor	Usuel Residence of Decedent 10e. Stete 10b. County Md. Frede	, /	City, Town or Location CUNSWICK	md.		1	10d. inside City Limits 1 ∑Yas 2 □ No
	th with the 23e or 28	al Director	10e. Street end Number	Street	10f. Zip Code 2 / 7 /	7	,	zen of Whet Cour	ntry?
0200	within 72 hours after death with the Maryland ene. than "natural", or items 23s or 28s-f show he Medical Examinet must be neutrined at	d by Funeral	11. Meritel Stetus 1 Never Merrled SMerried 3 Widowed 4 Divorced	12. Wes Decedent Ever In Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Detes:	U.S. 13. Was Decedent of If Yes, specify Cu	Hispenic Origin? (Speciben, Mexican, Puerto Ri o Specity:	can, etc.)	14. Race - Americ Bleck, White, Specify: Wh	etc.
21215-0020	s 1 and 2 should be filed within 72 hours Freath and Mental Hygiene. Them 27 is marked other than "natural", other traumatic event, the Medical Exa	Completed	15. Decedent's E (Specify only highest green Elementery/Secondery (0-12)	ducetion ade completed) College (1-4or 5+)	16a. Decedent's Usuel Occ (Give kind of work dor life. DO NOT use reti Secreta)	e during most of working red)	16b. Kir	nd of Business/in	dustry
and	2 should be filed within and Menial Hygiene. Is marked other than aumatic event, the M	To Be Co	17. Fether's Neme (First, Middle, Last,	Lew			First, Middle, Meiden	Sumama)	ron
Mary	1 and 2 should I Health and Menion 27 Is marked when traumatic	1	19e. Informent's Neme/Relationship (Charles R. Ed	Type, Print) Wards	19b. Melling Address (Stre	et end Number or Rural		1	Code)
Baltimore,	00-		20a. Method of Disposition 1 Surial 2 Cremetion 3 4 Donetion 5 Other (Specif	Removel from State	Plece of Disposition (Name of cemetery, cremetory or other p	(ece)	Dete 20c. Lo	cation - City or To	E md.
Balti	pemit. Pag Department Important: I any Injury o once.		21. Signeture of Funerel Service Licer	W. Hilliams	ner 22. Nome end Add John to 100 Pet	ress of Facility Williams Williams Versuille R	Funeral	Home	
	19 N N		23a. Pert1. Enter the disease, or com shock, or heart feilure. List only	plications that caused the de one cause on each line.	eth. Do not enter the mode of d	ylng, such es cardiec or	respiretory errest,	Jioje, ji	Approximete Intervel Between
	Physician /Medical Examiner	9r	Immediate Cause (Final disease or condition resulting in death)	Due to	(or es a consequence of):	response		c epsis	Onset and Death 2 weeks
x 68760,	law requires that the death certificate be executed as been signed by the attending physician and a 2 should be detached for use as the burial-transit	/Medical Examiner	Sequentietly list conditions, if eny, leeding to Immediate ceuse. Enter Underlying Ceuse (Disease or Injury thet intileted events resulting in deeth) Last	Due to	(or es e consequence of):	anch			4 months
D. Box	e death ce the attendi	Physician/	Part II. Other significant conditions of	ontributing to death but not re	esulting In the underlying cause	given in Pert i.	23b. Did tobacco	use contribute to	o the cause of death?
P.0	res that the de signed by the a be detached to						1 🗆 Yes 20	□ No 3 Dero	bably 4 Unknown
of Vital Records,	e law requires has been sign ge 2 should be	Completed by					24a. Wes an autop performed?	av	ere eutopsy findings reilable prior to empletion of cause death?
E B	The ate h	Con					1 ☐ Yes 2 ☐	₽No 10	☐ Yes 2☐ No
Vita	Physician: The rhis certificate ral director, pa	Be	25. Wes cese referred to medical exeminer?	Hospitel:		26. Place of Deeth (
ion of	Jing Phys I. After this funeral di	ation: To	1 Yes 2 YNo 27. Menner of Deeth 1 YNeturel 5 Pending 2 Accident investigation	28a. Dete of Injury (Month, Dey Year)	28b. Time of Injury 28c. In		a 5 ☐ Residence 6 d. Describe how injury		ý)
Division	X # # E	Certification:	3 Suicide 6 Could not be determined	28e. Plece of Injury - At building, etc. (Spec	home, ferm, street, fectory, officity)	e 28	f. Location (Street and City or Town, Stete)		al Route Number,
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical	29e. Certifler (Check only one)	ysician: To the best of my kr ninar: On the bests of examin end menner stated.	nowledge, death occurred et the netion and/or Investigetion, in my	time, dete end plece, en opinion, deeth occurred	d due to the ceuse(s) et the time, dete end	end menner es s plece, and due to	teted. the ceuse(s)
	To th To th comp	M	29b. Signature and title of certifier) C10. 11.	29c. Lice	nse number		e signed (Month, 7/28/9)	
			30. Neme end eddress of person who	completed ceuse of deeth (Ite	em 23e) (Type, Print)	1.0. 5		Md. 2	171
	Sta	te	Kathleen W S 31. Dete filed (Month, Dey, Year)	Hen MD 32. Registrar's Sign	610 Ninth O	ive, Bru	nswick, 1	701. 2	1116
	Registr		JUL 3 1 19	96 Juli Dan	when Rankell				



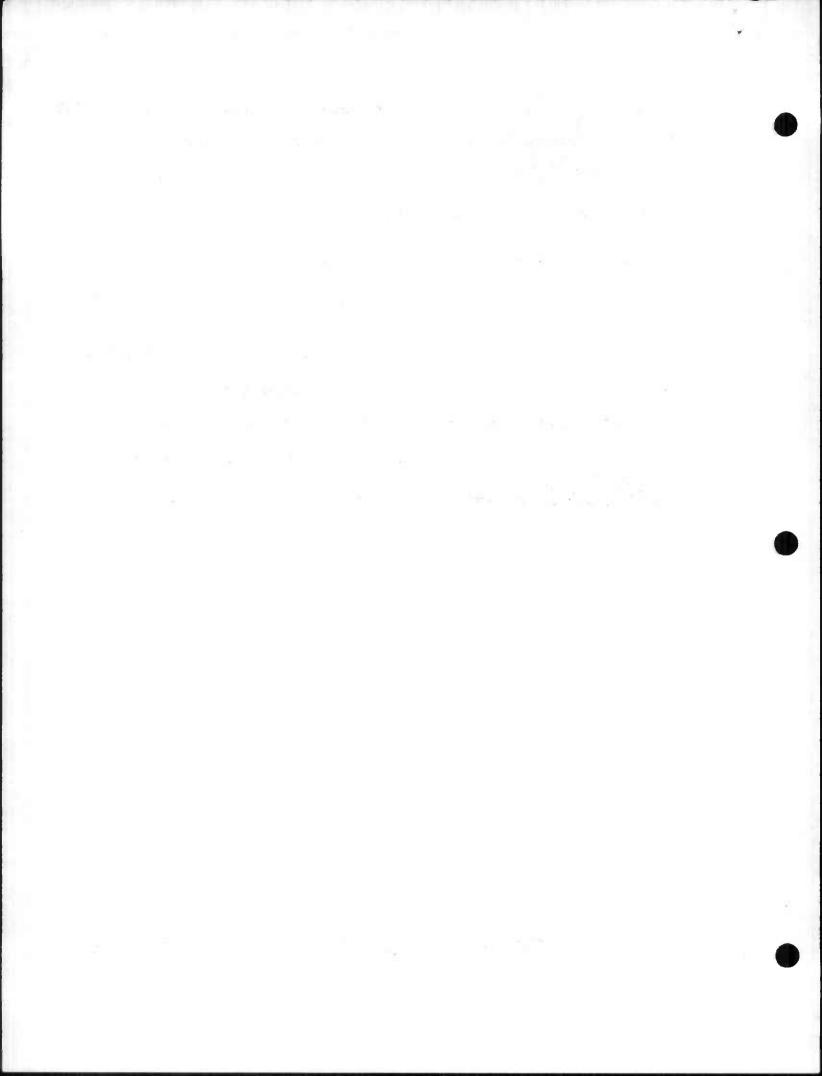
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

				Cen	iiicate	Of L	Jeath			Reg. No.		
	Physic /Medi		Decedant's Nama (First, Middle, Last) Rebecca Shaw	1	Fergu	son			Data of Dec Month ugust	Day	Year	3. Time of Death 0715
	Exami		4a. Facility Nama (If not Institution, give straet and number) Calvert Memorial Hospital						tion of Death ederi		of Death	vert
	Funeral Director		5. Social Security Number 579 12 5503A Control of the security Number 6. Sex 10 M 20 F 78 Usual Rasidance of Decedant	st birthday) Yrs.	If Under 1 Months	Yaar Days	If Under Hours	Min.	Data of Birt (Month, Da) May 1	b, Year) 5, 191	9. Births Coul 8 I	olaca (State or Foreign ofry) MD
	Manyland H show	tor	10a. Stata 10b. County 10c. City,	Town or Loca ingtowi							1	0d. insida City Limits 1 ☐ Yas 2 No
	r 28.	ire o	10e. Street and Number		10f. Zip C	ode				What Cou	ntry?	
	h witt	0 6	1755 Holland Cliff Rd.		2	0639	9			USA		
50	within 72 hours after death with the Maryland ena. than "natural", or Nems 23a or 28a-f show he Medical Exercited markes not find at	/ Funeral Director	11. Marital Status 12. Was Decedant Evar in U,S. Armed Forcas? 1 □ Navar Married 2 ☑ Married I ∨ as 2 ○ ○ No II ∨ as (Siva Kyas, Giva		as Daceda Yas, specif		spanic Ori n, Maxicar Specify:	gin? (Speci , Puarto Ri	fy Yas or No- can, atc.)	- 14. Rac Bla	ck, Whita,	ean Indian, atc. white
00	ral',	d by	3 ☐ Widowed 4 ☐ Divorced Yaar or Datas:				ороспу.			Specify	y.	WIIICC
21215-0020	d within 72 hours plena. r than "netural", the Med cal Exe	Completed	15. Decadant's Education (Specify only highest grade completed) Elamentery/Secondary (0-12) Collega (1-4or 5+)		nd of work O NOT use	done di retired)	u <i>ring</i> mos	t of working		16b. Kind of B		
		ပိ	47 February Name (First Middle 1 and)	CT	erk/d			4.41	F			- retail
an c	S a b	Be	17. Fathar's Name (First, Middle, Last)			8				Maiden Suman	n <i>e)</i>	
3	should be and Mental I marked or	1º	Levi Shaw			1	Eff			Stone		
, Maryland	2 8 9 8			PO Box						er, City or Town, 20639	State, Zip	Code)
ore	of Herr		COM	ce of Disposit	tion (Name	of er place	9)		Data	20c. Location -	City or To	own, Stata
Ĕ	Pages nent of I nt: If Ite		1 → Burial 2 □ Cramation 3 □ Ramoval from Stata 4 □ Donation 5 □ Other (Specify) Sout	thern I	Mem.	Gard	dens	8-	12-96	Dunkin	ck, M	D
saltimore,	permit. Pages 1 and Depertment of Health Important: If Item 27 any Injury or other tr once.		21. Signature of Ednesial Service Licensee	22.1	Nama and	Addras	s of Facilit	у				
m	20 E # 9		11. Mohal R	Ra	ausch	Fur	neral	Home	, Owir	ngs, MD	207	36
		Examiner	shock, or heart failura. List only one cause on earline death. Immediate Cause (Finel disease or condition rasulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or Injury that initiated events)	is a consequi	anca of):	eu	la	v l	Rue 9n	fare	fin	3-40 ay
lox 68760,	certificate be nding physicia use as the bur		Sequantially list conditions, if any, leading to immadiate causa. Enter Undarying Causa (Disaasa or injury that initiated evants rasulting in death) Last Dua to (or as d	s a consequé	enca of):	0	A	ery		gire	ac	
. B	deat	sici	Part II. Other significant conditions contributing to death but not resulting	ng in tha und	arlying cat	sa giva	n in Part I		23b. Did 1	obacco uas co	ntribute to	the cause of death?
, P.O	that the ned by the detache	by Physicia	phypertension	,					10	Yss 2□ No	3□ Pro	bably 4 Unknow
Records,	s the se	Completed b			-				24a. Was perfo	an autopsy rmed?	av	ara autopsy findings ailabla prior to mpletion of cause death?
0	0 5 6	mo;							101	as al No	1[Yes 2□ No
Vital	iclan: The cartificata rector, pag	Be (25. Wes casa referred to medical				26. Place	of Deeth (Check only o	ne)		
£ <	2 0 0	To	examiner? 1 Yas 2 No Hospitel: 1 Inpatiant 2 EF	R/Outpatient	3□ DOA	Otha	r: 4□ Nu	rsing Homa	5 Rasio	danca 6 Oth	ar (Specif	(y)
sion of	D 0 0	Certification:	Natural 5 □ Panding (Month, Day Year) 2 □ Accident invastigation	8b. Tima of Injury	M 28	lnjury Work 1 □ Y	at ? ′as 2□		d. Dascribe h	now injury occur	red	
Division	al or Attendir s after death. al Director: Af ed in by the fu	Sertific	3 ☐ Suicida 6 ☐ Could not ba datarmined 4 ☐ Homicide 28a. Placa of Injury - At hombuilding, atc. (Specify)	a, farm, strea	it, factory,	offica		28	f. Location (S City or Tox		er or Run	I Routa Number,
	Hospit 24 hour Funera	edical (29a. Certifiar (Check only one) Certifying Physician: To tha best of my knowle and mannar statad.	idga, daath o n and/or inva	occurred at stigation, in	tha time	a, data an Inion, dae	d place, and	d dua to tha at tha time,	causa(s) and madeta and placa,	annar as s and dua to	tated. o tha causa(s)
	To the within 2 To the comple	Me	29b. Signatura and titla of certifiar		29c.	Licansa	number			29d. Data signe	d (Month,	Day, Year)
			M.P. Shafu	WID,		7	-22	63	4	8-8	1-9	5
	5		30. Neme end eddress of person who completed causa of death (Item 2:									
ľ	Sta Registi		31. Data filed (Month, Day, Year) ALIG 1 3 1996 32. Registrar's Signatur	Rardall	7							

AIIG 13 1996



State of Maryland / Department of Health and Mental Hygiene

Amended#24a, 08/19/96, SW, Calvert Co. Certificate of Death 1. Decedent'a Nama (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Freimayer August 10, 1996 0752 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Calvert Memorial Hospital Prince Frederick Calvert | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth | Nonths | Days | Hours | Min. | July 23, 1929 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country)
 Yugoslavia **Funeral** 10℃ M 2□ F 570 76 8670 67 Yrs Director Usual Residence of Decedent the Marylend 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show flam 27 is marked other than "natural", or frems 23a or 28a-f show other traumatic event, the Medical Examiner man be notified as MD Calvert Director Owings 1 ☐ Yes 25No 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? with 11812 Ramble Drive 20736 USA Funeral death 12. Was Decedent Evar in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Race - Amarican Indian, permit. Pages 1 and 2 should be filed within 72 hours after of Depertment of Health and Mental Hygiene. Important: if Itam 27 is marked other than "natural", or Itan any Injury or other traumatic event, the Medical Exercises 2008. Black, White, etc. 1 Navar Married 2 Marriad 1 ☐ Yes 2 ☑ No If Yes, Give Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify π yes, Give Yaar or Dates: Specify: white þ 3 ☐ Widowad 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Dacedent's Education (Specify only highest grade complated) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) College (1-4or 5+) Brick mason 12 Masonry 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middla, Maidan Surname) Franz Freimayer Elisabetha Kaisner 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) Mia M. Freimayer/wife same as 10 above 20b. Placa of Disposition (Nama of cemetery, crematory or other placa) 20a. Mathod of Disposition Data 20c. Location - City or Town, State XXBurlal 2 ☐ Cremation 3 ☐ Removal from Stata Southern Mem. Gardens 8-13-96 Dunkirk, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Fundral Service Cicenses 22. Nama and Addrass of Facility Rausch Funeral Home, Owings, MD Enter the disease, or complications that cadsed the death. Do not enter the mode of dylng, such as cardiac or respiratory arrast, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death **Physician** /Medical Immediate Causa (Final disease or condition resulting in death) Went tack. Leoy delillo Exa Iner Due to (or as a consequence of): Examiner burial-transit Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or Injury that Initiated events resulting in death) Last and Due to (or as a consequence of) Box 68760. physician CBD vanced that the deeth certificata be Physician/Medical the Due to (or as a consequence of) 88 25 ettending ND esn 0 Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. Division of Vital Records, P.O. the 23b. Did tobacco use contributa to the cause of death? signed by t 1 | Yes 2 | No 3 | Probably 4 | Unknown þ 24b. Ware autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy peen hes page 2 The certificata 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 258 No Certification: To 1 Yes 27. Manner of Death funeral 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28c. injury at Work? After 1 Natural 5 Pending investigation 1 Yes 2 No efter deeth Director: A 2 Accident 6 Could not be datarminad 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 3 ☐ Suicida 28e. Placa of Injury - At home, farm, straat, factory, office building, etc. (Spacify) filled in by 4 Homicida n 24 hours e Hospital Medical 29a. Certifian 🕾 Certifying Physician: To the best of my knowledga, daath occurred at the time, data and place, and dua to tha cause(s) and mannar as stated. pletely (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. within 2 To the I 20b, Spnature and title of certifier 29c. License number 29d. Date signad (Month, Day, Year) warmar a 0

State Registrar

31. Date filed (Month, Day, Year) AUG 13 1996

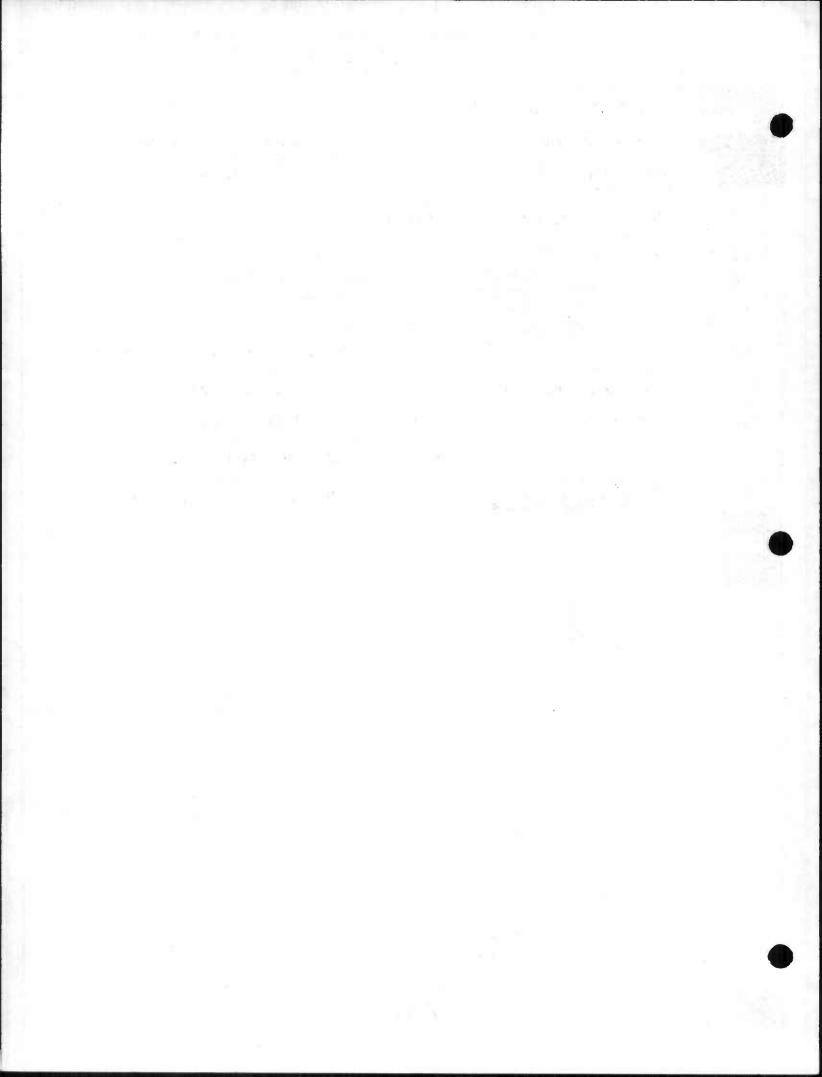
iouman

Registrar's Signature Davidson Randall

30, Name and address of person who completed cause of death (Item 23a) (Type, Print)

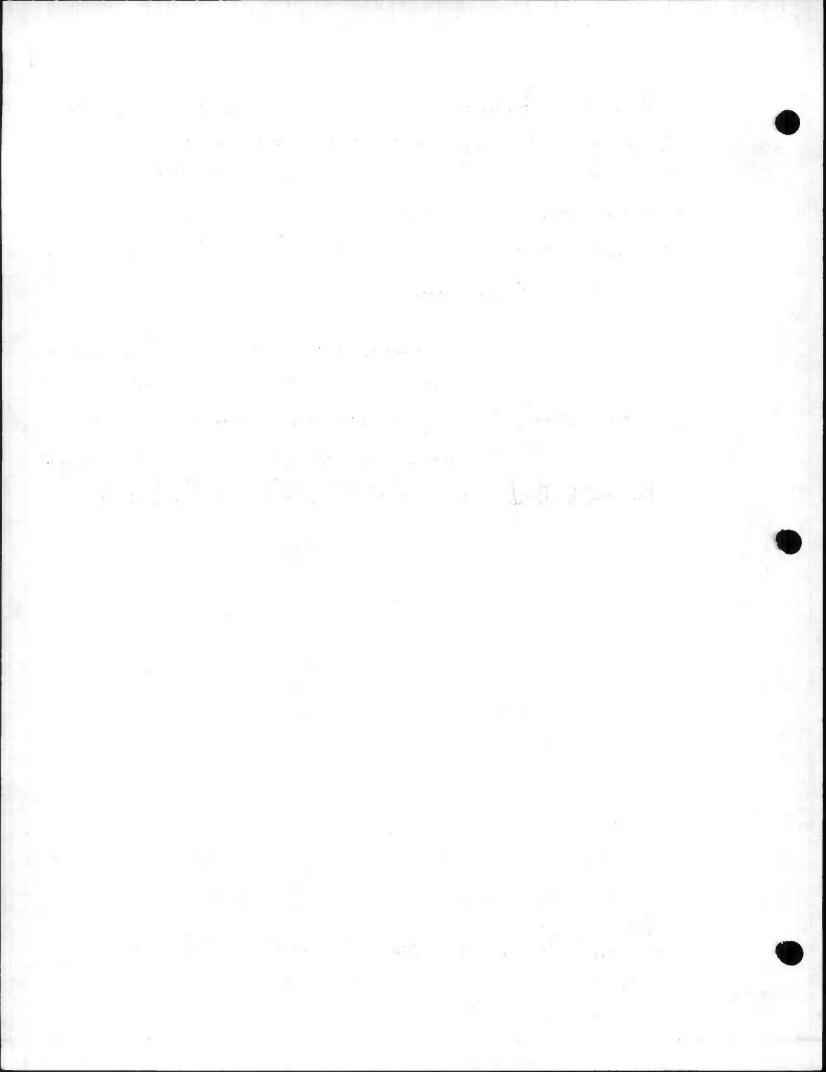
State of Maryland / Department of Health and Mental Hygiene

						Ce	rtificat	e of	Death			Reg. No.					
			1. Decedent's Neme (First, Middle,	Last)							2. Data of D	eeth		3. Time of Deeth			
	nysici:	_	RALPH JOHN FRIES, JR.								Month	Day	96	4:33 AL			
	Medic xamin		4a. Facility Neme (If not institution,						4b. City, To	wn, or Lo	ocation of Dee		/	1.21/12			
, =:	Xalillii	er	Atlantic Gener						Berl			Worce	111 11-				
				6. Sax	7. Age (In yrs.	last hirthday) If Under	1 Year	If Under		8. Date of B			Nace (State or Enrain			
	neral ector		207-12-1122	1 ⊠ M 2□ F	72	Yrs.	Months	Deys	Hours	Min.	(Month, D	lay, Year)	Cour	olece (State or Foreigntry)			
Dire	ector		Usuel Residence of Decedent		12						10/25	123		PA			
Pue a	_	1	10a. Stete 10b. County		10c. Cit	y, Town or L	ocation							Od. Inside City Limits			
fanyl	pd	5	MD Wor	cester		Berlin								1 Yes 2 No			
he h	Side Control	Director		cester		Deriii											
5-0020 72 hours after death with the Manyland	event, the Medical Examiner must be notified at	급	10e. Street and Number	D.D.			10f. Zlp					10g. Citizen of		ntry?			
ath v	Mg k	Funerai	16 Pinehurst	ΚD				2181				USA					
ep .	ğ	- Pu	11. Marital Status	12. Was Dec	edent Ever In U. orcas?	,S. 13.	Was Daced	lent of H	lispenic Orl en, Mexicar	gin? (Sp	ecify Yes or N Rican, etc.)	lo- 14. Re	ca - Americ ck, Whita,				
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d within 72 hours af giene.	4	l by	3 Widowed 4 Divorced	Yeer or E	Detes:							Specifi	" wh	ite			
72 7 7	9	Completed	15. Decedant's (Specify only highast	Education		16a. Dece	dent's Usue	ol Occup	etion	t of work	ina	16b. Kind of E	lusiness/in	dustry			
within she.	Me	d	Elemantery/Secondery (0-12)	College (kind of wor DO NOT us										
filed within the than	4	5		4		Cert	ified	Pub	lic Ac	cou	ntant	Acco	untir	ng			
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thould be filed of Mental Hygi	S S	ToE	Ralph John Fi	ries, Sr.					Ge	nevi	eve Re	eilly					
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O # # #	tto etto	ŀ	20a. Mathod of Disposition		20b. P	leca of Disp	osition (Nen	ne of			Dete	20c. Location	- City or To	own, Stete			
Saltimore, semit. Pages ta Department of Hea	ŏ		DOBurlel 2 Cremation		SIRIA	ematary, cra				0.1							
ilt. Pa antmen	(in)	114	4 Donation 5 Other (Spe		31	unset					13/96	Berli	n, MI)			
E IIII	P d	- 1	21. Signature of Bugeral Service Li	censee		2	2. Neme en	d Addra	ss of Facilit	y Bu	ırbage	Funera	Hom	ne			
405	8 0		1. 4.	13,			108	Will	iams		Berlin		1811				
31.			23a. Part Linter the disease, or o shock, or heart fallum. List of	inulications that	caused the deal	h. Do not en	ter the mod	e of dylr	ng, such es	cerdiac	or respiratory	arrest,	1	Approximete			
Physi	Physician /Medical Examiner	ш	anous, or near gridge. Date	my ona ceuse on t	each line.								1	Intervel Between Onset and Deeth			
		1	Immediate Cause (Finel		/-			61	,				į				
Exam		-1	disease or condition resulting in deeth)	0	Drinor	12/9		19	1051	15			<u> </u>	3 years			
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De De	nsit	듣		b/	Leumz	Toid	لے .	1/K	M	ک			<u> </u>	10 years			
and and	1 2	xar	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury c.											0			
Sign of the cian			cause. Enter Undarlying Cause (Disease or Injury	C									<u> </u>				
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. 0 0	stached f	Sic	Pert II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to										o the cause of death				
D et the	etaci	Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause of									10]Yee 2 No	3 ☐ Pro	bably 4 Unknow			
	tep eq p	þ															
he law requires that the	should	8										s en eutopsy formed?	24b. W	are autopsy tindings eliabla prior to			
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r 2 5	page 2	Completed									1.	Yes 2 No	11	☐Yes 2☐No			
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Or Vital Physicien: T	rector,	o Be	25. Wes case referred to medical examiner?	Hospitel:	/			Oth	OF:		h (Check only						
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	0	0	1 ☑ Naturel 5 ☐ Pending		th, Day Year)	28b. Time of Injury		8c. Injur Wor			280. Describe	now injury occu	rred				
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Per d	ð.	Ě	3 Suicida 8 Could no datarmin	ed 289. Place	of Injury - At he ing, etc. (Specify	ome, ferm, st	reet, fectory	, office				(Straat and Num own, Stete)	ber or Run	al Routa Number,			
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lique hour	ly fill		29a. Certifier 1 Certifying	Physician: To the	best of my kno	wledge, deet	h occurred	et the tir	ne, dete en	d pleca,	end due to the	e ceuse(s) end m	enner as s	tated.			
124 10 Fu	olete	edicai	(Check only 2 Medical E. one)	caminar: On the b	esis of examine iner steted.	tion end/or In	ivastigation,	In my o	pinion, dee	th occurr	red et tha time	, date end place	and due to	o the cause(s)			
DIVISION To the Hospital or Attending within 24 hours after death. To the Funeral Director: After	wo.	ž	29b. Signatura and title of cartifier		1		290	. Licens	e number			29d. Date sign	ed (Month,	Day, Year)			
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•	ì	3	An Alexandra de la companya de la co	pry	1615		- /	177	90)			0/9	1/6				
			30. Neme end address of person w	ho completed caus	se of deeth (Item 97-33 H Registrer's Stans	23a) (Type,	Print)	0		D	erle,	Mr. A					
					9733 h	166/12	wzy .	Driv	-	U	eree,	נומז					
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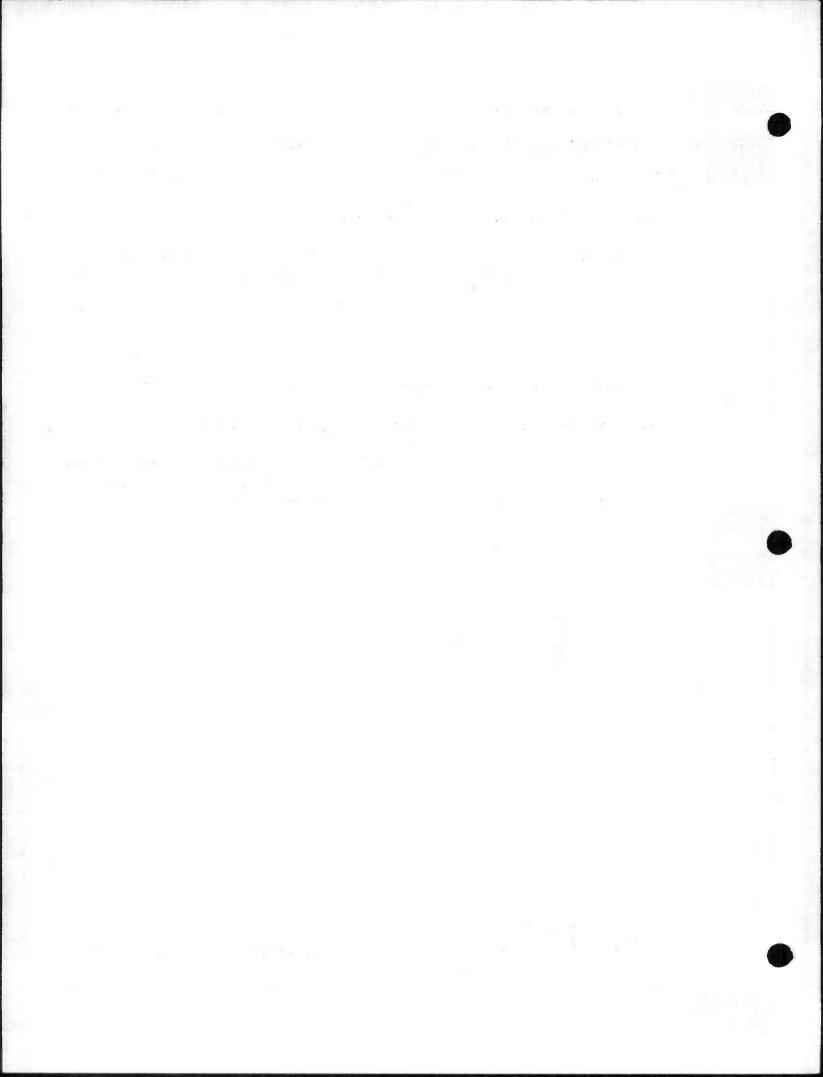
State of Maryland / Department of Health and Mental Hygiene

			Ce	rtificate of	Death	F	Reg. No.		lim O Em	0 1	
		1. Decedent's Name (First, Middle, Lestaden				2. Dete of Dea	ith		3. Time of Do	eath	
Physic		Howard Fisher	Augus	1 Dey	Year 1996	05:0	25				
/Med Exam		4a. Fecility Neme (If not institution, give street end number)			4b. City, Town, or	the same and the same and			00.0	13	
Exam	mer	University of Maryla	~c	y 01 000ti1							
Funera		5. Social Security Number 6. Sex 7. Age (In yrs			9. Birthp	ace (Stete or F	Foreig				
Directo		217-16-2876 10M 20F 74	8. Date of Birth (Month, De) May 13,	1922	Mary	land					
9		Usual Residence of Decedent									
how			ity, Town or Lo			10			Od. inside City		
Ma F-	5	Maryland Frederick F	rederic	ck					1 ☐ Yes 2	NO EN	
7 28 Y	100	10e. Street end Number		10f. Zip Code			log. Citizen of	Whet Coun	try?		
be filed within 72 hours after death with the Maryland tall hygiene. I hour after then "natural", or items 23s or 28s-f show event, the Medical Experient ment be notified at	Funeral Director	6808 Mountaindale Road		2170	2		U.S.A	Α.			
me 2	Jer	11. Meritel Status 12. Wes Decedent Ever in 3	Specify Yes or No-	14. Red	ca - America	an Indien.					
r te	E	1 Never Married 2 Married 1 X Yes 2 No.		If Yes, specify Cub	en, Mexican, Puer	to Rican, etc.)		ck, White, e			
urs a	by	1 Never Married 2 Married 1 X Yes 2 No. If Yes, Give 1943— 3 Widowed 4 Divorced Year or Dates:	1945	1 ☐ Yes 🛣 No	Specify:		Specif	y: Whit	te		
2 hou	2	15. Decedent's Education	16a. Daced	dent's Usual Occu	pation		16h Kind of B	. Kind of Businass/Industry		_	
nin 72	Completed	(Specify only highest grade complated)	(Give	kind of work done DO NOT use rating	during most of wo	rking	Commu		· ·		
within iene. than	E	Elementary/Secondary (0-12) College (1-4or 5+)	Owner	/ Cheif En	pineer				Statio	me	
filed within 72 hours af Hygiene. yther then "natural", or ent, tre Marces Exam	O	17. Father's Name (First, Middle, Last)		,	9	me (First, Middle,			Dialio	ль	
d be antal	o Be	John FI	SHER		Maye			ANODE			
should be filed vand Mental Hygie marked other tumatic event, in	2	19a. informant's Name/Relationship (Type, Print)	10b Mailin	na Addrose (Stroe	t end Number or R	umi Barda Mumba			Codel		
ges 1 end 2 should it of Health end Mer If item 27 is marks or other traumatic		Mrs. Alice G. Fisher, Wife			ndale Rd.						
permit. Peges 1 end 2 should be file Department of Health and Mental Hy mportant: if Item 27 is marked othe any Injury or other traumatic event,				sition (Neme of	iddic id	Dete	20c. Location				
or or or		1 Burial 2 □ Cremetion 3 □ Removal from State	cemetery, crar	natory or other ple							
tme tant njury					ardens, Au				Maryla	ind	
permit. Pages 1 en Department of Heal Important: If item 2 any injury or other		21. Signeture of Funeral Service Licanse	22	Neme end Addre Keenev at	nd Basfor	d P.A. F	uneral	Home			
0.01 = 10 OI		MO0255			Church St				1701		
		23e. Pert1. Enter the disease, or complications that caused the dee shock, or heert feilure. List only one ceuse on aech line.	th. Do not ent	er the mode of dy	ing, such as cardie	c or respiretory en	est,		Approximate Intervai Between	200	
Physician											
/Medical		Immediata Ceuse (Finel disease or condition	11+0	MANGE	-di 1	TILEGIS	ctio-		0310	70	
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cute nd trans	Examiner	Sequentially list conditions, Due to (or es a conseq		23 000 1	1>				1-	
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certificate be executed ding physician end ise es the bunel-transit	Med	toothing in oothin, book									
	a2	d									
law requires that the death c es been signed by the ettend 2 should be deteched for us	Physician	Part II. Other significant conditions contributing to death but not res	sulting in the u	nderlying cause gi	ven in Pert i.	23b. Did to	obacco use co	ntribute to	the cause of c	death'	
by th	h,			es 2 No		ably 4 □ Un	-1311				
s tha	by F	Myelodysplasin u	,	700		,					
e law requires that hes been signed to ge 2 should be det						24a. Was e			re autopsy find	dings	
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or Attending Physicien: Tefter deeth. Birector: After this certificat In by the funerel director, p	-T	Designation 2L	ER/Outpatien 28b. Time of	I 3LI DOM	4 LI Nursing r	lome 5 ☐ Reside)		
tending leeth.	io	1 Saturel 5 Pending (Month, Day Year)	Injury	Wo		28d. Describe h	ow injury occur	red			
death tor:	cat	2 Accident investigation 3 Suicide 6 Could not be			Yes 2 No	001 1			5		
pr Al	Certification:	4 Homicide determined 28a. Placa of injury - At h building, atc. (Special	ioma, farm, stri <i>fy)</i>	eat, factory, office		28f. Location (S. City or Town	treet and Numb n, State)	er or Hurel	Route Number	H,	
urs e urs e											
To the Hospital or Attending Physician: within 24 hours effer deeth. To the Funeral Director: After this certific completely filled in by the funeral director,	edlcai	29a. Certifier (Check only 2 Medical Examiner: On the basis of exemine	owledge, death	occurred at the ti	me, date end place opinion, death occu	, end due to tha c irred at the tima, d	ause(s) end ma ate end placa.	anner es ste and due to	ited. the causa(s)		
the the	Med	and menner stated.							7		
5 ¥ 5 8		29c. License number 29d. Date signed (Month, Dey, Year)									
		Jack Huen mp POSULES August 5, 1996									
		30. Name and eddress of person who completed cause of deeth (itar	-	Print)		7 11.)	-			
		Rachel Hinerman	22 S	. Gree	ne St	Baltin	care, 1	Mb?	10515		
Sta		31. Date filed (Month, Dey, Year) 32. Registrar's Signe	etura								
Regist	rar	AUG 0 6 1996 M. Shoots	war Rende	12							
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State of Maryland / Department of Health and Mental Hygiene 96

						Cen	tificate of	f Death			Reg. No.	0		0
			1. Decedent's Neme (First, Middle,	Last)						2. Dete of De	eth		3. Tin	ne of Death
	Physic		Harry Willi	am Frants						Month 08	Dey	Year 96	0	200
1	/Medi		4e. Fecility Neme (If not institution, g		r)			4b. City. Tow	m. or Loc	ation of Deeth	02 4c. County		1 2	300
	Exami	ner												
-			Frederick M. 5. Social Security Number 6			hiethelass)	If Under 1 Yea	Freder		0. Date of Bir		leric		
	Funeral	п		1 M 2 F	Age (In yrs. lest i	Yrs.	Months Dey		Min.	8. Dete of Bir (Month, De				ete or Foreign
	Director		215-36-6978 Usuel Residence of Decedent		83	113.				June 3	30,1913	Mar	ylan	d
	P .		10a. Stete 10b. County		10c. City, To	wn or Loc	ation					1	Ind Inela	te City Limits
	aho	5	Maryland Fr	ederick			rsville							Yes 20 No
	he h	5		Cuclick		ALKE					11.20.00			
	A S	Director	10e. Street end Number				10f. Zip Code				10g. Citizen of	Whet Cour	ntry?	
	filed within 72 hours efter death with the Maryland Hygiene. "natural", or frems 23s or 28s-f show fine than "natural", or frems 23s or 28s-f show ant, tre Medical Examinat must be notined at	Funerai	9340 Dublin			,	217	93			United	State	es	
	ep J	la la	11. Meritel Stetus	12. Wes Deceden Armed Forcas	nt Ever in U,S.	13. W	es Decedent of Yes, specify Cu	Hispenic Origi iben, Mexican,	in? (Spe Puerto F	cify Yes or No Rican, etc.)		ce - Americ		n,
2	or in	E	1 Never Married 2 Merried	1 ☐ Yes 2 ☐] No	1	☐ Yes 2 1 No	o Specify:			Specif			
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21	Ha .	pide	Elementery/Secondery (0-12)	Coilege (1-4or	r 5+)	life. D	ind of work don O NOT use retir	red)	or working	9				
	should be filed within end Mental Hygiene. Is marked other than aumatic evant, tre M	NO.	11			Fari	mer				Dairy	,		
g	of Hy	Be	17. Father's Neme (First, Middle, La	st)				18. Mother	's Neme	(First, Middle,	Melden Sumer	ne)		
Maryland	lenta Fenta Ked Ice	ToE	Joseph	Gilmore	Fr	antz		Sa1	ly.		Bell			
any	ame.	_	19e. Informent's Neme/Reletionship	(Type, Print)	15	9b. Meiling	Address (Street	et and Number	or Rura	Route Number	er, City or Town	State, Zic	Code)	
Ξ			Mark W. Frantz	/ 505	0	4.00	P D 1	in Dd /	, tra	11-0 20 00 00	110 Ma		י נ	1702
9	Health em 27 le		20e. Method of Disposition	/ 5011	20h Place	of Dispos	ition (Name of		wa.	Dete	11e, Ma			
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123	40 5 e a		(Spepmon)	Beto	en						ederick		217	02
			23a. Part1 Enter the disease, or bo show, or heart feilure. List on	mplications that cause	ed the deeth. D	o not ente	r the mode of d	ying, such as c	ardiac o	respiretory a	rrest,		Approx	
N.	Physician		STORY TO HOLD CON	, 010 00000 011 0001	mig.							- 1		and Deeth
ш	/Medical		Immediete Cause (Final	Ne	aint	10	Pron		}_				1	N
п	Examiner		diseese or condition resulting in death)	e. 145	Due to (or es	172	1 1100	MOUL					10	UK.
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	ence el-tra	xa	Sequentially list conditions, if eny, leading to immediate		Due to (or es	e consequ	ence of):							
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87	phys the	Medical	resulting in deeth) Lest		Due to (or es	e conseque	ence of):							
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Box	eath cer attendin	Physician										i		
o.	the a	/sic	Pert II. Other eignificant conditions	contributing to death	but not resulting	in the und	derlying cause o	given in Pert I.		23b. Did	tobacco uae co	ntribute te	o the ceu	ee of death?
P.	1 7 m	F.								1 🗆	Yee 2 No	3 Pro	bably	4 Unknown
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Record	- en -D									24a. Wes	en eutopsy med?		ere autoj allable p	osy findings
S	s been	Completed								pone	illou i	co		of cause
æ	The law ate hes b page 2 s	E								10	Yes 2 No			o□ No
B			Of Mos and and and an advant										Yes	2 No
Vital	Physician: this certific	Be	25. Wes case referred to medical examiner?	Hospitei:			_ 0	Whor		(Check only o				
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=	D of or	0	27. Menner of Deeth 1 ☑Neturel 5 ☐ Pending	28e. Date of Inj (Month, D	lay Year) 28b	. Time of Injury	28c. Inj			8d. Describe I	now injury occur	red		
Division	or Attending after death. Director: After I in by the fune	Certification:	2 Accident Investigati				M 1[Yes 2 N	0					
Ž	Per d	tiff	3 ☐ Suicide 6 ☐ Could not determine	d 289. Place of it	njury - At home, etc. (Specify)	ferm, stree	et, factory, office	a	2	8f. Location (3 City or Tox	Street end Numi vn. Stete)	ber or Rura	A Route	Number,
	s after or or or or or or or or or or or or or	Ce			(,									
	To the Hospital or Attendii within 24 hours after death. To the Funeral Director: A completely filled in by the formulately filled i		29a. Certifier 1 Certifying F	hysictan: To the best	t of my knowled	ge, deeth	occurred et the	time, dete end	pleca, e	nd due to the	cause(s) and m	anner as s	tated.	
	the H hin 24 the F _t	edicai	one) 2 Medical Ex	aminer: On the basis of end menner s	of exeminetion estated.	end/or inve	estigation, in my	opinion, deeth	occurre	d at the time,	date end place,	end due to	the cau	se(s)
	Nithin To th	ž	29b. Signeture and title of certifier				29c. Licer	nse number			29d. Date signe	d (Month,	Dey, Ye	ar)
	, 0		Da. A.	M	- 14/ 6		T	17191	46		21	319	21	
			20 Name and address of name to	o completed	1 / V/)	\	rint)	٠ ١ ١ ١ ١ ١ ١	77		0	-1	• 0	
			30. Name end eddress of person wh	o completed cause of	deeth (Item 23e) (Type, P	nnt) ,	4) 2	+	A C	200		0	
			31 Date filed (Hearth Day Versit	1975	17, 51	N '	M. Na	July 7	126	v, T	rede	we !	100	
	Sta		31. Dete tiled (Month, Day, Year)		trar's Signeture	0	-							
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Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

					Cer	tificate of	Death		Reg. No.		. 0 . 0 0		
Dhamb	,	1. Decedant's Nama (First, Middla, La	st)					2. Date of	Death	Vans	3. Time of Death		
Physic /Medi		Madeline Ruth	Free					July	26 19	96	2:00pm		
Exami		4e. Facility Nama (If not institution, giv					4b. City, To	wn, or Location of D					
		1421 Taney Ave	enue					derick	Fred	lenic	k		
Funeral Director		5. Social Security Number 6. S 2/6-38-2206	Sex 7. Ag	a (in yrs. last b	virthday) Yrs.	If Under 1 Yeer Months Days	if Undar	24 Hrs. 8. Deta of (Month)	Birth Day, Year) 4 /9/4	9. Birth	place (State or Foreign ntry) LAwick MD		
pu ,		Usuel Rasidence of Decedant											
anyla	-	10a. State 10b. County	. ,	10c. City, Tov					10d. i				
Ma M	Director	MD Freder	LCR	Fred	eric					1 √Yas 2 No			
h with t	al Dir	10e. Street and Number 1421 Taney Ave	enue			10f. Zip Coda 2/7	01		10g. Citizen of What Country? USA				
dea dea	Funeral	11. Meritei Stetus	12. Wes Decedant Armed Forcas?	Ever in U,S.	13. W	es Decedant of I	Hispenic Orig	gin? (Specify Yes or , Puarto Rican, atc.)	No- 14. Rac		can indien,		
Department of Health and 2 should be filled within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Department of Health and Mental Hygiene "natural", or items 23a or 28a-f ahow any Injury or other traumatic event, the Medical Experience man be notified at 2008.	by	1 ☐ Navar Marriad 2 ☐ Married 3X2 Widowed 4 ☐ Divorced	1 Tas 2 Toldas 1 Yas 2 Toldas If Yas, Giva Yaar or Datas:			☐ Yas 2€ No		, Puarto Picali, atc.,	Specif	ick, Whita, fy: WA	ite		
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man man tant:		4 Donation 5 Othar (Specif		St.	Mark	e's Lem	reten	4 7/29	Peter	svil	Le MD		
permit. Pages 1 ar Department of Haa Important: if Item 2 any Injury or other once.		21. Signeture of Fundral Service Licer Barbara A.	7. Wills	Quino	9	Nama and Address	Will	igms Fun	eral Ho	me L Mi	2/7/6		
		23a. Part1. Enter the disease, or com shock, or heert failure. List only	plications that caused	tha daath. Do	not anta	r tha moda of dyi	ing, such as	cardiac or respiretor	ry errest,	R PID	Approximata		
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eath certificata be executed attanding physician and for use as tha bunal-transit	Examiner	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	b	Dua to (or es a									
sata be shysicia tha bur	edicai	Cause (Disaasa or injury that initiated evants resulting in daath) Lest	c	Dua to (or as a	consaqu	ance of):							
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law requires that as been signed b								24a. V	Vas an autopsy	24b. W	ere autopsy findings railable prior to		
w require s been si	olet							р	erformed?	00	empletion of cause death?		
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sicia cart	o Be	examinar?	Hospital:	ent - e 2 EP/ 9		-3□ DOA Ott	hor	of Death (Check or rsing Home 5 ₽ P		/Ci	6.1		
E E =	To To	27. Mennar of Death			Tima of	28c. Inju Wo			be how injury occur		(y)		
al or Attending Physician: after death. I Director: After this cartific d in by the funeral director,	Certification:	1 Natural 5 □ Pending 2 □ Accidant investigation 3 □ Suicide 6 □ Could not be	W	y Year)	tnjury		rk?]Yas 2∐i	No					
after day Direct d in by	ertifi	3 ☐ Suicide 6 ☐ Could not be datarmined	28a. Placa of inju- building, ato	ury - At homa, f c. <i>(Specify)</i>	arm, stre	et, factory, office		28f. Location City or	on (Street and Numi Town, Stata)	ber or Run	al Route Number,		
To the Hospital or / within 24 hours after To the Funeral Direction completely filled in the formula of the for	edical C	29a. Cartifiar (Check only one)	ysician: To the best of niner: On the basis of and mannar ste	axamination as	a, daath nd/or inva	occurred at tha thatinastigation, in my o	ma, data and opinion, deet	d piece, end due to th occurred at tha tir	the cause(s) and mone, date end place.	enner as s end dua t	stated. o tha cause(s)		
of the complete of the complet	Me	29b. Signeture and title of certifier	1			29c. Licens	se number		29d. Data signe	ed (Month,	Day, Year)		
- s - o		1/1/	~~	~7		D4-	107	9	8/,	191	0		
		30. Nama and address of person who	complated cause of d	eeth (Item 23a)	(Type P		101	•		, ,,			
		Kerrs To		~ ~			1110	- M A	- · · · · · · · · · · · · · · · · · · ·	7C	chack an		
Sta	ite	31. Data filed (Month, Day, Year)	32. Registra	ar's Signatura						1	رسر سارس		
Registi		AUC 0 1 19	96	ar's Signatura	Red	AL.							
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State of Maryland / Department of Health and Mental Hygiene

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						Ce	rtificate (of Deatl	ר		Reg. No.			
	Physic /Medi		Decedent's Nama (First, Middle, L	.est) Mab	el Ire	ene	FARVER			2. Date of De Month JULY		39 6	3. Time of Death 8:00 P. N	
	Exami		4a. Facility Nama (If not institution, g Northampton Ma			ne			deric		Fre	of Death ederic	k	
	Funeral Director		5. Social Security Number 214-10-3905 6. Sex 1 M 2 N F 83 7. Aga (In yrs. last birthday) Yrs. 83 Yrs. 1 Under 1 Year If Under 24 Hrs. Months Days Hours Min. 1 Under 24 Hrs. Months Days Hours Min. 1 Under 24 Hrs. Months Days Hours Min. 1 Under 24 Hrs. Months Days Hours Min.							0, 1912	9. Birthpla Countr Mary	aca (Stata or Foraigr y) Land		
	Maryland	ctor	Usual Rasidence of Decedent 10a. Stata 10b. County Maryland Washi	ngton	10c. City	, Town or Lo	Hagers	town				10	d. fnsida City Limits	
	ath with the 23a or 28	rai Director	10e. Street and Number 7 East Washin				10f. Zip Coo	^{te} 740			U.S.A.		λλ	
020	filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or flems 23a or 28a-f show int, the Medical Examinet must be notified at	by Funeral	11. Marital Status 1 □ Nevar Married 2 □ Married 3 ☒ Widowed 4 □ Divorced	12. Was Dec Armed Fo 1 Yes If Yes, Gi Yaar or D	edent Ever in U,S orces? 2 M No va Dates:	ver In U,S. 13. Was Decedent of Hispanic Origin? (S If Yas, specify Cuben, Mexican, Puer 1 □ Yes 2 ☒ No Specify:					- 14. Rac Blac Specify	ck, White, a	- American Indian, White, atc. White	
altimore, Maryland 21215-0020	i within 72 hours iena. than "natural", the Medical Exe	Completed	15. Decedent's (Specify only highast g	rada completed)	cation a completed) 18a. Dec (Gh iffa		dent's Usual Oo kind of work do DO NOT use re Homemak	itired)	est of work	ng 16b. Kind ot B		Business/Industry Home		
b	Hygied other	BeC	17. Father'a Name (First, Middle, Las	st)				18. Mot	her's Name	e (First, Middle,	Maiden Suman	1a)		
ylar	should be filed with nd Mental Hygiena. marked other that umatic avent, the	To B	Harry	F.	Shank				Viol	La	V.	K	Killian	
, Mar	d 2 sh th and 7 is m traum		19a. Intormant'a Name/Ralationship Dorothy J. Snouf		ughter						er, City or Town, thersbu			
imore	Pages nent of ant: If it ary or o	20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20b. Place of Disposition (Name of cemetery, crematory or other place) 4 Donation 5 Other (Specify) 20b. Place of Disposition (Name of cemetery, crematory or other place) Frederick Memorial Park, July 26, 1996 Frederick Memorial Park												
Balt	permit. Pag Department Important: I any injury o													
	Physician		23a. Part1. Entar tha diseasa, or co ahook, or heart failure. List onl	nplications that of	ca and the death each line.								Approximate Interval Between Onset and Death	
	/Medical Examiner		Immediata Cause (Final disaasa or condition resulting in death)	a	Due to (or	as a consec	Torthe	Sm	d cu	commen	J	1	is youth	
	bed her	Examiner		b										
oʻ	axecular and rial-trar		Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury		Due to (or	as a conseq	juence of):							
ox 68760,	certificate be axecuted iding physician and isa as the buriel-transit	Medical	Cause (Disease or Injury that initiated events resulting in death) Last	c	Due to (or	as a consaq	uanca of):							
ă		Physician	Part II. Other significant conditions	contributing to d	eath but not rasu	iting In the u	nderlying cause	given in Par	t I.	23b. Dfd	tobacco uss co	ntributs to 1	the cause of death'	
, P.O.	res that the da igned by the a be detached f	by Ph								10	Yes 2□No	3 Probe	ably 🏘 Unknow	
of Vital Records,	law requires that the daeth as been signed by the atte 2 should be detached for a	Completed b								24a. Was perfo	an autopsy rmed?	avai	re autopsy findings lable prior to pletion of cause eath?	
2	The ste h	Сош								101	Yas 2 No	10	Yes 2□ No	
Vita	Physician: T this certifical ral director, p	Be	25. Was case refarred to medical examiner?	Hospital:				26. Pia	ce of Deatl	h (Check only o	ona)			
on of	this aldi	tion: To	1 Yes 2 No 27. Manner of Death 1 Natural 5 Pending Investigati	28a. Date (Mon	-	ER/Outpatier 28b. Time of Injury	28c. I	njuryat Work? 1 □ Yes 2 □			dance 8 Oth			
Division	To the Hospital or Attending I within 24 hours efter death. To the Funeral Director: After completaly filled in by the funal	Certification:	2 Accidant Investigati 3 Sulcide 6 Could not detarmina	28e. Place	ot Injury - At hor ing, etc. (Specify)	me, tarm, str				28f. Location (: City or Tox	Street and Numb vn, Stata)	per or Rural	Route Number,	
	To the Hospital within 24 hours e To the Funeral D completaly filled	edicai C	29a. Cartifier (Check only one) 12 Certifying F	iminer: On the b	best of my know esls of examinationer stated.	rledge, death on and/or inv	occurred at the	e time, data a ny opinion, de	and place, eath occurr	and due to tha ed at the time,	cause(s) and ma data and place,	nner as sta and dua to t	ited. tha cause(a)	
	Vithir To th	M	29b. Signatura and title of coollier	h				ense number			29d. Date signe			
			Muchan!	7 11 7	son	2		18191			July 2	25, 19	996	
			30. Name and address of person who Dr. Arthur G.	Manalo,	M.D.,	23a) (Type, 187 Th	Print) nomas Jo	ohnson	Driv	e, Fred	lerick,	MD 21	702	

Registrar

JUL 2 6 1996

32. Begistrar's Signature

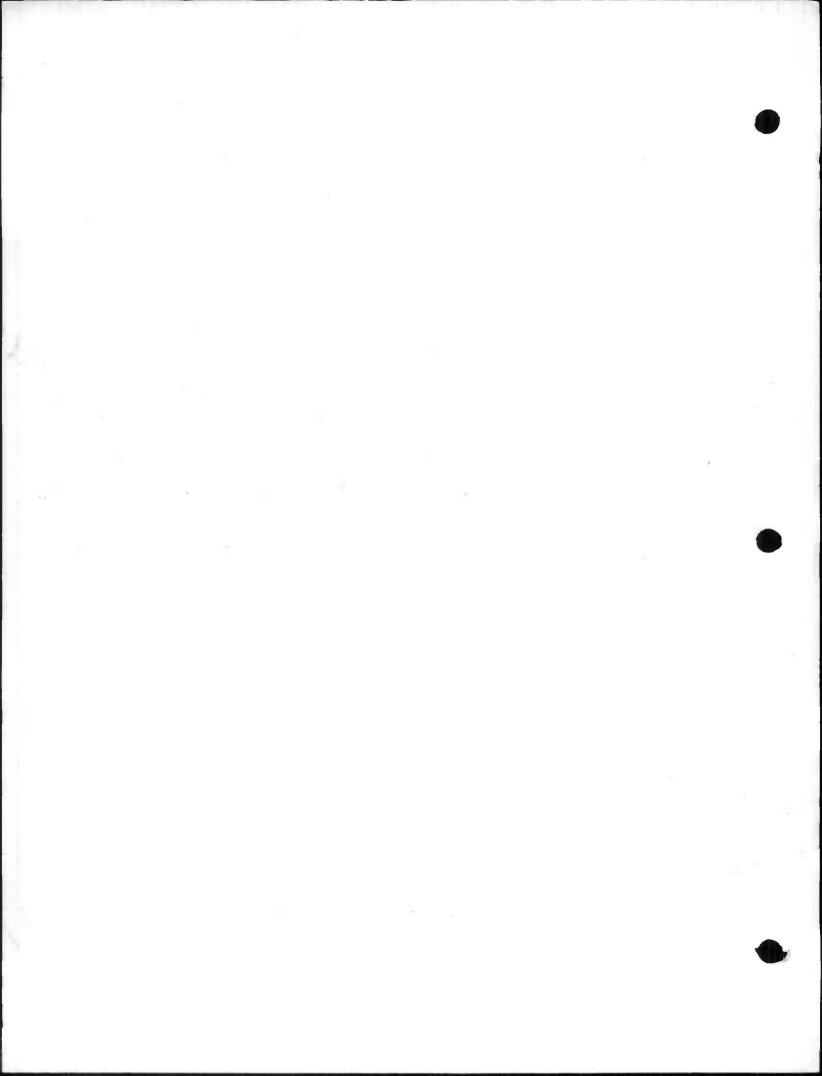
DHMH 16 Rsv 6/95

hospital or attending physician. sched for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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ON ATTEND	IRECTOR: A	ours after c	em 28 is
AL OR ATTEND	AL DIRECTOR: A	2 hours after o	it item 28 is
SPITAL OR ATTEND	VERAL DIRECTOR: A	nin 72 hours after o	IT: It item 28 is
HOSPITAL OR ATTEND	FUNERAL DIRECTOR: A	within 72 hours after of	ITANT: It item 28 is
THE HOSPITAL OR ATTEND	THE FUNERAL DIRECTOR: A	filed within 72 hours after of	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the bost TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	for 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		ENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH				
	Clarence	e Marion	G	REENLE	E A	UGUST 1						
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	8. 6	BIRTHPLACE (State or Foreign country)				
	219–46–4022 9e. FACILITY NAME (If not institution, give str	1 M 2 F	51 YRS.		R LOCATION OF DEAT	ovember 18,	1944 D	elaware				
DIRECTOR	WESLEYAN HEALT		TER	DENTON			CAROLINE					
EC	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY				
	Maryland Card	oline	Ridgely					LIMITS?				
FUNERAL	110 Railroad Avenu	10		101.	21660			OF WHAT COUNTRY?				
¥	11. MARITAL STATUS	12 WAS DECEDENT EVED IN	LU.S. ARMED	13 WAS DEC	ENDENT OF HISPANIC	OBIGIN2 (Specify Year						
BY FL	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, spe	elfy Cuben, Mexican, 2 NO Specify:		I. RACE — American Indian, Black, White, atc. Specify:					
	15. DECEDENT'S EDUC	ATION	18e. DECEDENT'S L	SUAL OCCUPATION	N	16b. KIND OF BUS		ucasian my				
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of we	ork done during mos retired.)	at of working							
MPL	9		Producti	on Line		Poultry	Proce	ssing				
Ö	17. FATHER'S NAME (First, Middle, Last)				ts. MOTHER'S NAME	(First, Middle, Maiden	Surneme)					
BE		Arlington (Greenlee		Lena T	helma Br	rown					
5	198. INFORMANT'S NAME (Type/Print) Rosalie Harris				hura Road			elaware 19952				
		205	PLACE AND DATE OF				CATION — City					
	20e. METHOD OF DISPOSITION **Mill Burlet* 2		etary, crematory or other	er place)	118 01			Maryland				
1.8	21. SIGNATURE DE FUNERAL SERVICE LICE		LITCOIT CE		D ADDRESS OF FACIL		elicoli,	Maryland				
	(tandope	P. Par		Moor 12 S	e Funeral outh Seco	Home, P.	A. Dent	on, Maryland				
	23. PART I. Erner the diseases or co	omplications that caused list only one cause on a	the death. Do no	ot enter the mo	de of dying, auch a	na cerdiec or respi	ratory erreat,	Approximata				
	IMMEDIATE CAUSE (Fine)	er all annual as a		Colo	n ca	ncer		interval Batwean Onaet and Death				
Z	disease or condition resulting in death) a. metastatic Colon Cancer munths Due to (or as a consequence of): Sequentially list conditions, Due to (or as a consequence of):											
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	:								
[]	CAUSE (Diseese or injury thet initiated events	DUE TO (OR AS A	CONSEQUENCE OF	:								
E	resulting in death) LAST	J.										
AL C	PART ii. Other significent conditions	s contributing to death b	ut not resulting in	the underlying	cause given in Pa	ert i. 24e. WAS AN	AUTOPSV	24b. WERE AUTOPSY FINDINGS				
2					3	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
PHYSICIAN: MEDIC						_ 1 _ YES 2	KNO	OF DEATH? 1 ☐ YES 2 1€ NO				
ž						-						
N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Check	only one)						
YSI	1 TYES 2 XNO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outp.		OTHER:	5 🗆 Rasidence 8	Other (Specify)						
Y PH	27. MANNER OF DEATH t Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	IRY WO	JRY AT 2 RK? ES 2 NO	8d. DEŞCRIBE HOW I	NJURY OCCURE	D				
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, at	reet, lactory, office	2	8f. LOCATION (Street (City or Town, State)	and Number or R	ural Route Number,				
	29a. CERTIFIER . M.											
COMPLETED	(Check only	CIAN: To the best of my knowled: On the bests of examination						use(e) and menner es stated.				
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	. / / / /			29c. LICENSE NUMBI	ER	29d. DATE SIG	NED (Month, Day, Year)				
0 8	00	CAKI,	M.D.		94793	4	▶ 8/	12/96				
2	30. NAME AND ADDRESS OF PERSON WHO						,					
	Wafik Zaki, M.D. 31. DATE FILED (Month, Day, Year)			, Maryla	and 2162	9		Land State of				
l	AUG 13 '96	32. REGISTRAR'S SIGNA	ature dson-Randa	20_								
	AUG L J 30	- (3.00 2.00)	- Nation									



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Bea No.

25286

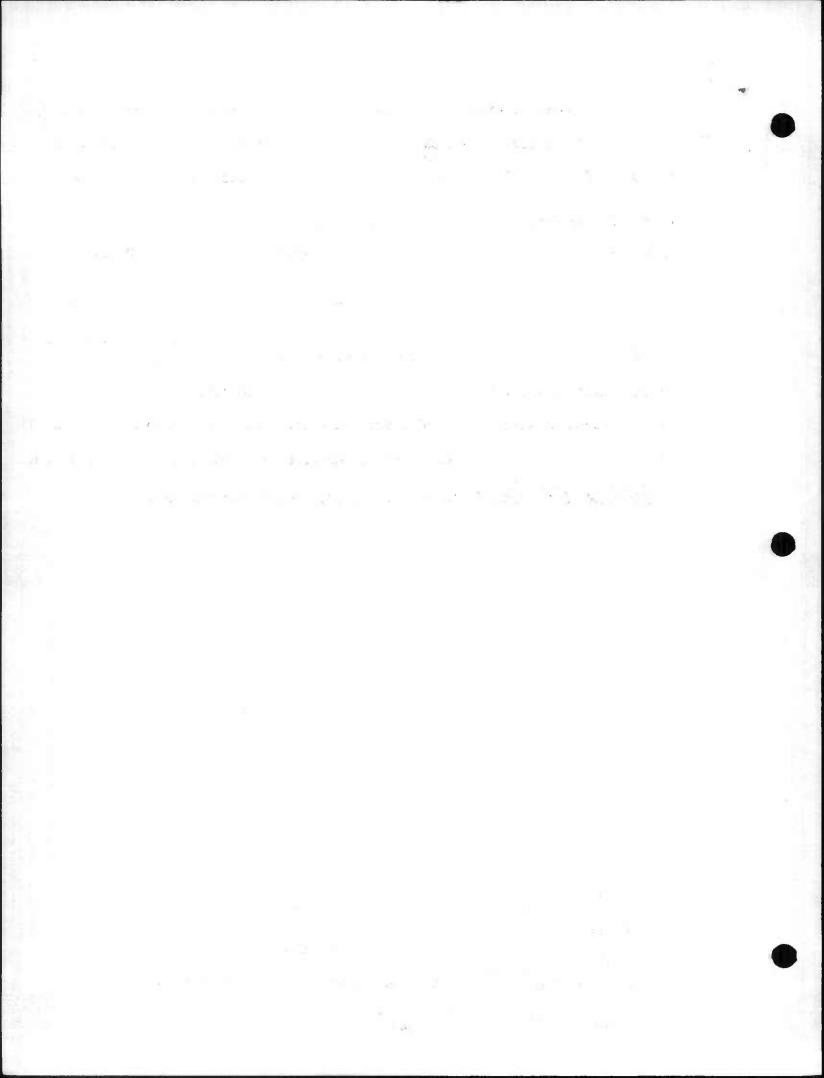
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	ysicia Medic		Decedent's Name (First, Middle, Theodore	Last)	Coste	r		Gro	OSS	, A	Dete of Deet Month SUST	Dey 09, 199	Year 6	3. Time of Death 7:28 A.M.	
1	amin		4e. Facility Neme (If not institution, Physicians Memorial		er)				4b. City, Tov	wn, or Locatio	n of Death	4c. County		1	
Fun Direc				-	Age (In yrs. las		If Under Months	1 Year Days	If Under 2		Dete of Birth Month, Day,	Year) 32		npiece (Stete or Foreign intry) Maryland	
pue *			Usual Residence of Decedent 10a. Stete 10b. County		10c. City:	c. City; Town or Location								10d. Inside City Limits	
the Meryler 28a-f ahow	Ned a	tor	Maryland Calve	ert		Lus								1 ☐ Yes 2 € No	
ith with the 23a or 28	t be not	I Director	10e. Street and Number 985 Olivet Ro	ad		10f. Zip Code 20657					1	0g. Citizen of V		untry?	
5-0020 72 hours efter death with the Menylend natural; or items 23a or 28a-f ahow	miner	by Funeral	11. Maritel Stetus 1 Never Married XMarried 3 Widowed 4 Divorced	If Yes, Give	s? ∑No		Ves Deced Yes, spec	_	Hispanic Orig pan, Mexican,	nn? (Specify) Puerto Ricar	Yes or No- n, etc.)	14. Red Blad	14. Rece - American Indian, Black, White, etc. Specify: Black		
15-002 n 72 hours "natural",	cales	ed b	15. Decedent's	Yeer or Detes		16e. Deced	ent's Usue	l Occu	pation			16b. Kind of B			
d 21215 filed within 7. Hyglene. other than "n	the Med	Completed	(Specify only highest Elementery/Secondery (0-12) 7	grade completed) College (1-4o		(Give I life. D	kind of wor 00 NOT us abore	k done e retin	during most ed)	of working		Wel:			
Maryland 21215-0020 of 2 should be filed within 72 hours ef the and Mental hygiene. It is marked other than "natural", or	tic avant,	To Be C	17. Fethar's Nema (First, Middle, La Colonel		Fross				18. Mother		st, Middle, M	Maiden Sumen	_{ne)} Kent		
2 shot and h	aume		19e. Informent's Name/Reletionship			19b. Meilin	g Addrass	(Stree	t end Numbe	r or Rural Rou	ute Number	City or Town,	State, Z	ip Code)	
1 and 1 Health	ther tr	-	Marie Gross/Wif	е		P.O.			Lu	sby, M			0' 7		
0 00-	9 00		1 XBurial 2 ☐ Cremation 3 4 ☐ Donetion 5 ☐ Other (Spe		cen	netery, crem	netory or of	ther pla	ace) netery	8/15		20c. Location			
Baltim pemit. Peg Department important: It	rinjur Se		21. Signeture of Funeral Service Lic		Cital	-			ess of Facility			Lothia eral He	-	עוא	
m aae	any ir	1	Secure	8 80.	000	14	51 Da	res	Beach					k, MD 2067	
Physic /Medi Exami	ical		23a. Part1. Exter the disease, or conshock, or heart feilure. List or Immediate Cause (Finel disease or condition resulting in death)	omplications that caus ity one cause on each			er the mode	e of dy	ing, such as o	cardlec or res	piretory arre	est,		Approximete Interval Between Onset and Death	
HIT		iner	Tooding in oddin,	Multiple	Dua to (or a Myeloma	as e consaq	uence of):						1	3 Years	
O. Box 68760, te death certificate be executed the attending physician and	ouriel-tren	i Examine	Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Ceuse (Diseese or injury											2 Weeks	
OX 68760, h certificate be ex ending physiclan	s the	odic	thet initieted events resulting in deeth) Last		Due to (or e		enca of):								
SOX th certi	r use a	an/Medical	•	SIN .						30 Days					
IS, P.O. Bo	of bed	5	Pert II. Other significant conditions	contributing to death	but not resuit	itling In the underlying cause given in Pert I. 23b. I					23b. Dld to	Did tobacco use contribute to the cause			
T m b	detac										1 Yes 2 No 3 Probably 4			obably 4 Unknow	
requi	ed pinods	Completed by								24a. Wes en eutopsy performed?				Vere eutopsy findings vallable prior to ompletion of cause f death?	
The lew ate has	page 2	EO									, 1□ Ye	s 2 No		☐Yes 2☐No	
VITALI lician: The	ctor	Be	25. Was case referred to medical examiner?							of Death (Chi	eck only on	е)			
Physician: this certific		ို	1 Yes 2 No	Hospitei: 1 Inpa		R/Outpatient		A				nca 6 □Oth	- ' '	ify)	
Attanding Profession After	eunj e	tion	1 Netural 5 Panding 2 Accident investigat	28a. Dete of In (Month, D	Dey Year)	8b. Time of Injury	M Z	Bc. Inju Wo 1 [ork?]Yes 2∐N		Describe no	w injury occur	rea		
DIVISION or Attanding after deeth. Director: After	lin by th	Certification:	3 Suicide 6 Could not datamine	28a. Plece of libuilding,	njury - At hom etc. (Specify)	e, ferm, stre	et, fectory,	, office		28f. L	ocation (St. City or Town	reet and Numb , Stete)	ber or Ru	ral Route Number,	
To the Hospital Within 24 hours a To the Funeral if		edical C	29a. Certifier (Check only one) 1 Certifying 2 Medical Ex	Phyeician: To the bes eminar: On the basis end menner:	of examination	edge, deeth n end/or inv	occurred a estigetion,	it the ti	ime, dete end opinion, deatl	place, and d	ue to the ce the time, da	euse(s) end ma ate end placa,	annar as end due	stated. to the cause(s)	
To the Within To the	comp	_	29b. Signature and title of certifier	2.12.11011101	4		29c.	. Licen	se number		25	9d. Dete signe	d (Month	, Day, Year)	
a			A.M.A	Vileha	m' V	77		-46 0	46			Aug. 9	, 19	996	
				GRAN	GE	AV	E		LAP	LATE	4, 1	ND	20	0646	
Reg	Stat gistra	-	31. Date filed (Month, Day, Year) AUG 1 4 15	32. Regis	Strer's Signetur	Rardall									

AUG 1 4 1996

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State of Maryland / Department of Health and Mental Hygiene 96

						Ce	rtificate	of	Death			Reg. No	,			
			1. Decedent's Name (First, Mide	dla, Last)							2. Date of D	eath			3. Tima of Death	
	Physic		Jean	ette Lou	ise	Gano	C 7. V				Month Augus	Day		Year O.6	2.30 = =	
	/Medi Exami		4a. Facility Name (If not instituti			dano	CZy		4b. City. To	wn, or L	ocation of Dea	1	. County		2:30 p.m	
611	Exami	Her		k Memoria		i+a1			,.		derick				derick	
_			5. Social Security Number	6. Sex		rs. last birthday	If Undar 1	Vaar	If Under			lath.				
	Funeral			1 M 2 TF	25	V		Days	Hours	Min.	8. Date of Bi (Month, D	ay, Year)	_		ce (Stata or Foraig	
	Director		085-03-0040 Usual Residence of Decedant		8	1 175.					Dec. 8	, 19.	14	New Y	lork	
	pue *		10a. State 10b. Count	У	10c.	City, Town or L	ocation							10d	l. inside City Limits	
	Aary	0	Maryland Fr	ederick			Frede	ric	de.			1 L Yes				
	28e	ect	10e. Street and Number	EGELICK					.17					372		
	with 9 8	ā	400 North Ave	nuo			10f. Zip C	oga	2070	11		10g. Citi	Citizen of What Country?			
	72 hours after deeth with the Maryland natural", or items 23a or 28a-f show lifes Examinat the notified at	Funeral Director									pecify Yas or No- 14. Race -				Amarican Indian,	
	er de	une	11. Marital Status	Armed	ecedent Evar in Forces?	n U,S. 13.	Was Daceda If Yes, specif	nt of H y Cuba	lispanic Ori an, Maxicai	igin? (Sp n, Puerto				e - Amarican k, White, ato		
3	or in	Ē	1 Navar Married 2 Ma	16 Vac I	3 2 XNo Give		1 ☐ Yes 2		Specify:				Specify:		White	
	n 72 hours "natural",	d by	3 X Widowed 4 □ Divorce	d Yaar or									Opoony.			
213-0020		Completed	15. Decede	nt's Education est grade complete	d)	16a. Dece	dant's Usuai	Occup	ation	at of work	kina	16b. K	ind of Bu	d of Business/Industry		
4	within iene. then	n d	Elementary/Secondary (0-12)		(1-4or 5+)	life.	kind of work DO NOT use	retired	1)			Re	tai1	1 Department		
4	filed w Hygier other th	Ö	8			Sal	es rep	res	entat	ive			ore			
mai yiaila	m == 0 =	Be	17. Father's Name (First, Middle	, Last)					18. Moth	er's Nam	e (First, Middle			e)		
	should be nd Mental marked o	10	Charles Willi	am Messie	er					(Georgianna Watts			S		
,	COEE		19a. informant's Name/Relation	ship (Type, Print)		19b. Mail	ing Address (Street	and Numb	er or Ru	ral Route Numi	ber, City o	or Town,	State, Zip Co	ode)	
	1 and 2 Heelth ar em 27 is other trav		Mrs. Georgene	Catlett		5703	Trailv	iew	Ct.,	Apt	t. B-12	, Fre	eder	ick, N	Md. 2170	
)	othe		20a. Method of Disposition		20	b. Piace of Disponentery, cre					Date		-	City or Town		
2	Pages nent of I int: If ite		1 Buriai 2 □ Cramation 4 □ Donation 5 □ Other (Auc	r. 14.	1996	Sil	ver S	oring, M	
	permit. Page Department of Important: If any Injury or pfice.		21. Signature of Funaral Service				2. Name and				J/				,,	
3	permit. Page Department of Important: If any injury or once.		PI	ac Be	alad	7 77				,		2 77-				
			Xunara	C.C. Sul	MO	0021	eeney 06-Fac	and + C	burch	ora	Funera	1 HO	me vM	A 215	701	
			23a. Part1. Enter the disease, of shock, or haart failure. Lis	or complications that only one cause or	t causad the d each lina.	eath. Do not en	fer tha mode	of dyin	g, such as	cardiac	or respiratory	arrest,	12/ 12	A in	pproximate itarval Batween	
	Physician													0	nset and Death	
	/Medical		immediate Cause (Finai disaase or condition	K	espir	atory	Fai	ilu	re						Day	
	Examiner		resulting in death)	a	Due to	atory o (or as a conse	quence of):								1.	
	D #	ne		C	Lenall	c. 0	BATRI	uci	INF		LUNG	DI	SEA	3.5	1044	
	ertificete be executed ling physicien end se as the burial-transit	E	Sequentially list conditions, if any, leading to immediate cause. Enter Undertwine. Due to (or as a consequence of): Consequence of the conditions of th													
•	en e		Cause (Disease or Injury that initiated events									i	1244			
5000	ysici ye bu	cal													/	
	g ph	8	rasulting in daath) Last			(0) 00 0 00.100	quarios ory.							1		
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	requiras that the deeth o been signed by the attend hould be deteched for us	Physician	Part ii. Other significant conditi	lone contributing to	doath but not	reculting in the c	andorhilan on	no ch	on in Doct		22h Did	Itohaaaa		stellardo to th	ne cause of death	
	the sy the	hys				-			on air air	1.				la a	3-3-	
	that bed to	by P	CORONARAI	24 /17	2TERY	Bis	ISEASE				10	Yee 2	□ No	Probat	bly 4 ☐ Unknow	
	d be										24a Was	s an autor	DEV	24b. Ware	autopsy findings	
	v require been si should	ete										omed?	Jay	availa	able prior to pletion of cause	
	200	Idu									45			of de		
		Completed									10	Yas 2	No	1 🗆 Y	res 2□ No	
;	Physician: The I this certificate he ral director, page	Be (25. Was case referred to medica	Bi					26. Piace	of Deat	th (Check only	one)				
		To	examiner? 1 ☐ Yes 2 No	Hospitai:	Inpatient 2	ER/Outpatie	nt 3 DOA	Oth	er: 4 Nu	irsing Ho	oma 5 Ras	Idance	6 □Othe	er (Specify)		
	leath. leath. lor: After thi the funeral		27. Manner of Daath		e of Injury onth, Day Year	28b. Time o	f 280	. Injun			28d. Describe	-				
	Aft.	atio	1 Naturai 5 Pendi 2 Accident invest	ing (MC	riiri, Day rear) Injury	м		Yes 2	No						
	Attending r death.	Hice	3 ☐ Suicide 6 ☐ Could	mined 200. Pla	ce of injury - A	t home, farm, st	reet, factory,	office			28f. Location	(Street an	id Numbe	er or Rural R	loute Number,	
	Dir Oli	Certification:	4 Homicide	buil	ding, etc. (Spe	ecify)					City or To	wn, Stata	1)			
	To the Hospital or Atlending Is within 24 hours after death. To the Funeral Director: After completely filled in by the funeral completely filled in by the funer		29a. Certifier 1 Certifyi	ng Physician: To th	ne hest of my i	cnowledge dast	h occurred at	tha tim	na data an	d niace	and dua to the	Callea(e)	and ma	nner as etate	ad	
	Fun elely	edical	(Check only 2 Medical one)	Examiner: On the	basis of axam	ination and/or in	vestigation, in	my of	pinion, daa	th occur	red at the time.	, data and	piace, a	and dua to th	a cause(s)	
	the care	Me	29b. Signature and the of certific		inioi diatos.		29c. I	Icense	e number		Т	29d Dat	ta signed	(Month, Da	V Yearl	
	F ≯ F 8		bul 1				200.		3091				-11-9		,, , , , , , , , , , , , , , , , , , , ,	
								24	207/			6-	11-7	-		
			30. Name and address of person		use of daath (I	tem 23a) (Type,	Print)		A		Can	A			40	
				LOTAZ.				USI	- AVI	E	FRE	DERY	CIC	MI)	
	Sta	ate	31. Date filed (Month, Day, Year	32.	Registrar's Si	gnature										
	Regist	rar	AUG 1	2 1996	yella di	marior	Call.									



State of Maryland / Department of Health and Mental Hygiene Certificate of Death

Year

Frederick

4c. County of Death

25288

Physician /Medical **Examiner**

Brockley Dorsey 4e. Fecility Name (If not institution, give street and number)

Frederick Memorial Hospital

6. Sex XXM 2□ F

7. Age (In yrs. last birthday)
74 Yrs.

1. Decedent's Name (First, Middle, Last)

5. Social Security Number

217-16-2113

Usual Residence of Decedent

GILBERT, Jr.

2. Date of Death Month 1996 August 8,

4b. City, Town, or Location of Death

If Under 1 Year If Under 24 Hrs. 8, Date of Birth Months Deys Hours Min. Maryonth, 8ey,

Frederick

3. Time of Death 6:35 AM

9. Birthpiace (State or Foreign Count Maryland

Funeral

Director

the Maryland

Baltimore, Maryland 21215-0020

Phys /Me

To the Hospital or Attending Physician: The lew requiras that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and

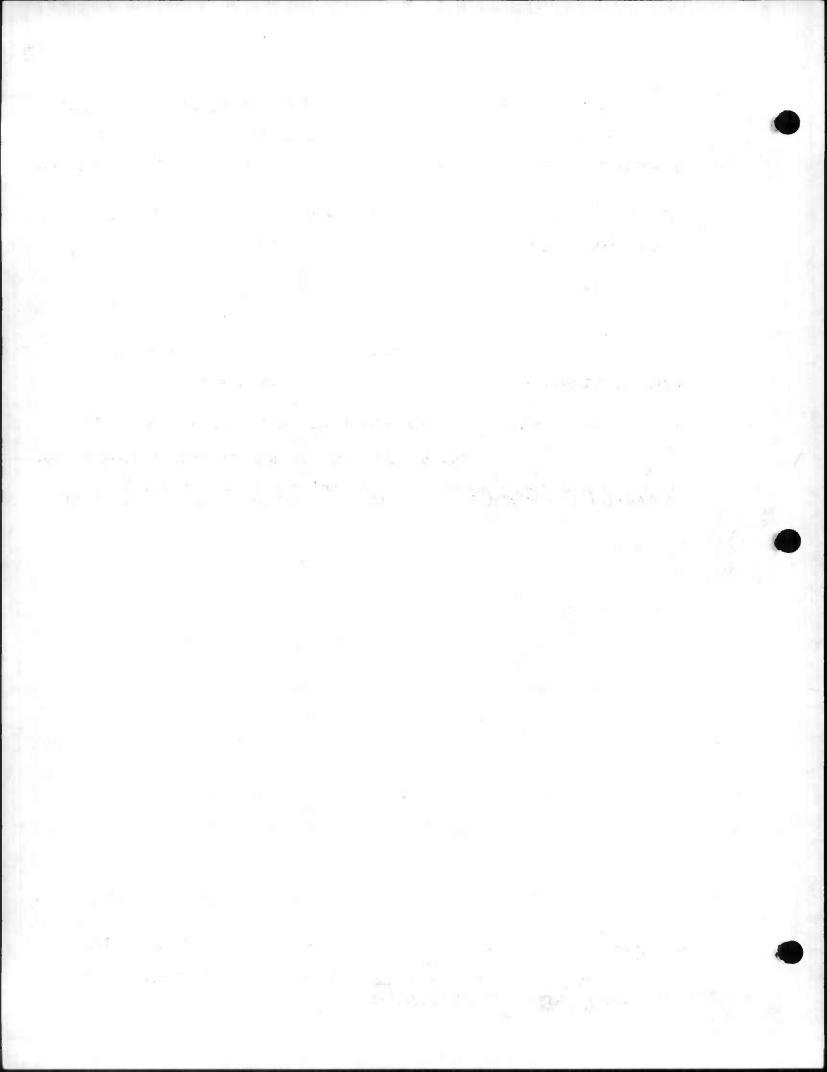
Division of Vital Records, P.O. Box 68760,

5	Maryland	10b. County Frede.	rick	10c. City, Town		derick				nside City Llmit			
Director	10e. Street and Num				10f. Zip	Code	21702	10g. Citizen of V	What Country?				
	0014 BI	encringe	L Noau				1702	U.S.A	Α.				
by Funeral	11. Marital Status 1 □ Never Marrie 3 □ Widowed		12. Was Decedent Armed Forces? 1 ☐ Yes 2 2 If Yes, Give Year or Dates:		13. Was Deced if Yes, spec	lent of Hispanic Origin? ify Cuben, Mexican, Puo 2 X No <i>Specify:</i>	(Specify Yes or No erto Rican, etc.)	o- 14. Rac Blac Specify	ce - American Inck, White, etc. White				
B		15. Decedent's Ed	ucation	16a.	Decedent's Usua	d Occupation		16b. Kind of Br	usiness/Industry				
Completed	(Speci	fy only highest green ndery (0-12)	de completed) College (1-4or 5	i+)	(Give kind of wor life. DO NOT us Mechani	k done during most of w e retired)	vorking	Auto re					
To Be C	17. Father's Name (in Dorsey B.		, Sr.			18. Mother's N	Name (First, Middle	, Maiden Sumam	-				
	19a. Informant's Ne			19b	. Mailing Address	(Street end Number or	Rural Route Numb	per. City or Town.	State. Zip Cod	e)			
	4 ☐ Donation 21 Signature of Fur	osition ☐ Cremetion 3 ☐ 5 ☐ Other (Specify neral Service Licens	Removel from State	20b. Place of cemeter Zion Lu	Disposition (Nemy, cremetory or of	Cemetery A d Address of Fecility	Dete	20c. Location -	City or Town, S	on, Md.			
ner	23a. P 1. Enter the shock, or heart shock, or	Final	a	Due to (or as a c	M = g	ast Church of dylng, such as card			Md. 21 Apprinter	701 roximate rval Between et end Death			
/Medical Examiner													
				ut not reculting in	the underlying or								
sician	Pert II. Other signific	cant conditions co	ntributing to death bi	Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute 1 Yes 2 10 3 P									
y Physician/Medical								Yes 20 No		cause of death			
2	ch.	-0110		nu oc y	416	1 robert	24a. Was	Yes 2 000	3 Probably 24b. Were et available complet of deeth	utopsy findings e prior to ion of cause			
completed by	_ Ch	-0916	1400	nu oc y	416	100 General	24a. Was perfo	Yes 2000 s an autopsyommed? Yes 28No	3 Probably 24b. Were et available complet of deeth	4 Unkno			
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To Be Completed by	25. Was case referree exeminer? 1 Yes 2 27. Manner of Death 1 Shatural 2 Accident	ed to medical	Jy on f	nt 2□EF/Out	tpetient 3 DO	9. yo 3	24a. Was perfo	Yes 2 No	3 Probably 24b. Were et available complet of deeth 1 Yes	utopsy findings e prior to ion of cause			
ertification: To Be Completed by	25. Was case referre exeminer? 1 Yes 2	ed to medical	Hospital: 1 hmpatie 28a. Date of injur (Month, Day	nt 2 ER/Out Year) 28b. T	tepetient 3 DO.	26. Piace of D A Other: 4 Nursing 3c. Injury at Work? 1 Yes 2 No	24a. Was perfo	Yes 2 No s an autopsy ormed? Yes 2 No one) idence 6 Othe how injury occurr	3 Probably 24b. Were et available complet of deeth 1 Pes eer (Specify)	4 ☐ Unknor utopsy findings e prior to ion of cause ? ; 2 ☐ No			
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ertification: To Be Completed by	25. Was case referre exeminer? 1 Yes 2 27. Manner of Death 1 Natural 2 Accident 3 Suicide 4 Homicide 29a. Certifier (Check only	ed to medical lo 5 Pending investigation 6 Could not be determined Certifying Phy Medical Exami	Hospital: 1 Impatie 28a. Date of injur (Month, Da) 28e. Place of Injuriding, etc. elician: To the best of ner: On the basis of	Int 2 ER/Out Y Year) 28b. T in ury - At home, fer . (Specify) of my knowledge, examination and	tpetient 3 DO. ime of njury M m, street, factory, deeth occurred a	26. Piace of D A Other: 4 Nursing 3c. Injury at Work? 1 Yes 2 No	24a. Was performed to the control of	Yes 2 No s an autopsy ormed? Yes 2 No one) idence 6 Oth how injury occurr (Street and Numb wn, State)	3 Probably 24b. Were et available complet of deeth 1 Yes er (Specify) red anner as steted, and due to the completed available completed for the complete of the complete for	4 ☐ Unknown utopsy findings e prior to ion of cause ? s 2 ☐ No			

Dr. P. Gregory Rausch MD 501 West Seventh Street, Frederick, Maryland 21701

State Registrar

31. Defe filed (Month, Dey, Xe



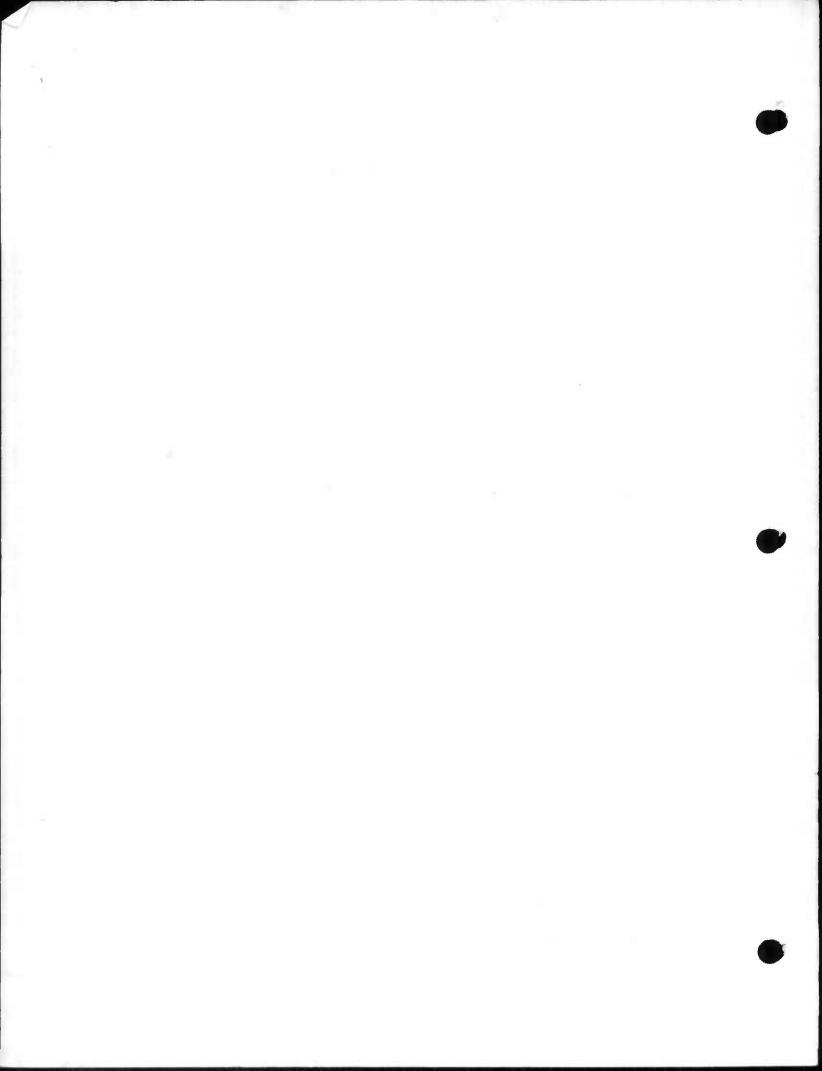
BALTIMORE, MARYLAND 21215-0020 for death. Page 6 may be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending I	DR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	leat
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STATE OF	MARYLAND /	DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
	CI	ERTIFICATE	0	F DEAT	H		BEG NO

	1. DECEDENT'S NAME (First, MI	fiddle, Last)			DEATH		REG. NO	DAY	YEAR	3. TIME OF DEATH			
	LAWRENCE Pau		GLEASON				igust 10		96	8:05P			
	4. SOCIAL SECURITY NUMBER 046-26-0404 Da. FACILITY NAME (If not institute)		1 💢 M 2 🗆 F	GE (In yrs. lest	YRS. MONT		IF UNDER 24 HRS. HOURS MIN.	No.	ATE OF BIRTH fonth, Day, Year) V. 25,	_	Count	_Conn.	
TOR	VA Maryland			stem		erry F	or location of t	DEATH			cil	DEATH	
DIRECTOR	Maryland	06. COUNT			10c. CITY, TOY		ATION				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 10736 Middle	boro	Drive			1 1	20872					what country? States	
BY	11. MARITAL STATUS 1 Never Married 2 Ma 3 Widowed 4 Divorce		12. WAS DECEDENT EVENT FORCES? 1 No VIEW IF YES, GIVE WAR OF 1953-1979	ES 2 NO	If yes, sp	CENDENT OF HISPA pecify Cuban, Maxic S 2 NO Spec	an, Pua		es or No-	14. RACI Black Speci	E — American Indian, k, White, alc. Hy: White		
LETED	(Specify only his Elementary/Secondary (0-12)	7	CATION completed) College (1-4 or 5 +)	(Giv	EDENT'S USUA e kind of work d Do NOT use retir	fone during m	ION lost of working		16b. KIND OF BI				
COMPL	12			Eng	ineer				Vitro		rati	lon	
	17. FATHER'S NAME (First, Middle William J. (on				18. MOTHER'S N			n Surname)			
BE	19e. INFORMANT'S NAME (Type		ason Catherine Walsh 19th. MAILING AGORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
10	190. INFORMANT'S NAME (Type/Print) 190. MAILING AGORESS (Street and Number or Bural Route Number, City or Town, State, Zip Code) Kazuko N. Gleason 10736 Middleboro Dr. Damascus, Maryland.												
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION /Name of OATE 20c. LOCATION - City of Town State												
	4 Donation 5 Donation of Other (Specify) Montgomery Crematorium Inc. 8/13 Bethesda, Maryland. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	21. SIGNATURE OF FUNERAL S	SERVICE LIC	CENSEE				L. Moles			ral H	ome	P. A.	
	Soll	<u>) u</u>	your	60		26401	Ridge R	oad	,Damasc	us Ma	ryla	ind 20872	
	IMMEDIATE CAUSE (Final		•	n esch line.	tti. Do not ei	nter tha mo	ode of dying, su	ch as c	cardlec or resp	olretory arre	eat,	Interval Bet Onset and E	
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	na, sta	BUE TO (OR A OUE TO (OR A	n esch line.	UENCE OF): SEASE UENCE OF):	nter tha mo	ode of dying, su	ch as c	ardiec or resp	olretory arre	eat,	Interval Bett Onset and D 48 Ho	
CAL CERTIFICATION	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	na, eta	DUE TO (OR A	AS A CONSEON S DIS S A CONSEON AS A CONSEON AS A CONSEON	JENCE OF): SCASC JENCE OF): JENCE OF):					N AUTOPSY		Approximate Interval Bets Onset and E 48 Ho 10 Ye.	
#	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	na, eta	DUE TO (OR A	AS A CONSEON S DIS S A CONSEON AS A CONSEON AS A CONSEON	JENCE OF): SCASC JENCE OF): JENCE OF):				. 24a. WAS AI	N AUTOPSY RMEO?		Interval Bett Onset and E 48 Ho 10 Ye WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?	
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Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				•	Certificate	e of Dea	th	Reg. No.	20 2.02.30	
	Physic /Medi Examir	cal	1. Decedent's Name (First, Middle, Last) Hence 4a. Fecility Nema (If not institution, give street end num.	y -	Hillia	4b. City	2. Dete Moni , Town, or Location of	of Deeth	3. Time of Death	
	Funeral Director		231-54-9663 15M 20F	Cemen Age (In yrs. last 78	t birthdey) If Under Yrs. Months	1 Year if Ur Deys Hou	ecin M(der 24 Hrs. 8. Dete irs Min. Moni	of Birth h, Day, Year)	9. Birthplece (State or Foreign Country) NC	
	the Marylend 28a-f show	Director	Usual Residence of Decedent	10c. City, T	Town or Location BERLIN 10f. Zip (Codo	,	100 000000 01	10d. Inside City Limits 1 Yes 2 No	
50	72 hours efter deeth with the Marylend "natural", or items 23s or 28s-f show ideal Examiner must be notified at	Funeral	11. Maritel Stetus 12. Wes Deced Armed Force 1 Never Merried 2 Merried I Yes Set		13. Was Decede	218	Origin? (Specify Yes icen, Puerto Rican, et		SA ce - American Indian, ck, White, etc.	
21215-0020	.5	Completed by	3 Widowed 4 □ Divorced Yeer or Det 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4)	es: 4or 5+)	16a. Decedent's Usuel (Give kind of work life. DO NOT use	Occupation k done during of retired)	most of working	16b, Kind of B	White uslness/Industry	
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Baltimore,	permit. Peg Depertment Important: I any Injury o		4 □ Donetion 5 □ Other (Specify) 21. Signeture of Funeral Service Licensee A. Fat	ome, PO Box						
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x 68760,	certificate be executed nding physician and use as the buriel-transit	/Medical Examiner	Sequentially list conditions,	Due to (or es	s e consequence of): s e consequence of): VC +CC	n bal	ance		dezg dezg.	
P.O. Box	es thet tha death cei igned by the ettandir be datached for use	/ Physician/	Part II. Other significant conditions contributing to dea	th but not resultin	ng in the underlying ca	use given in P	ert I. 23b	23b. Did tobacco use contribute to the cause 1 Yes 2 No. 3 Probably 4		
of Vital Records,	has been a pe 2 should	Completed by					246.	Wes an eutopsy performed?	24b. Were eutopsy findings aveilable prior to completion of cause of death?	
of Vital	ysician: is certific director,	To Be	25. Wes cese referred to medical exeminer? 1 Yes 2 No Hospitel: 1 In Ing. 27. Menner of Death 28a. Date of Menth		VOutpatient 3 DOA	Other:	lece of Deeth (Check		ner (Specify) Refryuncia red	
Division	To the Hospital or Attending Ph Within 24 hours eftar deeth. To the Funeral Director: After th completaly filled in by the funeral	Certification:	2 Accident investigation 3 Suicide 6 Could not be detarmined 28e. Piece of building	Injury - At home , atc. (Specify)	M 1 ☐ Yes 2 ☐ No 16					
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	,	25	30. Name and eddress of person who completed ceuse Ni CHOLAS	of daeth (item 23		287 m.R		1 811	×176	
	Sta Registr			Ilstrer's Signeture						

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				Cei	rtificate o	f Death	R	eg. No.	, 20	4 2 1	
Dharais	•	1. Decedant's Nama (First, Middla, Last)				2. Data of Dea Month	th	3. Tir	ma of Death	
Physici /Medi		Ona M	learl earl	Jackso	n		August	13,1996	(9:14AM	
Exami		4a. Facility Nama (If not Institution, giva	street and number)			4b. City, Town, or	Location of Death	4c. County of	f Death		
		St. Mary's Nur	sing Center			Leonardt	own	St.	Mary's		
Funeral Director		5. Social Security Number 6. Se 217–24–0806 15 Usuai Rasidance of Dacedant	7. Aga (In yrs	: last birthday) Yrs.	if Under 1 Yas Months Day	ar If Under 24 Hrs s Hours Min		Year)	9. Birthplaca (St Country) West Vii	rginia	
Marylend F show	tor	10a. Stata 10b. County Maryland Prince G		ity, Town or Lo Hyattsv		† :				de City Limits Yas 2 No	
h with the	ai Director	10e. Street and Number 7022 Freeport S			10f. Zip Code	784	1	0g. Citizan of Wh	of What Country?		
s 1 and 2 should be filed within 72 hours after deeth with the Manyland if Heelth and Mental Hygiene. Item 27 Is marked other than "natural", or itema 23s or 28a-f show other traumatic event, the Medical Examiner must be notified at	by Funeral	11. Marital Status 1 Navar Marriad 2 Married 7 Widowed 4 Divorced	12. Was Decedant Evar in Armed Forcas? 1 Yas 2 No If Yas, Giva Yaar or Datas:		Was Dacedant of If Yas, specify Cu 1 ☐ Yas 2∑ N	f Hispanic Origin? (Suban, Maxican, Puar o <i>Specify:</i>	Specify Yas or No- to Rican, atc.)		- Amarican India , Whita, atc. White	in,	
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2 should be filed within 72 hours and Mental Hygiene. Is marked other than "natural", aumatic event, the Medical Exa	Completed	Eiamantary/Secondary (0-12)	College (1-4or 5+) N/A		<i>DO NOT usa reti</i> nier/Bool	na during most of wa red) kkeeper	í	Naval R	esearch	Lab.	
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/Medicai Examiner	J	immediata Causa (Final diseasa or condition rasulting in death)	a. Mitast Duato	(or as a consec	quanca of):	ma			47	Carr	
uted J ansit	Examiner		mainst						سرا	いま	
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the at	Physician/	Part ii. Other significant conditions con	ntributing to death but not re	sulting in tha u	ndarlying causa	givan in Part I.	23b. Dld to	bacco uss cont	ributs to the ca	use of death?	
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vithir To th comp	Me	29b. Signatura and title of certifiar			29c. Lica	nsa number	2	9d. Data signed	(Month, Day, Ye	er)	
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		30. Nama and eddress of person who co	ompleted cause of deeth (ite	mi zse) (Туре,	erint)	C	1.4	MJ	20610		
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1. Decederal Name First Addition, give stand and part of the p						Cei	tificat	e of	Death		R	eg. No.		6.0	C 1 C
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\$. Scotal Southly Number 12 - 80 - 74.6 Substitution Substit	LAMINITE		Golden Age Gues	t Home					Sykaes	71114	0				
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State of Maryland / Department of Health and Mental Hygiene

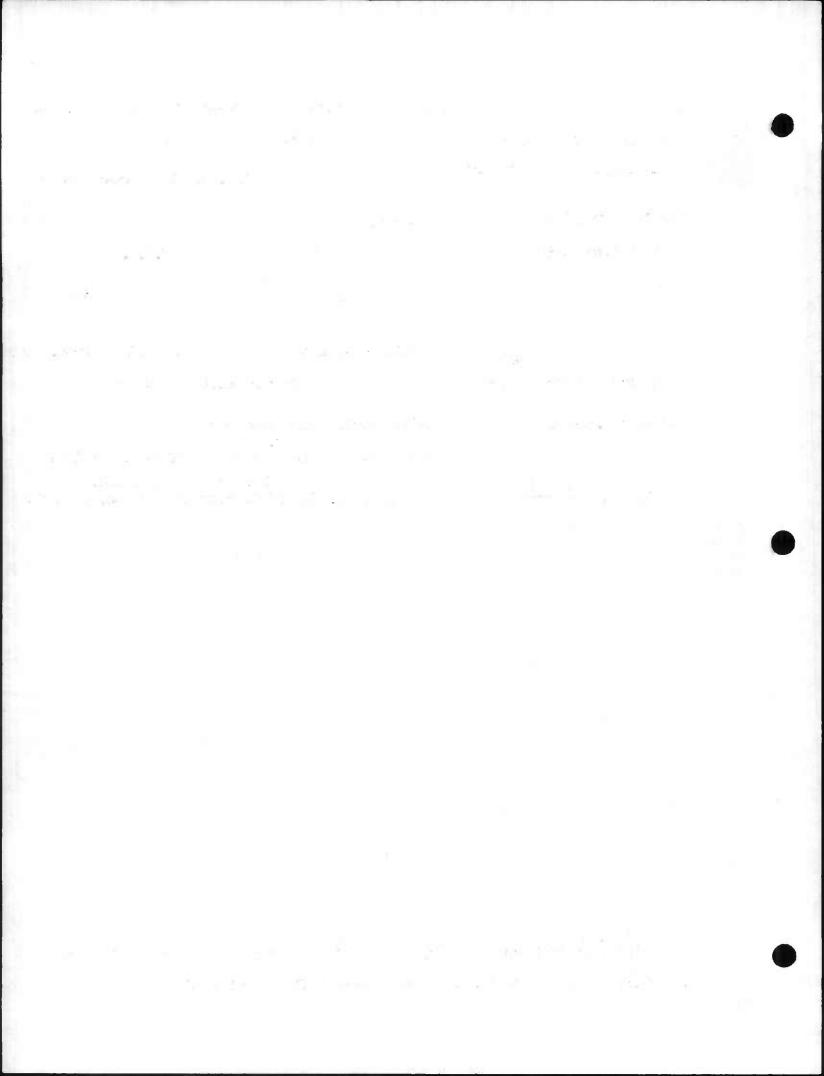
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			Certificate of Death Reg. No.													
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	Funeral Director		5. Sociel Security Number 6. 212-54-7081	Sex 1 M 2 F	7. Age (In yrs. 9			Yeer		24 Hrs. Min.	Pring 8. Dete of Bir (Month, Detection 1) Feb. 1	th	9. Birthi Cou Mar	plece (Stete or Foreigr ntry) 'y Land		
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	the the	Director	10e. Street end Number	,			10f. Zip C				1	10g. Citizen of	What Cou	ntn/?		
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State of Maryland / Department of Health and Mental Hygiene

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an	2 d d 2	Be	Richard Her	,	nham						Marie		,	đ		
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Maryland	s 1 and 2 should f Heelth and Mer tem 27 is marks other trsumatic		19a. informant's Name/Relations								a <i>l Rou</i> ta Num <i>be</i> -			p Code)		
d)	Heelth and 27 learn 2		Richard H. Lar	nam		9450 20b. Place of Dis					burg MD					
0	ges 1 a 1 of Her If Nem or othe		20e. Mathod of Disposition XXX Buriai 2 Cramation	3 □Removai fron	- Chat-	camatary, o	rematory or	othar pla		1			ion - City or T	0		
E	Bant:		4 Donation 5 Other (S			Trinity	Memor	ıal	Garde	ns 1	996	Wald	orf, M	aryland	1	
Baltimore,	permit. Pages 1 Department of He Important: If the any injury or ot once.		21. Signeture of Funarai Sarvice	Licensee			22. Name e	nd Addra	ss of Facili	ity Le	e Funer	al Ho	me. In	C.		
•••	89 5 2 8		21. Signeture of Funaral Sarvice Licensee 22. Name end Addrass of Facility Lee Funeral Home, Inc. 6633 Old Alexandria Ferry Rd Clinton, Md 20735													
			23a. Partt. Enter the disease, or	complications that	caused tha	deeth. Do not					_			Approximata		
8	Physician		shock, or haert fallura. List	only ona causa on	aach iina.								į	intarvai Betw Onset end D		
	/Medical		immediate Causa (Finai	ri	11	INIAA	TU	FO	A	00	11/11	DE	į	75	0	
	Examiner		disaasa or condition rasulting in daath)	a E U		110110	1 7	Cr	711	CF	AILU	100	i	12		
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	oted sunsit	Examiner		b			- 1		101	~	101	101	1/1	DH 1-	۷	
-	and and	Exa	Sequantially list conditions, if eny, laading to immediata causa. Entar Underlying Ceuse (Disaase or injury	Dua to (or as e consequanca of):												
68760,	certificate be executed nding physician and use as the buriel-transit		Ceuse (Disaase or injury													
88	phy s the	Medical	that initiated events rasulting in death) Last Dua to (or as e consequance of):										i			
×	certii ding			d									1			
Box	that the death certifice ned by the attending ph detached for use as t	Physician														
0	the d	ys	Part ii. Other eignificant condition					causa giv	en in Part	i.	23b. Did te			to the cause of	f death?	
P.0	that the detail		BIPO	-AR	013	SORD	ER				101	08 2	yo 3□ Pro	bably 4 U	Jnknown	
of Vital Records,	8 52	d by												to an annual of the	4	
0	v requires been sign should be	etec									24a. Was a partor		an an	/ara autopsy fir valiable prior to ompletion of ca)	
ec	N 2 S	du du												death?	iusa	
H	The law ate has t page 2 s	Completed									1 🗆 Y	as 32 N	lo 1	□Yas 2□N	No	
ita	iclan: The certificate rector, pag	Be (25. Was casa rafarrad to medical axaminar?						28. Place	a of Death	n (Check only or	na)				
>	5 00 0	2	1 Yes 21 No	Hospital:	Linpatient	2 ER/Outpat	ient 3 D	OA Oth	er: 4 N	ursing Ho	ma 5 Rasid	anca 8 🗆	Othar (Speci	fy)		
	g Physer this nerel d		27. Mannar of Death	28a. Deta		28b. Time	of	28c. Injur Wor	y at		28d. Dascribe h	ow Injury o	ccurred			
Division	Attending or death. actor: After by the fune	atlo	1 Natural 5 ☐ Pandin 2 ☐ Accidant investi	8	mi, Day 16	ar) injun	М		Yas 2	No						
Vis.	Attendi r death. ector: A by the f	HC	3 Suicida 6 Could a	ined 288. Plec	e of Injury -	At homa, farm,	street, fector	y, office			28f. Location (S		lumber or Rur	al Routa Numb	oer,	
ā	D State	Certification:	4 ☐ Homicida	buik	ding, atc. (S	(pecify)					City or Tow	n, Stata)				
	Hospital 24 hours Funeral stely filled		29a. Certifier 1 Certifyin	g Physician: To th	e best of my	v knowledge, de	eth occurred	at tha tin	na. data ar	nd place.	end due to the c	ausa(s) and	d mannar es	stated.		
		edical		Examinar: On the I	basis of exa	mination and/or	Invastigation	, In my o	plnion, das	th occurr	ed at tha tima, d	lata end pla	aca, and dua	to the causa(s)		
	within To the	Me	29b. Signatura and title of certifie				29	c. Licens	a number		2	9d. Data si	igned (Month,	Day, Year)		
	⊢ s ⊢ ö		1	xc1	7	MA		_		01		_	-/3-			
			person	Suran	~	110		9 6	-96	46		O	15	16		
			30. Name and dddrass of parson						7 774		1 1 1 2	V. 1 -				
			Joel Sewchand, MD. 31. Data filed (Month, Day, Year)						La Plat	ta, Ma	ryland 20	1046				
	Sta		AIIC.	1 5 1996	He July	a gransles	Rarda	u								
	Registr	ai	Aou	T 0 1000	1											



State of Maryland / Department of Health and Mental Hygiene

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				Ce	rtificate o	f Death	F	Reg. No.		
Physici /Medi		1. Decedant's Nama (First, Middle, Landra MM)	abel Lasher	c	•		2. Data of Dae Month		Year 9 G	3. Tima of Death
/Medic Examir		4a. Facility Nama (If not institution, give University of Man	a street and number)	Sygrem		4b. City, Town, or BALTI Ime	Location of Death	4c. County		
Funeral Director		5. Social Security Number 6. S 215–44–7035 Usual Rasidance of Decadant	ex 7. Aga (In y □ M 220 F 50	Yrs. last birthday)	If Undar 1 Ya	ar If Undar 24 Hrs.	8. Data of Birti	h v, <i>Year</i>)	9. Birthp	placa (Stata or Foraig htry) yland
death with the Maryland rms 23a or 28a-f show	Director	10a. Stata 10b. County Maryland Caroline		City, Town or Lo						0d. Insida City Llmite 1 ☐ Yas 24☐ No
s after death with ti , or Items 23a or 2	by Funeral Dire	10e. Street and Number 26966 Anthony Mil 11. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Dacedant Evar in Armed Forcas? 1 ☐ Yas 2 ☐ No If Yas, Giva		10f. Zip Code 216 Was Decedant of Yas, specify Ci	29 of Hispanic Origin? (S uban, Maxican, Puart		Specif	ce - Americ ck, White,	can Indian, atc.
d within 72 hours affigiene. prent then "natural", or the Medical Exercity		15. Decedant's Ec (Specify only highast gra	Yaar or Datas: ucation da completed)	(Giva	dant's Usual Occ kind of work dor DO NOT usa reti	na during most of wor	Caucasian 16b. Kind of Businass/Industry			
d 2 should be filed within 72 hours after the and Mental Hygiena. It is marked other than "natural", or fie treumatic event, the Medical Examine.	Be Completed	Elementery/Secondery (0-12) 12 HS grad. 17. Fathar's Nama (First, Middla, Last)	College (1-4or 5+)		Iomemake	r	ma (First, Middla,	Ho Maiden Suman		
Ment Ment arked	2	John Co.	rkell, Sr.			Ida Lou	ise Tho	mas		
d 2 should th and Mer 7 is marke trsumatic		19a. Informant's Name/Ralationship (Type, Print)	19b. Malli	ng Address (Stre	eet and Number or Ru	ural Routa Numbe	er, City or Town,	Stata, Zip	Code)
1 and 2 Health am 27 I		Edward M. Lasher	Husband			ny Mill Ro			-	
Pages nent of ant: If it ury or o		20a. Mathod of Disposition 1 ☑Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify) I	Denton C	esition (Nama of matory or other p emetery		8/8/96	Denton		
permit. Departr Importe any inji		23a. Part 1. Enter the diseases, or com shook, or heart failure. List only	y Now	4	12 Sout	uneral Hor h Second S	Street,	Denton,	Mary	1and 2162 Approximate Interval Batween
Physician /Medical Examiner	ner	Immediata Causa (Final disease or condition rasulting in deeth)	a. INTRA COR	o (or as a consec	fuence of):	1765				Onset and Death 4 week
requires that the death certificate be axecuted een signed by the attending physician and hould be detached for use as the bunal-transit	Medical Examiner	Sequentially list conditions, if any, leading to immadiata causa. Enter Underlying Causa (Disaasa or Injury that Initiated events rasulting in daath) Last	b. Arteris: Ve Dua to	o (or as a consec						4.11
eath certifica attending ph	clan/		d				1			
ires that the death signed by the atter I be detached for t	/ Physi	Part II. Other significant conditions of	ontributing to death but not	rasulting in tha u	ndarlying causa	given In Part I.				the cause of death
8 % S S	Completed by Physician	Happen Ter +130/					24a. Was perfor	an autopsy rmed?	av co	ara autopsy findings ailable prior to mpletion of cause death?
							1 D Y	ras 2□No	1[☐ Yas 2☐ No
ysician: The s cartificate director, pag	Be	25. Was casa rafarrad to medical axaminar?	Hospitai:			Other	eth (Check only o			
this ai di	atlon: To	1 Yas 2 No 27. Mennar of Death 1 Natural 5 Pending 2 Accidant invastigation	28a. Data of Injury (Month, Day Year	28b. Tima o	f 28c. In	4LI Nuising F	toma 5 ☐ Rasid			y)
To the Hospital or Attending F within 24 hours after death. To the Funeral Director: After completely filled in by the funer	Certification:	3 Suicida 6 Could not be detarmined	ce ·	28f. Location (5 City or Tox	Streat and Numb vn, Stata)	ber or Rurs	al Routa Number,			
To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edical	29a. Certifiar (Check only one) Check only 2 ☐ Medical Example 1	ysician: To the best of my inter: On the basis of exam and manner stated.	knowledga, daati ination and/or in	n occurred at that vastigation, in m	tima, data and place y opinion, daath occu	, and dua to tha durred at tha tima,	causa(s) and modata and piace,	enner as s and dua to	tated. the cause(s)
To the To the Common	X	29b. Signatura and titla of certifiar	g my			insa number 643 55 857>		29d. Data signe		Day, Year)
		30. Nema and eddrass of person who of DATIO SHAZ,	complated causa of daath (I	item 23e) (Type,	Print) BAUTI	more mp				
Sta Registr		31. Data filed (Month, Day, Year)	32. Registrar's Si	gnature Aandels	2	more mp				

ATE THE PERSON NAMED IN e Pari

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2. Data of Death 3. Time of Death

Physician
/Medicat
Examiner

Usual Rasidance of Dacedant

103 Main Street

Nevar Married 2 Married

10a. Stata

Maryland

11. Maritai Status

10e. Street and Number

Directo

Funeral

þ

Completed

Be

2

Month Aug. 4b. City, Town, or Location of Death 1996 6:25 P.M.

Funeral

Director

permit. Peges 1 and 2 should be filed within 72 hours efter death with the Meryland Department of Health end Mental Hygiene. Important: If Item 27 is merked other than "natural", or thams 23a or 23a-1 show any injury or other traumatic event, the Medical Examinat must be notified at other.

altimore, Maryland 21215-0020

Physician /Medical Examiner

Physician/Medical Examiner attending physician and for use es the burial-transit signed by the a d be deteched f ģ Completed Deen page 2 After this certificate hes funeral director, Be P Certification: e Hospital or Attanding P n 24 hours efter deeth. e Funeral Director: After to bletely filled in by the funeral

lew requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760,

1. Decedent's Nama (First, Middla, Last) CHARLES WILLIAM LENESKIE 4a. Facility Nama (If not institution, giva street and number) Frederick Health Care Center 6. Sax 1 ☐ M 2 ☐ F 189-32-3977

Frederick

If Undar 1 Yaar 7. Aga (In yrs. last birthday) Months Davs 59

Frederick If Undar 24 Hrs. Hours

Frederick 8. Data of Birth (Month, Day, Year) 9. Birthplace (Stata or Foreign Aug. 16, 1936 Pennsylvania

4c. County of Death

10d. Insida City Limits 10c. City, Town or Location Yas 2 No Woodsboro 10g. Citizan of What Country? 10f. Zip Coda

21798 12. Was Dacedant Evar In U,S. Armed Forces? 1 ☐ Yas 2 No If Yas, Giva Yaar or Datas:

 Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 1 Yas 2 No

14. Race - Amarican Indian, Biack, Whita, atc. Specify: White

U.S.A.

Morgantown, WV

3 Widowed 4 Divorced 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) Elementary/Secondary (0-12) Collega (1-4or 5+) 8

16b. Kind of Business/Industry General Laborer Coal Mines

17. Fathar's Nama (First, Middla, Last) Charles Leneskie

18. Mothar's Nama (First, Middla, Maidan Sumama)

Bertha Sandor 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda)

eath. Do not entar tha mode of dying, such as cardiac or respiratory arrest,

Barbara Leneski/Sister 20a. Mathod of Disposition 1 ☐ Buriai 2 ☐ Cramation 3 ☐ Ramoval from Stata

11436 Whiskey Springs, Woodsboro, Maryland 21798 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata Data

8/7

Omega Crematory

ROBERT E. DATLEY & SON FUNERAL HOMES, P.A. 1201 NORTH MARKET ST. FREDERICK, MARYLAND 21701

Immediata Causa (Final disaasa or condition rasulting In daath)

19a. Informant's Name/Ralationship (Type, Print)

4 ☐ Donation 5 ☐ Othar (Specify)

Dua to (or as a consequance of):

Dua to (or as a consequence of): Dua to (or as a consequence of)

Approximata Intarval Between Onset and Death Raus

23b. Did tobacco use contribute to the cause of death?

1 Yes 2 No 24a. Was an autopsy

24b. Wara autopsy findings available prior to completion of cause of death?

3 Probably 4 Unknown

1 ☐ Yas 20 No 26. Placa of Daath (Check only ona)

1 ☐ Yas 2 ☐ No

25.		rafarred to medical	
	axaminar?		
	1 ☐ Yas	2 3 147	

Sequantially list conditions, if any, laading to Immadiata causa. Entar Undarlying Causa (Disaase or Injury that initiated avants rasulting in daath) Last

5 Panding Invastigation

6 Could not be datarmined

1 Inpatiant 28a. Data of Injury (Month, Day Year)

Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

2 ER/Outpatient 3 DOA 28b. Tima of Injury

28a. Placa of Injury - At homa, farm, streat, factory, office building, atc. (Specify)

28c. tnjury at Work? 1 Yas 2 No

Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 28d. Dascribe how Injury occurred

281. Location (Street and Number or Rural Routa Number, City or Town, Stata)

29a. Certifiar (Check only one)

27. Mannar of Daath

1 Natural

2 Accident 3 Sulcida

4 Homicide

1 🕒 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and title of certifie

29c. Licansa number

29d. Data signed (Month, Day, Year) August 6, 1996

30. Name and address of earson who complated causa of death (Itam 23a) (Type, Print)

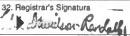
Hospital:

William H. Johnson, 11717 Old National Pike, New Market, Maryland 21774

State Registrar

Medical

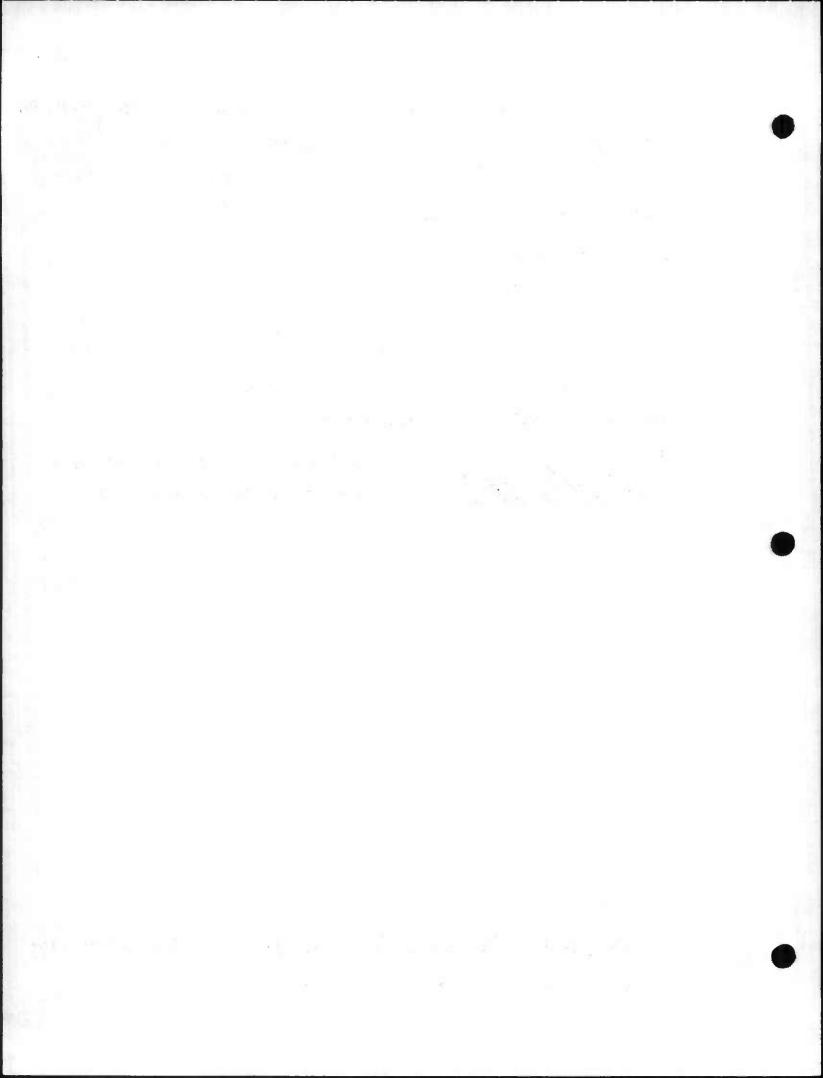
31. Data filed (Month, Day, Year)



To the Hosp within 24 ho To the Fune completely f

State of Maryland / Department of Health and Mental Hygiene 96

						Certificate of	Death	F	leg. No.		
	12		1. Decedent's Neme (First, Middle, La	est)				2. Dete of Dee Month		V	3. Time of Death
	Physici Medio/		Harry	Olin	La	ne		August	Dey 1	9 9 6	9:41 Am,
	Examir		4e. Fecility Neme (If not institution, gh	ve street end number)			4b. City, Town, or	Location of Deeth	4c. County	of Deeth	
			3651 Chaneyville	e Road			Cwings		Calve		
	Funeral Director			Sex 7. Age 1⊋M 2□F 90	(In yrs. lest birt	thday) if Under 1 Year Months Deys			1, 1905	9. Birthp Coun	lece (Stete or Foreign try) MD
	Pue Mc		10a. Stete 10b. County		10c. City, Town	or Location				1	0d. inside City Limits
	he Mery 28a-f sh outlied	Director	MD Calvert		Owing						1 ☐ Yes 2 No
	ath with 1 23a or 3	rai Dir	3651 Chaneyville	_			736		USA		
21215-0020	filed within 72 hours after death with the Meryland Hygiene. ther than "natural", or frems 23s or 28s-f show ent, the Med cel Examiner must be notified at	by Funeral	11. Maritel Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorcad	12. Wes Decedent E Armed Forces? 1 N Yes 2 N If Yes, Give Yeer or Detes:		13. Wes Decedent of If Yes, specify Cul		pecify Yes or No- to Rican, etc.)		e - Americ ck, White, w	
5-	"natural",	Completed	15. Decedent's E (Specify only highest gr		16e.	Decedent's Usuei Occu (Give kind of work done	during most of wo	rking	16b. Kind of B	usiness/Inc	dustry
121	yithin han	ПP	Elementery/Secondery (0-12)	College (1-4or 5-	·) Fa	`life. DO NOT use retin LIMEL	ed)		Agr	icult	ture
	iled v ther t		10 17. Fether's Neme (First, Middle, Last	33			19 Mothor's Ne	me (First, Middle,			
and	d be f	Be C	Harry Vinton	Blake La	no		Ella		cknall	10)	
Maryland	2 should be filed within and Mental Hygiene. Is marked other than aumatic event, the Mental Control of the Mental Control of the Mental Control of the Mental Control of the Mental Control of the Mental of the Men	T _o	19e. informent's Neme/Reletionship			Meiling Address (Stree				State Zin	Code)
	s 1 and 2 should be filed within 72 hr f Health and Mental Hygiene. Item 27 is marked other than "natur other traumatic event, the Medical		Genevieve A. Lane			ame as 10			, ony or ronn,	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
Baltimore,			20e. Method of Disposition Disposition Committee 2 Cremetion 3 Disposition		cemeter	Disposition (Name of y, cremetory or other plants) TMONY UM C	,	Dete Aug. 10,	20c. Location -		
altir	permit. Pege Department of Important: If any Injury or once.	H	4 Donetion 5 Other (Speci 21. Signature of Funeral Service Sce		Pic. Ha	22. Name end Addr		Aug. 10,	1990	OWII	ngs, MD
Ö	Deparimbon any ir		Mr. Makes	Mark	2		Funeral H		ings, M	D 20	0736
			23a Per 1. Enter the diseese, or com shock, or heart feilure. List only	pilcetions in caused i one ceuse on each line	he deeth. Do n e.	ot enter the mode of dy	ring, such es cardie	c or respiretory err	rest, .		Approximate interval Between Onset and Deeth
\mathcal{I}	Physician / /Medicai		immediete Cause (Finei	Pneu	mann'	C					^
	Examiner		disease or condition resulting in death)	e. /(CD(Junto (or or o	onequipped of:		1		i	Days
Н		ner		Core	bruva	consequence of):	teciden	A		1	Dans
	acutex ind trens	Examiner	Sequentially list conditions,			onsequence of):	4				
68760,	cian a		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury	c							
387	physic the t	Medical	thet initieted events resulting in death) Lest	D	ue to (or es e c	onsequence of):					
Box 6	seth certificate be executed ettending physician and for use es the buriel-trensit		· ·	d							
	deeth e ette d for	icia	Pert ii. Other aignificant conditions of	contributing to death but	not resulting in	the underlying cause of	iven in Pert i	23h. Did te	obacco use co	ntribute to	the cause of death?
P.0	that the deeth cer ed by the ettendin deteched for use	Physician/	Gastoesophage	1 - 04	_	A	THE STATE OF THE S	1 🗆 Y		3 Prof	
	es tha igned be del		Chromic Obst	1 1	umor		ale				
of Vital Records,	lew requires that the deeth certificate be executed les been signed by the ettending physician and s 2 should be deteched for use es the buriel-trensit	Completed by	Arterioscleroti	? Carela	vascu	Jan Dise	ase	24a. Wes e perfor		CO	ere eutopsy findings milable prior to mpletion of cause deeth?
Ä	The lew ate hes page 2	ĕ						1 🗆 Y	es 2 No	10	Yes 2□No
ita	ysician: The last certificate he director, page	Be (25. Wes case referred to medical examiner?				28. Place of De	eth (Check only or	ne)		
7	Physician: this certific ral director,	2	1 ☐ Yes 2 No	Hospitei: 1 Inpatien	t 2 ER/Out	petient 3L DOA		lome 5 Resid	ence 8 Oth	er (Specif	v)
	F fee	e ::	27. Menner of Deeth 1. Neturei 5 ☐ Pending	28a. Dete of injury (Month, Dey	Year) 28b. T	njury W		28d. Describe h	ow injury occur	red	
Sio	Attending or death. ector: After by the fune	cati	2 Accident Investigatio	Α			Yes 2 No	001 1			10.
Division	or Attendi efter death. Director: A I in by the f	Certification:	4 ☐ Homicide determined	building, etc.		rm, street, fectory, office		28f. Location (S City or Tow		er or mure	r Houte Number,
Ī	To the Hospital of within 24 hours of To the Funeral D completely filled it	edical C	29a. Certifier (Check only one) Certifying Properties of Medical Examples of Certifying Properties of Certifying Propert	nysicien: To the best of niner: On the basis of and menner state	xaminetion end	, deeth occurred et the t Vor investigetion, in my	time, dete end piece opinion, deeth occu	a, end due to the curred et the time, d	euse(s) and me lete end piece,	enner as st and due to	ated. the cause(s)
	within To the	Me	29b. Signeture end title of certifier	0 0+		29c. Licer	nse number	2	29d. Date signe	d (Month,	Dey, Year)
	3+1		Derald	1. Ster	nth (item 52-) 5	MD D	17245	•	Ango	ust	7, 1996
	- 1		30. Name and address of person who	Sterner	M, C	Type, Frint)	pmmas	Md	200	36	
	Sta		31. Dete filed (Month, Dey, Year)	32. Registrer	's Signeture	4.4					
	Registr	ar	AUG - 8 199	6 7.1.	edusi-Rard	all					



State of Maryland / Department of Health and Mental Hygiene 96

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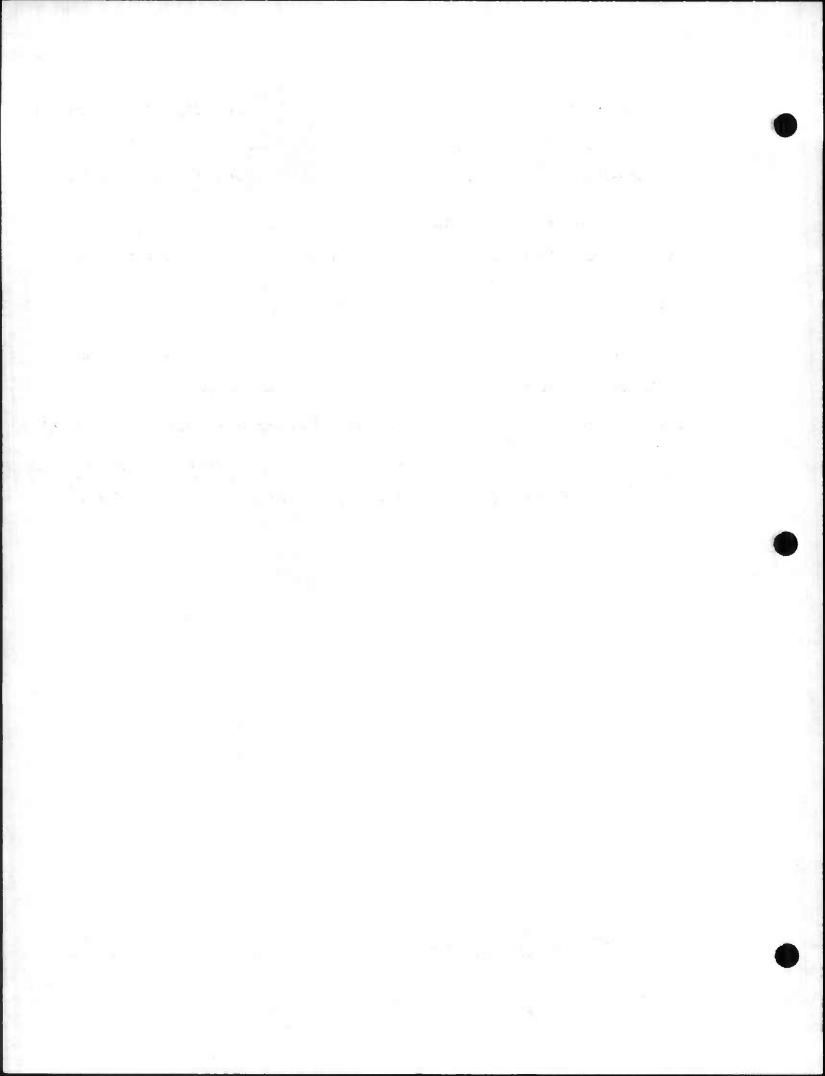
						Cer	rtificate d	of L	Death		Reg. I	No.			
			1. Decedent's Name (First, Middle, La	est)						2. Date of Month	Death		Vana	3. Tim	e of Death
	Physic /Medi		JAMES ROBERT	LONG						July		9, 1	996	5:46	6 PM
}	Exami		4a. Facility Name (If not institution, given	re street and number)		_		41	b. City, Town,	or Location of D		4c. County			
			Northampton Nurs	sing Home]	Frederi	.ck		Fred	eric	k	
	Funeral				(In yrs. last		If Under 1 You Months Da	eer ays	If Under 24 H	in. (Month,	Birth Dey, Yea	ar)	9. Birth	plece (Sta	te or Foreign
	Director			XM 2DF	71	Yrs.				July	13,	1925	Pen	nsy1	vania
	and w		Usual Residence of Decedent 10a. State 10b, County		10c. City, To	own or Lo	cation							10d. Insid	e City Limits
	f she	0	Maryland Freder	rick	Free	derio	ck								res 2□ No
	the the	Director	10e. Street and Number				10f. Zip Coo	de			10a. (Citizen of V	What Cour	ntry?	
	3a or	Ö	200 East 16th St	reet				701	1				U.S.		
	me 2	Funeral	11. Marital Status	12. Was Decedent E	ver in U,S.	13. V	Wes Decedent	of His	spanic Origin?	(Specify Yes or	No-	14. Rec	e - Americ	can Indian	١,
0	or he		1 ☐ Never Married 2 ☐ Married	Armed Forces? 1 X Yes 2 N If Yes, Give N	0 11 T T					erto Rican, etc.)			ck, White,	etc.	
00	J within 72 hours efter death with the Manyland jene. r than "natural", or items 23a or 28a-f show the Madical Examiner must be notified at	d by	3 ☐ Widowed 4 🏋 Divorced	Yeer or Detes:	WII		1□Yes 2囚(NO	Specify.			Specify	Whi	te	
5-	72 h	Completed	15. Decedent's E (Specify only highest gre		16	(Give	ient's Usuel Ocklind of work do	one d	uring most of v	vorking	16b.	Kind of B	usiness/In	dustry	
12	within	E	Elamantary/Secondary (0-12)	College (1-4or 5-			DO NOT use re	,							
d 2	THE R. LEWIS CO., LANSING, MICH.		12 17. Fether's Neme (First, Middle, Last)		venet	ian Bl			rman Name (First, Mid		elf E		yed	
Maryland 21215-0020	o d o	Be C	Samuel Long	,						d Unkno		en ouman	10)		
2	12 should be and Mentel 1s marked or raumatic eve	2	19a. Informant's Name/Relationship (Type. Print1	1	9b. Mailin	na Address (St	reet a		Rural Route Nu		v or Town	State Zir	Code)	
			Leonard Jacobs/Fi							Frederi				,	
ē,	of Heeith of Heeith item 27 I		20a. Method of Disposition		20b. Place	of Dispo	sition (Name o	of	1	Dete	20c.	Location -	City or To	own, State	9
E O	Pages nent of h ant: If its		1 Burial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specif				Veter:		•	8/1	Cui	mber1	and,	Mary	land
Baltimore,	permit. Pages Department of Important: If i any Injury or patte		21. Signature of Funeral Service Lice	1 1	. /					& SON F	IINED	A.T. 110	VEC	D 4	
œ	8855		Tobert (Haile	WAN	1.2	OL MOR	• L	MADKET	ST., F	DEDE	AL HU	MES,	21701	
			23s. Part1. Enter the disease, or com- shock of heart fellors. List only	prications the caused	he seth. D							KI OK,	TID .	Approxi	mate
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	/Medical Examiner		Immediata Cause (Final disease or condition	Lang	Ce	ha 1	4							2/6	rlain
	∈xaminer	L.	resulting In daeth)	8. 7	ue to (or as	a conseq	luence of):							1	1
	pe git	Examiner		b. ———									1	· ·	
	eath certificate be assecuted attending physicien and for use as the buriel-transit	хап	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying		Due to (or es	e conseq	uence of):								
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2	nding use a	N		d											
	thet the death conditions the death conditions that the attend datached for us	by Physician/	Pert II. Other significant conditions of	ontributing to death bu	t not resulting	in the ur	nderlylna cause	e cive	n In Part I	23h F	old tobac	CO Hee CO	ntribute t	o the cau	se of death?
Ö	t the d by the tached	hys	0 4	0 1	0	<i>y</i> 111 1110 01	16	/			DIVES				Unknow
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p	w requires been sign should be				٥						vas an eu erformed		24b. W	ere autop	sy findings ior to
oc c	> 11 0	pie								- '			of	mpletion death?	of cause
<u> </u>	The ate h	Completed								1	☐ Yes	2 No	11	☐ Yes	2□ No
of Vital Record	Physician: The lav rthis certificate has ral director, page 2	Be	25. Was case referred to medical examiner?							Death (Check or	nly one)				
5		P	1 Yes 2 No		nt 2 ER/			Otha	Nursin	g Home 5□ R	-			ly)	
	After funer	ion	27. Manner of Death ♦ Natural 5 □ Pending	28e. Date of Injury (Month, Day	Year) 28t	. Time of Injury				28d. Descri	be how in	ijury occur	red		
Sic	Attending or death. ector: Afte by the fune	Icat	2 Accident Investigation 3 Sulcide 6 Could not be	Α	n. At home	form ster			′es 2 □ No	28f. Locatio	n /Street	and Numb	per or Run	al Pouta I	limber
<u> </u>	or Attending after death. Director: After I in by the fune	Certification:	4 ☐ Homicide determined	28e. Place of Inju building, etc.	. (Specify)	ierm, stre	eet, rectory, on	IIC8		City or	Town, St	ete)	A OF HUI	si noute i	vurii 201,
_			29a. Certifier M Certifying Ph	ysician: To the best of	f my knowled	ge, deeth	occurred at th	ne time	e date and pla	ice, and due to	the cause	(s) and ma	ennar as s	tated.	
	To the Hospital within 24 hours To the Funeral completely filled	edicai	(Check only 2 Medical Exar	ninar: On the basis of end manner stat	examination .	and/or Inv	estigation, in n	ту ор	inlon, death of	courred at the tir	ne, date e	end plece,	and due t	o the caus	se(s)
	To the within To the comple	M	29b. Signature and title of contilier	11.11			29c. Lic	cense	number		29d. I	Date signe	d (Month,	Dey, Yea	r)
			* Kolk	He care	YA 1	Mr.	. 1		22	101	7	13/	15/		
			30. Name and addrass of person who	complated cause of de				-	7			13.1	/		
			Lloyd E. Halvors	on, MD 14	75 Tan	ey A	venue,	Fr	ederic	k, Mary	land	2170	1		
	Sta		31. Date filed (Month, Day, Year)		r's Signature	0									
P4"	Registr		JUL 31 19	50 James	Shubles	Van	853								

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State of Maryland / Department of Health and Mental Hygiene 96

						Cen	tificate	of.	Death		_ 1	Reg. N	lo.			
		- 77	1. Decedent's Neme (First, Middle, Last))							2. Deta of De	eth		11-2	3. Tin	ne of Deeth
	Physici /Medi		CALVIN RAY	LEWIS							Month July 2	7,	1996	Year	12	:40 PM
	Examir		4a. Facility Name (If not institution, giva	street and number)					4b. City, To	wn, or Lo	cation of Death	-	c. County	of Death		
			13711 Catoctin	Hollow Roa	ad				Thu	rmon	t		Free	deric	k	
	Funeral Director		217-28-1089	7. Age ('In yrs. last bin	thdey) Yrs.	If Undar 1 Months	/aar)ays	if Under Hours	24 Hrs. Min.	8. Data of Bird (Month, De Aug. 6	у, Үөа			aca (St try) yla	ata or Foreign nd
	nyland		Usuei Residence of Decedent 10a. Stata 10b. County	1	Oc. City, Town	n or Loc	ation							10		da City Limits
	e Ma	cto	Maryland Frederi	ck	Thurn	ont									1 🗆	Yas 2 No
	章 2 g	Director	10e. Street and Number				10f. Zip Co					10g. (Citizen of W	Vhat Count	ry?	
	ath w	ral	13711 Catoctin Ho			·		217					Jnite			
21215-0020	ges 1 and 2 should be filed within 72 hours after death with the Maryland it of Health and Mental Hygiene. If from 27 is marked other than "natural", or from 23s or 28=4 show or other treumatic event, the Medical Examiner must be notified at	by Funeral	11. Maritai Status 1 Nevar Marriad 2 Merried 3 M Widowed 4 Divorced	12. Was Decedant Even Armed Forces? 1 ☐ Yes 2 ② No if Yes, Give Yeer or Detes:	ar in U,S.		as Decedent Yas, specify ☐ Yes 2∑		lispanic Ori an, Maxicar Specify:		cify Yes or No Rican, atc.)			e - Amarica k, White, a : Wh		n,
5-0	72 ho	sted	15. Decedent's Edu (Specify only highast grade		16a.	Decede (Give k	ent's Usuel C	ecup	ation	t of worki	na	16b.	Kind of Bu	siness/Ind	ustry	
7	ithin ithin	Completed	Elementery/Secondery (0-12)	College (1-4or 5+)		life. D	O NOT usa	etire	d)	i or works	<i>'y</i>					
2	led w lygier her th		6th			Mai	ntenar	ice		4			pard (uca	tion
anc	ad off	Be	17. Fether's Nema (First, Middle, Last) Cryrus Paul Lew	ri c							<i>(First, Middl</i> a, eah Kuh		an Sumam	a)		
Z	should and Men marke	2			101											
Maryland	d2sl than 7 is r		19e. Informent's Neme/Reietlonship (Ty		ĺ						I Route Numbe					1700
	1 and Health em 27 Ather tr		Paul E. Lewis, son		20b. Plece of		Catoo		n HOT	TOM	Dete I		mont			1788
Baltimore,	Pages ment of I ant: If its		1 Suriel 2 ☐ Cramation 3 ☐ R 4 ☐ Donation 5 ☐ Other (Spacify)				etory or othe 1 Chur		,	terv	7/30/9					
Balt	permit. Page Department of Important: If any Injury or once.		21. Signature of Poneral Service License		- 0	22.	Nama and /	Addra	ss of Facili	y Star	uffer F t Thurm	une	eral l	Homes	, P	
		1	23a Part Enter the disease, of compli- shock, or heart failure. List only on	certary that caused thy	a death. Do r								,		Approx	imete
	Physician /Medical Examiner) I	Immediate Causa (Final disease or condition resulting In deeth)	, Lu	le to (or As A		Can		ær					-	Onset	Between and Deeth
ox 68760,	eath certificate be executed ettending physician and for use es the burlel-transit.	n/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Lest),	e to (or es a c											
0	death e ette	icla	Pert II. Other significant conditions con	tributing to death but n	not resulting in	the unc	deriving caus	a niv	an in Part I		23b. Did	obaco	o.use con	tribute to	the car	use of death?
s, P.0	requires thet the death ce seen signed by the ettendi hould be detached for use	by Physician	0	eperoles		-		1					2□ No			4 Unknown
Records	2 % S	Completed b									24e. Wes	an eu med?	opsy	ava	llable p	psy findings rior to n of cause
											10	/es	2 100	1□	Yes	2□ No
Viita	iclan: The certificate rector, pag	Be	25. Wes case referred to medical axaminar?	loonital:				011		a of Deeth	(Check only o	ne)				
	Physician: r this certific rrai director,	To	1 Yes 2 No	lospitel: 1 ☐ Inpatient 26a. Dete of Injury	2 ER/Ou	·		Oth	4 LINU		na 5 Resid			1-1-1-7)	
G	h. After funei	cation:	1 ☑Netural 5 ☐ Pending	(Month, Dey Y		ime of	M 200	Injur Wor	k? Yes 2□		28d. Dascribe I	IOW III	jury occurr	eu		
Division of	deat ctor: y the	Certifica	2 Accident 3 Suicide 6 Could not be determined	28e. Pieca of Injury building, etc. (- At home, fer Specify)	rm, stree	1				28f. Location (3 City or Tox			er or Rural	Route	Number,
	To the Hospital or / within 24 hours efter To the Funeral Direct Completely filled in L	edical (29a. Certifier (Check only one) 1 ☐ Certifying Phys	ician: To the best of mer: On the basis of exercised menner stated	aminetion end	, deeth o	occurred et t estigetion, in	he tin my o	ne, dete en pinion, dee	d pleca, a	and due to the ed et the time,	ceuse date a	(s) end ma nd place, a	nner as stand due to	ated. the ceu	ıse(s)
	To the	Me	29b. Signature apartitle of certifier	01			29c. L	icens	e number			29d. C	late signed	Month, D	lay, ye	ar)
			1/1/1:01	Most	tot.	217	5 7)	35	18	-3	-	7/	29	19	(
			30. Name end eddress of paragraph who od	orplated cause of deat	th (Item 23a) (Type, P	rint)	-	<i></i>	0	11		1.	11	15	2
	Sta	to	31 Date filed (Month Day Year)	AF 100	k te	4	MD		500	w	gH 5	f;	Tres	fer	,ch	MD
	Jla	16	1111 9 0 10	IOC SZ. THOUSING	dianelin	MA	1-11									



State of Maryland / Department of Health and Mental Hygiene 96

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							Certi	ticate	Of	Death			Reg. No.			
	Physic		Decedent's Name (First, Middle, MARY FR.	, Last) ANCES		N	IARIN	JER				2. Date of D Month AUG.	Day 7 19	Year 996	3. Time 9:05	of Death
9	/Medi Examir		4e. Fecility Name (If not institution,		ımber)	•	** ** / ***	VIDIC		4b. City, Town	n, or Loc			nty of Deetl		LII
	Exami	ier	Salisbury Cente	Part of the second second		rCare				Salisb				comico		
	Funeral			6. Sex	7. Age (In)		hday)	If Under 1 \	/eer	If Under 24		8. Dete of B (Month, D			nplace (Stete	e or Foreig
	Director		219-01-8945	1 ☐ M 2 🛣 F	80	,	rs.	Months D	ays	Hours	Min.	9-15				
D			Usual Residence of Decedent									J-1J		- V 1 2	gini	a
rylar	how		10a. State 10b. County		10c.	City, Towr	or Loca	tion							10d. Inside	Contract Con
e Me	五劃	cto	Md. Worce	ester		S	now	Hill	L						1- (Y∈	es 2 No
E E	or 21	Director	10e. Street and Number					10f. Zip Co	de				10g. Citizen	of What Co	untry?	
₹	23 E 23		Apt. 115,	301 S.	Churc	h St	_	21	L81	63			F7	CA		
dee	E 5	Funerai	11. Marital Stetus	12. Wes Dec Armed F	edent Ever i	n U,S.	13. We	s Decedent	t of I	fispenic Originan, Mexican,	n? (Spe Puerto F	city Yes or N	lo- 14. F	lace - Amei Black, White	ncan Indian,	
2-0020 72 hours after deeth with the Meryland	"natural", or items 23s or 28s-1 show oddel Examiner must be notffed at		1 Never Married 2 Marrie	ed 1 Yes	2 No			Yee 2		Specify:		,,		. 10		
	14	d by	3 ☑ Widowed 4 □ Divorced	Yeer or I	Dates:								- Ope	wr.	ite	
		Completed	15. Decedent's (Specify only highest	s Education grede completed)	16a.	Deceder (Give kir	nt's Usual O	lone	etion during most o d)	of worklr	ng	16b. Kind o			
G Z I Z I	r then the the	dE.	Elementery/Secondary (0-12)	College	(1-4or 5+)	Ma		actu:							ines	
led v	옷을 끝		11 17. Father's Neme (First, Middle, L	neth		ria	IIuL	actui				(Cinch & Sinkel	Form		npany	
Maryiand d 2 should be file	o do	Be		#51/									e, Maiden Sun			
y	i Merke	To	Tully Mister										ney M			
Media 12 st	th and Mentel H 7 is marked oth trsumatic even		19a. Informant'a Name/Rejetionshi Gail M. Shocl				_	-					ber, City or To			63
giv.	-		20a. Method of Disposition	ктеу	20			ion (Name		пттт		Date				
Daillinge,	O H P		1 Burial 2 ☐ Cremation		1	cemeter	v, crema	tory or othe	r pla				20c. Location			
L. Pe	tant		4 Donation 5 Other (Spe	••		Chri				etery	8	/11	Snow	HIII	, Md	•
permit. P	Department of Important: If any injury or once.		21. Signature of Funerel Servica Li	icensee	2	1	22. N	lame and A	ddre	ss of Facility			P.O. 1			
- 0.			Falrecia	19. De	enn	4				unera			Snow	Hill,	Md. 2	1863
			23a. Part1. Enter the disease, or c shock, or heart failure. List or	complications that only one cause on	caused the deach line.	leath. Do n	ot enter	the mode of	f dyir	ng, such as ca	ardiac o	respiratory	arrest,	1	Approxim Interval B	Between
	ysician														Onset an	d Death
	Medical kaminer		Immediate Cause (Finel disease or condition	· C	yona	11	-0	ber		de	-cad	-el			4122.	
-	Carrille I		resulting In death)	()	Due t	oforasac	onseque	nce of):	1	des lices,				1		
D	共	ine		- 1 (10	2000	9-7 O	R	7	d	inea,	2			14	111	
Boute	sicien and buriel-transit	Examiner	Sequentially list conditions, if any, leading to immediate		Due to	o (or as a c	onseque	nca of):								
5 8	cien		cause. Enter Underlying Cause (Disease or Injury	. 3/1	est	ca	encl	7							400	
ficete be e	£ 4	dlc	thet Initiated events resulting in death) Last		Due to	o (or as a c	onseque	nca of):								
certificate be executed	d Sugar	//Medical		d												
deeth cent														1		
, se se se se se se se se se se se se se	signed by the etter I be deteched for u	Physiciar	Part II. Other algnificant condition	s contributing to d	leath but not	resulting In	the unde	erlying caus	e giv	en in Part I.		23b. Did	tobacco uss	contributs	to the cause	e of death
that th	detec											1	Yss 2□ N	o 3∏Pr	obably 4[Unknow
0 9	signe d be	l by												045	Mana a dana	Also alles as a
requires	been si should	Completed										24a. We per	s an autopsy formed?	8	Vere autops: vailable prio completion of	or to
he law require	S CI	ldu												d	f deeth?	
= =	pe	CO										1 🗆	Yes Zon	1	☐ Yes 2	□ No
Physician: T	is certificale director, peg	Be	25. Was case referred to medical exeminer?							- 1	f Death	(Check only	one)			
Physic	this c	2	1 Yes QD No	Hospital:	Inpatient 2	≥ ☐ ER/Out	patient	3□ DOA	Oth	4 Churs	ing Hom	ne 5□Res	sidence 8 🗆	Other (Spec	eify)	
	h. After ti funera	.uo	27. Manner of Death Natural 5 Pending	28a. Date (Mor	of Injury oth, Day Year	28b. T	ime of	28c.	Injur Wor	y at k?	2	8d. Describe	how injury oc	curred		
Attending	deeth. ctor: After y the funer	cat	2 Accident investiga	ation				М	1 🗆	Yes 2□No)					
or Attending	efter deet Director: d in by the	Certification:	3 ☐ Suicide 6 ☐ Could no 4 ☐ Homicide determin	and 286. Placi	e of Injury - A	t home, far	m, street	, fectory, of	fice		2		(Street end Nu own, State)	mber or Ru	ral Route Nu	ımber,
is c	le di le										i					
Hospital	within 24 hours efter d To the Funeral Direct completely filled in by	edical	(Check only 2 Medical Ex	Physician: To the baminer: On the b	e best of my l	knowledge,	deeth o	curred at th	he tir	me, dete and	placa, a	nd due to the	e cause(s) and	menner es	stated.	a(s)
the	within 2 To the F	Med	one)		nner steted.											
5	Co To	-	29b. Signature and title of certifier	111	1			O Price You		e number			29d. Date sig	nea (Month	, Uay, Year)	1
		5	100	MA	-			D-	29	349			8/8/9	6		
			30. Name and eddress of person w										//			
			DR. WILLIAM ROB				DR.,	SALIS	BU	RY, MD	. 21	1804				
	Sta		31. Dete filed (Month, Day, Year)		Registrar's Si											
	Registr	ar	AUG 0 9 1	330 A	ta Dhu	thor to	dall									
нин	16 Rev 6/9	5														

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State of Maryland / Department of Health and Mental Hygiene

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Division of Vital Records, P.O. Box 68760,

	_				001	inouto of	Death		Reg. No.			
iysicia Medica	""	1. Decedent's Name (First, Midd CLAYTON	dle, Last)	FRAN	ICIS	М	URPHY	2. Dete of D Month JULY	Day 30	1 ^{Year} 1996	3. Time of Dear 2250	
camine	er	4e. Fecility Neme (If not institution MEMORIAL HO		eum <i>ber)</i> EASTON	1		4b. City, Town, C	or Location of Dee ON	th 4c. County			
neral ector		5. Social Security Number 217–30–9308 Usuel Residence of Decedent	6. Sex 1 ⊠ M 2□ F	7. Age (In yrs.	lest birthday) 1 Yrs.	if Under 1 Yea Months Deys				9. Birthple Count Maryl	ece (Stete or For ry) and	
fied at		10a. State 10b. Count	bot		y, Town or Loc		٠			10	ld. Inside City Llr	
x not	Director	10e. Street end Number				10f. Zip Code			10g. Citizen of \	Whet Count	ry?	
must	Funeral	32393 Geib Roa		cedent Ever in U	C 42 14	2162		/C	U.S.A	a - America	a tadlaa	
8	þ	1 Never Merried 2 Ma 3 X Widowed 4 □ Divorce	rried 1 Tyes	Forces? 200 No Bive	If	Yes, specify Cul	oan, Mexican, Pu	(Specify Yes or N erto Rican, etc.)	Specify	ck, White, e	tc.	
dical	Completed	15. Decede (Specify only highe	nt's Education est grade completed	f)	16a. Decede	ent's Usuel Occu	petion during most of weed)	vorkina	16b. Kind of Bu			
De Me	dmo	Elementery/Secondery (0-12)		(1-4or 5+)		o NOT use retire endant	9d)		Automok			
Vent,	BeC	17. Father's Neme (First, Middle	Last)		Acc	Circuito	18. Mother's N	ame (First, Middle	e, Maiden Suman	Stati	on	
etic e	0	Clayt	on Murph	ny			Mary	Anna Ca	rey			
er traum		19e. Informent's Neme/Relation Florence Whisl		ster				Rurai Route Numb Denton, N		Stete, Zip (
ury or oth	1	20e. Method of Disposition 1 Buriel 2 □ Cremetion 4 □ Donetion 5 □ Other (5		n State	emetery, crem	ltion (Name of etory or other pla emetery	ece)	8/3/96	20c. Location - Denton			
any inj		21. Signature of Funeral Service	Licensee P	ne, P.A.	-1 and 21	1629						
use es the bur	n/Medical Examiner	Immediate Cause (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest	e b c	Due to (o	r es e conseque	ence of):						
deteched for	L L	Pert II. Other significant condition	ons contributing to	deeth but not resu	ulting in the und	derlying cause gi	iven in Pert I.		tobacco use cor	ntribute to to	1/	
ŏ I.	ੋ							24a. Wes	s en eutopsy ormed?	avei	e eutopsy findin leble prior to apletion of cause	
90										or de	eeth?	
page 2 should be d	Completed	S Was asserted by Tari						1)2	Yes 2□No	7	eeth? Yes 2□ No	
page 2 should be d	per completed	25. Wes case referred to medica examiner? 1⊠Yes 2□ No	Hospital:	Innation 2	EB/Outnetient	31X DOA O	har	eeth (Check only	one)	19	eeth?	
rai director, page 2 should be d	no pe completed		Hospitel: 1 = 28e. Dete	of Injury nth, Dey Year)	ER/Outpetient 28b. Time of Injury	28c. Inju	her: 4 Nursing	Home 5 ☐ Res	one)	er (Specify)	eeth?	
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led in by the funeral director, page 2 should be d	medical certification: 10 be completed	examiner? 1 M Yes 2 No 17. Menner of Deeth 1 Neturel 5 Pendir investi 2 Accident 6 Could determ 29e. Certifier (Check only one) 29b. Signeture end title of certifier	Hospitel: 1 28e. Determined 28e. Plec (Mongage) 28e. Plec build 28e. Plec buil	of Injury nth, Dey Year) e of Injury - At ho ling, etc. (Specify e best of my know assis of examinet oner steted.	28b. Time of Injury 21454/ me, farm, stree production end/or inve	28c. Inju Wc 1 C at, fectory, offica coccurred et the tistigation, in my c 29c. Licen:	her: 4 Nursing ry et rk?) Yes 2 No me, dete end pleopinion, deeth occurrence M • E	Home 5 □ Res 28d. Describe Chives f 28f. Location City or To Corne Ro De, end due to the curred et the time,	idence 6 Oth- how injury occur (Street end Numb wm, Stete) ceuse(s) end me dete end plece, (29d, Date signer	er (Specify) red July After V oer or Rural After F ounner es ste end due to to d. (Month)	res 2 No yes 2 No yes 2 No Route Number, Sand K Loud Mark And	
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So So in view or an array free layer agree to

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96 25302

								Jei liile	ale of	Death		Reg. No.		
	Physici /Medic		FLOY		(Last)		MET	DFOR	CD		2. Date of De Month	Day	Year 94	3. Time of Deeth 3: 4% A-M
	Examin		DVI OFFICE		give street end nur	mber)					or Location of Deet	C. 1157.		
_		_			lospital	7 4		416	nder 1 Year		imore		timo	
	Funeral Director		5. Sociel Security I 2 1 9 – 3 0 – (541	6. Sex 1 ⊠ M 2 □ F	7. Age (in y	77 Yr	Mon	ths Days			th ay, Year) /19		lace (Stete or Foreign try) y 1 a n d
	and w		Usual Residence of 10e. State	10b. County		100	City, Town o	or Location					14	Od Imalda Olbu I Imita
	ith the Maryler or 28a-f show to notified at	Ď.	MD		chester	100.	Ony, TOWIT	or Location		Hurlo	ماد		"	0d. inside City Limits 1 ☐ Yes 2○(No
	76 N	Director			chester				W 0 1	nurio	CK	10 000		2//
	s 1 and 2 should be filed within 72 hours effer death with the Maryland. Heelith and Mentle Hygiene. I Heelith end Mentle Hygiene. The firm 21s marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be notified at	D	10e. Street and Nu	River 1	Road			101	. Zip Code	21643		Unite		
	e 23e	67.0				alont Front	110	40 Mar D			1016-14-1N			
	Herne Herne	Funeral	11. Maritel Status	ried 2 Marri	12. Was Dece	rces?	10,5.	If Yes,	specify Cub	oan, Mexican, Pu	(Specify Yes or No erto Rican, etc.)	Bla	ck, White,	
	n 72 hours eff "natural", or	by F	3€Widowed		ed to the second of the second	ates: W	WII	1□ Ye	s ŽŪXNo	Specify:		Specif	v: Wh	ite
	tura			15. Decedent				ecedent's l	Usual Occu	pation		16b. Kind of B	usiness/ind	lustry
	n na	plet		cify only highes	t grede completed)		(0	Give kind o	f work done T use retire	during most of w	vorking	100.14.10 01 0	000000000000000000000000000000000000000	
	should be filed withing the Mentel Hygiene. marked other than metic event, the Mentel	Completed	Eiementary/Sec	ondary (0-12)	College (1	-4or 5+)		Farn	ner			Agri	cult	ure
	Hygid other	BeC	17. Father's Name	(First, Middle, L	ast)					18. Mother's N	lame (First, Middle	, Maiden Suman	ne)	
	id be ked ic ev	To B		NATHAN	TEL W. N	1EDF0	R D			ALDA	WRIGHT			
•	2 should be it end Mentel I: Is marked of aumetic evel		19a. Informant's N			12010		Malling Add	ress (Stree	t and Number or	Rural Route Numb	er, City or Town,	Stete, Zip	Code)
	alth er 27 Is r trau		Jeffre	V W. M	edford		Ρ.	. O . E	3 o x 9	1. Fed	eralsbu	ra. MD	216	32
			20a. Method of Dis	position			. Piece of D	Disposition	(Name of or other pla		Dete	20c. Location		
	ont: H			☐ Cremation 5 ☐ Other (Sp	3 □Removal from : ecify)	State E					8/5/96	Hurlo	ck.	MD
	permit. Page Department of Important: If any Injury or once.		21. Signeture of F					22. Nam	e end Addre	ess of Feclifty				
	Depa Impo		> m.	1.11	9 lane			Fran	nptom	-Hawki	ns-Esko eralsbu	w Fune	ral	Home
			23a, Part 1, Enter	the disease, or o	complications that c	aused the de	eath. Do no	t enter the	30 X 4	3, Fed	eralsbu	rg, MD	216	3 2 Approximate
	hysician		23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line.											
	/Medical		immediate Cause	(Final										-
	Examiner		disease or condition resulting in death)	on	aC					TORRI	44-GIZ		i	Hours
		ě			0.		(or as a co		,	- 04.	A ad 2.			7 Hours
	n cermicate be executed anding physician and use as the buriel-transit	Examiner	Sequentially list or	nditions	ь	Due to	CILD (or as a co	nsequence	1212	12K4L	ANRU	NSAZL	1	F HOUR
	an ar	EX	Sequentially list on if any, leading to in ceuse. Enter Und Cause (Disease of that initiated event	mmediate erlying			(0.00		.,.					
	ysici	an/Medical	Cause (Disease or that initiated event reaulting in deeth)	r Injury s	c	Due to	(or as a cor	nsequenca	of);					
	as th	Med	readiting in deeth)	Lasi				·	ŕ				1	
	endir r use	an/			d									
	the atte	SICI	Part ii. Other signi	ficant condition	ns contributing to de	ath but not r	esulting in t	he underlyl	ng cause gi	ven In Part I.	23b. Dld	tobacco use co	ntribute to	the cause of death?
	ned by the a detached to	Physicia									10	Yes 2 No	3 Prot	pably 4 Unknown
	pe de	by									_			
	ine taw requires thet the death site hes been signed by the atter page 2 should be detached for t											an autopsy ormed?	24b. We	ere autopsy findings allabie prior to
	2 sh	ple									-		of c	mpletion of cause death?
	ate hes page 2	Completed									10	Yes 2 No	1 [Yes 2□ No
		0	25. Was cese refe	rred to medicel						28. Place of D	eath (Check only	one)		
	00	OB	examiner?	No	Hospital:	npatient 2	☐ ER/Outp	atient 3	DOA Ot	her: 4 Nursing	Home 5 ☐ Res	dence 8 Oth	ner (Specify	()
	er thi	ı.	27. Menner of Dea		28a. Date of		28b. Tim	ne of	28c. inju			how Injury occur		
	r death. ector: After by the funer	atio	1 Netural 2 ☐ Accident	5 Pending Investiga		n, Dey rear)	Inju	M		Yes 2□No				
	aftar death Director: /	tific	3 ☐ Suicide 4 ☐ Homicide	6 Could ne	ned 286. Place	of Injury - At		n, street, fac	ctory, office	<	28f. Location	Street and Numi wn, State)	ber or Rura	l Route Number,
	s afte	Certification:	4 El Homoldo		buildii	ng, etc. <i>(Spe</i>	спу)				Ony or 10	Wii, State)		
	within 24 hours after To the Funeral Dire completely filled in b	edicai	29a. Certifier (Check only one)	1 Certifying 2 Medicai E	Physician: To the examiner: On the ba	isis of exami	nowledge, o	death occur or Investiga	red et the ti	ime, date end pla opinion, death oc	ce, and due to the curred et the time,	ceuse(s) and modate end plece,	enner as st and due to	ated. the cause(s)
1	within Z	M	29b. Signature and	I title of certifier	on ICI ITI dilli	vialeu.			29c. Licen	se number		29d. Date signe	d (Month. I	Day, Year)
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		-	10 N	rec 1.					ر- ر - ر	~~40		0/1/	14	
			30. Name and add		BRITTEA				Chai	TALIZ ST	ר הבונות	SAIDH	0.2	MD 2120
			31 Date filed /How						اعابات	CAIT 31	10121	776-1111	1-4	11/ 1/20
	Sta Registra		31. Dete filed (Mor	-5"96	32. 11	egistrar's Sig	n-Rano	tell						

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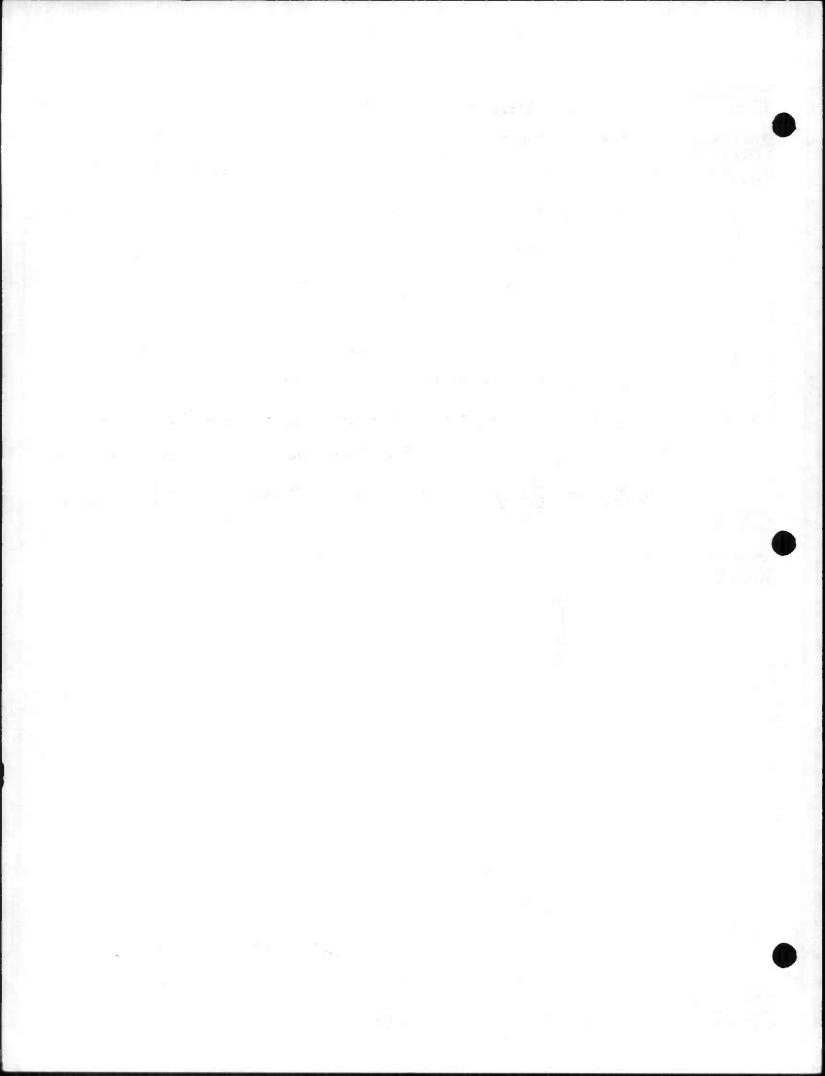
State of Maryland / Department of Health and Mental Hygiene Q 5

96 25303

					Ce	ertificate of	Death		Reg. No.	0 20000
	Physic	ion	1. Decedent's Nema (First, Middle, Last)					2. Dete of Dec	Dov	3. Time of Deeth
	Physic /Medi		Willard	Harrison		MERCER		August	4, ^{De} 1996	9:55 AM
k.	Exami	ner	4a. Facility Nama (If not institution, giva s College View Ce				4b. Cify, Town, or L Frederic	ζ.	Frede	of Death erick
	Funeral Director		214 10 40/1	M 2□F 7. Age 7.	In yrs. last birthday Yrs.	Months Days		8. Data of Birt Month Dep April	29,1918	9. Birthplace (Steta or Foreign County) Mary Land
	Menylend a-f show	ctor	Usual Rasidance of Decedant 10a. Stete 10b. County Maryland Frederick		oc. City, Town or L Frederic					10d. tnsida City Limits
	th with the 23a or 28a	Funeral Director	10e. Street and Number 18 West 14th Stre	eet		10f. Zip Code 2170)1		10g. Citizen of W U.S.	
020	72 hours after death with the Meryland "natural", or flams 23a or 28a-f show adost Examiner must be neutral at	þ	11. Meritel Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced	2. Wes Decedent Ev Armed Forces? 2. Ayes 2 □ No If Yes, Give 1 9 Year or Detes: 1 9		. Was Decedent of If Yas, specify Cult 1 ☐ Yes 2 2 No	Hispanic Origin? (Sp ban, Maxicen, Puarto Specify:	pecify Yes or No- Ricen, atc.)	Bleck	- Americen Indian, , White, atc. White
Baitimore, Maryiand 21215-0020	C .	Completed	15. Decedant's Educ (Specify only highast grade Elamantery/Secondary (0-12)	cation completed) College (1-4or 5+)	(Giv life.	edant's Usuel Occu e kind of work done DO NOT use retin ck Driver	e during most of worked)	king	16b. Kind of Bus	
iand 2	be liled tal Hyg d other event,	To Be Co	17. Fethar's Nema (First, Middle, Last)	arrison M		CK DIIVEI	18. Mothar's Nam Cora	ne (First, Middle,	Meiden Sumeme	
, Mary	d 2 sho th and 7 is m treum		19e. informent's Neme/Reletionship (Type Mrs. Elizabeth M.				of and Number or Ru Street,			Stete, Zip Code) Land 21701
imore	8 5 =		20a. Method of Disposition 12 Burlel 2 Cramation 3 Re 4 Donetion 5 Other (Specify)	amoval from Stete	20b. Pieca of Disposer Comatery, cre Mount OLIV	position (Nama of ematory or other pla vet Cemeter	y, Aug. 7,	Data L996		ck, Maryland
Bait	permit. Pege Department of important: If any Injury or once.		21. Signature of Funerel Sarvice License			Keeney at	nd Bactor	d P.A. F	Funeral l	Home Md. 21701
	Physiclan		23a. Part1. Enter the disease, or complice shock, or haert failure. List only on							Approximeta intervel Between Onset end Death
	/Medical Examiner		Immediate Ceuse (Finel disease or condition resulting in death)		static ue to (or es a conse		indma	of /1	ing	one weel
68760,	the death certificate be executed y the ettending physicien end iched for use as the burial-transit	edical Examiner	Sequantially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initieted events rasulting in death) Lest		ue to (or es e conse ua to (or as a conse					
Box	eth ce	cian/M	d							
s, P.O.	that ded b	by Physician/	Pert II. Other significant conditions confined to the Diabetes me							tribute to the causs of death 3 Probably 4 Unknow
of Vital Records	sw requisions seen seen seen seen seen seen seen s	Completed b	Diabetes me coronary a chrmic obst	intery d	isease		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	24a. Wes	en autopsy med?	24b. Were eutopsy findings available prior to completion of cause of deeth?
tal B	The ete h	Ве Соп	25. Wes case refarred to medical	<i>suctive</i>	pulmon	ary a	26. Place of Dea	th (Check only o		1 ☐ Yas 2 ☐ No
	ding Phys h. After this funeral di	10	27. Manner of Deeth 1 Naturei 5 Pending 2 Accident invastigation	ospitei: 1 inpatient 28a. Data of Injury (Month, Dey)	28b. Time	of 28c. inju	ther: 4 Nursing H	ome 5 Resid	danca 8 Othe	
Division	5 # # E	Certification:	3 Sulcida 6 Could not be determined	28e. Pleca of injury building, etc.	Specify)			City or Tou	vn, Stata)	er or Rural Route Number,
	To the Hospital within 24 hours a To the Funeral C completely filled	edical	29a. Certifier (Check only one) 2□ Madical Examin	clan: To the best of re: On the basis of exercise end menner stete	ceminetion end/or i	th occurred et the t nvastigation, in my	tima, dete and place, opinion, deeth occur	and dua to the cred et the time,	cause(s) and mer dete and plece, e	nnar as stated. nd due to the cause(s)
	To t To t	×	29b. Signature and title of certifiar	· , /	4.D.		5695		29d. Dete signed August	(Month, Dey, Year) 4, 1996
			30. Name and eddress of person who con Dr. N. Eric Carne				enue, Fred	erick,	Maryland	21701

DHMH 16 Rav 6/95

State Registrar

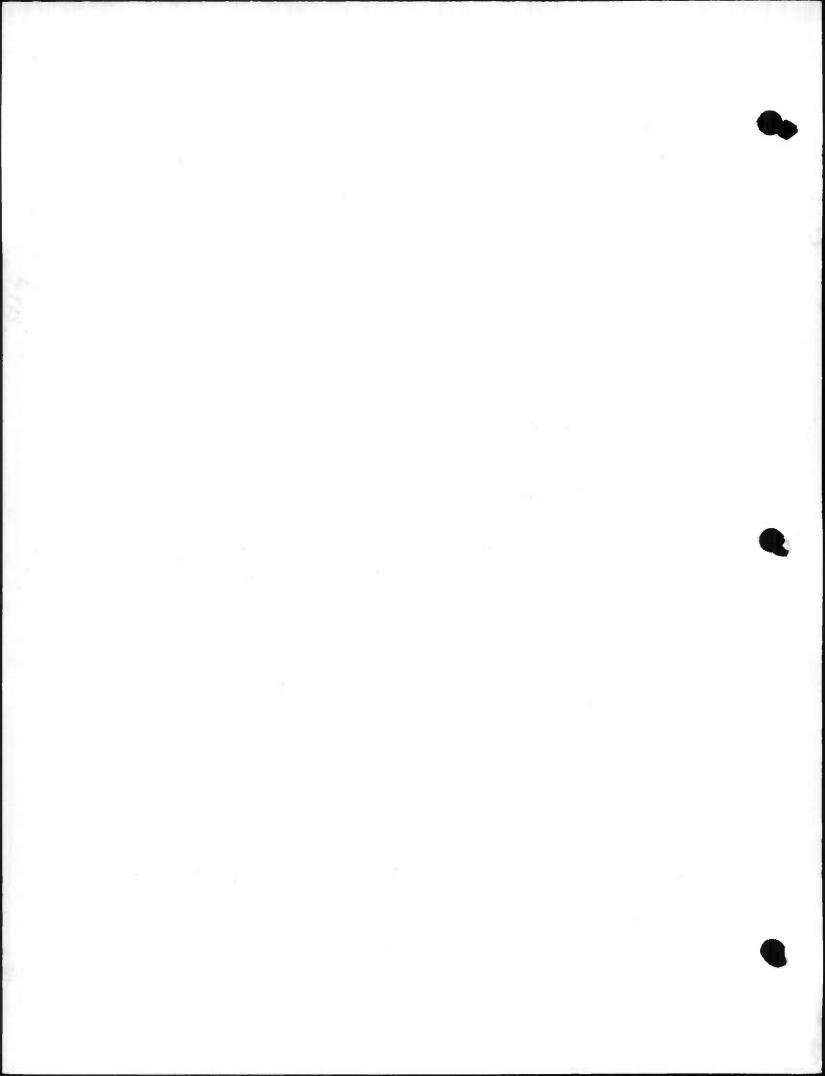


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

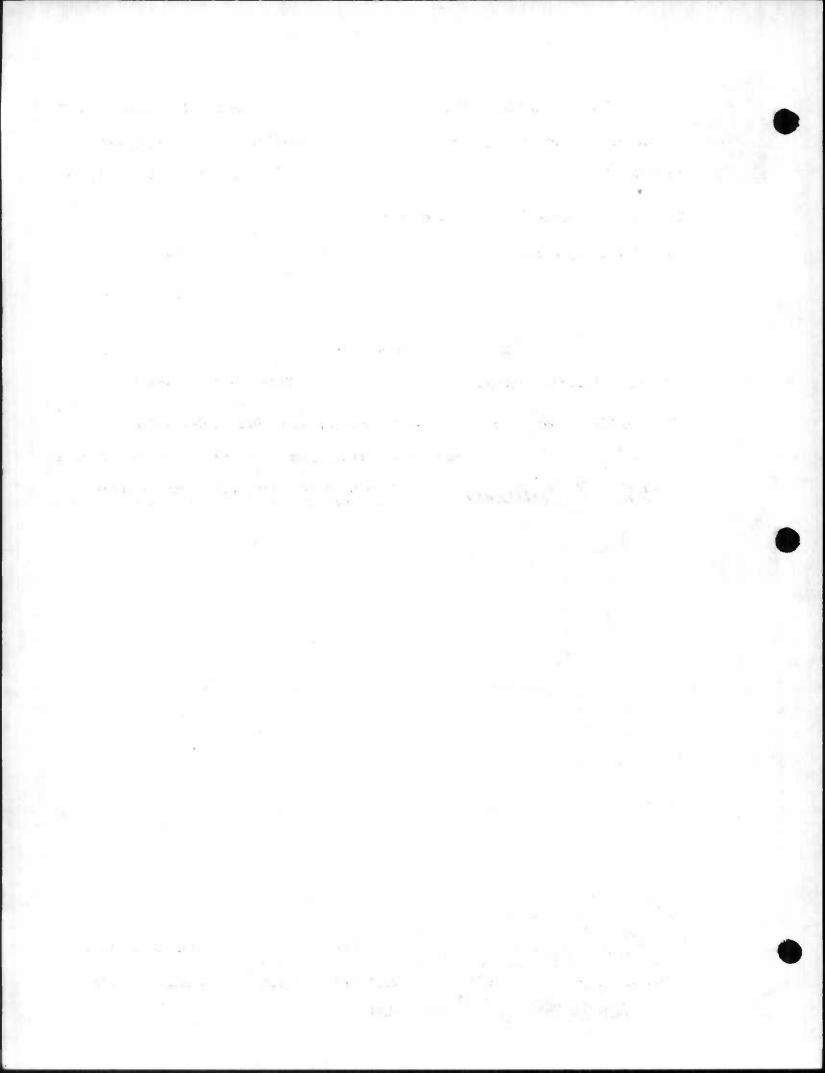
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zer hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	rial, cremation, or removal.	c event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be exe-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician an	be filed within 72 hours after death with the State Dept: of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND C	/ DEPARTMEN	T OF HEALTH AND E OF DEATH	MENTAL HYGIEN								
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH						
	Sister Mary Bernard McEntee			MONTH D/	3, 1996	1:20 A.M						
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. In		R 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTI	IPLACE (State or Foreign						
	578-66-9945 ¹□₩²況F 92	YRS. MONTHS	DAYS HOURS MIN.	Nov. 2,]	903 Pen	nsylvania						
	9a. FACILITY NAME (If not institution, give street and number)	9b. CIT	Y, TOWN OR LOCATION OF		9c. COUNTY OF D							
DIRECTOR	Villa St. Michael	En	mitsburg,		Freder	ick						
<u>입</u>	10a. STATE 10b. COUNTY	10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY						
8	Maryland Frederick	Emmits	huro			LIMITS?						
	10e. STREET AND NUMBER	Limit 2 CC	10f. ZIP CODE		10g. CITIZEN OF	-						
FUNERAL	333 S. Seton Avenue		21727		U.S.A.							
5	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 YES 2 X	RMED 13.	WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yea	or No- 14. RAC	E — American Indian, k, White, etc.						
BY	1 Never Married 2 Married FORCES? 1 YES 2 XI 3 Widowed 4 Divorced FYES, GIVE WAR OR DATES		If yes, specify Cuban, Maxic 1 ☐ YES 2 🔯 NO Spec		Spec	IV:						
		FOEDENING HOUSE		T		White						
COMPLETED	(Specify only highest grade completed)	ECEDENT'S USUAL C Give kind of work done e. Do NOT use retired.	during most of working		SINESS/INDUSTRY							
2	Conege (1-4 or 5+)	eacher			ous Commu ers of Ch							
8	17. FATHER'S NAME (First, Middle, Last)	cacher	18. MOTHER'S N	AME (First, Middle, Maiden		arity						
	Thomas T. McEntee		Marv	Jane Quinn	,							
BE		96. MAILING ADDRES	S (Street and Number or Rura		n, State, Zip Code)							
임	Sister Camilla Harant	333 S. Se	ton Avenue,	Emmitsburg	, MD 21	727						
	20a, METHOD OF DISPOSITION 20b. PLACE	AND DATE OF DISPO	SITION (Name of		CATION — City or To	own, State						
	4 Donation 5 Other (Specify)	_JOSEPH'	S8/6/		ITSBURG.	MD. 21727						
	21. SIGNATURE OF FU ERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SKILES FUNERAL HOME											
	John M. Skiles	2	10 W. MAIN S									
- 0	23. PABY. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ahock, or heart failure. List only one cause on each line. Approximate interval											
1	iMMEDIATE CAUSE (Final disease or condition											
	disease or condition resulting in death) a. Jellewe Cardio myopath 2 4											
	DUE TO (OR AS A CONSEQUENCE OF)											
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSE	COLLEGE OF S	c often	x au	arl	610 yr						
¥	cause. Enter UNDERLYING	out or y.				U						
Ĕ	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSE	OUENCE OF):										
F	resulting in death) LAST											
ᄀ	PART II. Other significant conditions contributing to death but not	resulting in the u	ndarlying cause given is	Part i. 24a, WAS AN	ALITORSY 24h	. WERE AUTOPSY FINDINGS						
3	Diverting and US	ith 1	LOUT (A	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE						
PHYSICIAN: MEDIC	Col Blood		2007 40	1 D YES 2	NO NO	OF DEATH?						
2	- Decay				`	1 TYES 2 NO						
Ž	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	heck only one)								
Sic	EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpetient	3 DOA 4 Nu	R: rsing Home 5 X Rasidence	6 Other (Specify)								
ᇎ	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURED							
8	1 Natural 5 Pending 2 Accident Investigation	М	1 YES 2 NO									
	3 Suicide 8 Could not be 4 Homicide determined	ome, farm, street, fac	tory, office	281. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,						
COMPLETED												
린	29e. CERTIFIER (Check only one)											
δ	2 MEDICAL EXAMINER: On the beels of axaminstion and/or	Investigation, in my	opinion, death occured at th	time, date and placa, an	d due to the cause(s	a) and manner as stated.						
BE	29b. SIGNATURE AND TITLE OF CERTIFIED	-11 N	29c. LICENSE NU	MBER	29d. DATE SIGNED	(Month, Day, Year)						
2	THE AND ADDRESS OF THE SAME AN	red 1	VI) 01	2 302	P 8	5/4/6						
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ALAN CARROLL, M.D., 310 S. SETON AVE., EMMITSBURG, MD. 21727											
	31. DATE FILED (Month Day Year) 12. BEARSTRANS SIGNATURE	AVE., E	MMI ISBURG, N	บ. 21727								
	31. DATE FILED (Month, Day, Mar) 1998	Grelitte 4										
	NO.	- VOLEN										



State of Maryland / Department of Health and Mental Hygiene 96 25305

						Ce	ertifica	te o	f Death		Re	eg. No.		
Obveisi		1. Decedant's Nema (First, Middle	, Last)							2	Data of Daat Month		Yaar	3. Tima of Death
Physicia /Medic		Eloise	Morton	1	Moline					I A	August		996	12:30PM
Examin		4a. Facility Neme (If not institution	, give streat and nur	nber)					4b. City, Town	, or Local	tion of Deeth	4c. County	of Deeth	
		Potomac Vall	ey Nursir	ng l	Home				Rockv	ille		Mont	gomer	У
Funeral		5. Social Security Number	6. Sax	7. Ag	a (In yrs. lest b	irthday	/) If Und Months	er 1 Yea		Hrs. 8. Min.	Date of Birth (Month, Day,		-	
irector		554-70-8751 Usuel Rasidenca of Decedant	1□ M 2⊠ F		80	Yrs.		Duy	710010	S	ept 26	, 1915	III	inois
Lat		10e. Stata 10b. County			10c. City, To	vn or L	Location						10	d. insida City Limits
Office	cto	Maryland Mont	gomery		Gern	nant	town						-	1 ☐ Yes 2€No
at be no	al Directo	10e. Street and Number 13001 Country	Ridge Dr:	ive				ip Coda 2087	74		10	Og. Citizen of N		ry?
r than "natural", or hams 23a or 28a-f show the Medical Examiner must be notified at	by Funeral	11. Marital Status 1 Navar Married 2 Marri 3 Widowad 4 Divorced	12. Was Daca Armed Fo 1 Yas If Yas, Giv Yaar or Da	rcas? 2∰N a		13.	Was Dac		Hispanic Origin ban, Maxican, P	i? (Spacif Puerto Ric	y Yas or No- an, atc.)		ck, White, a	tc.
Scal	ated	15. Decadent (Spacify only highes			168	. Dece	edant's Us	ual Occi	pation	f warking	1	16b. Kind of B	usinass/Indu	ustry
- F	Completed	Elementary/Secondary (0-12)	College (1	-4or 5	+)				a during most of ed)	working				
9	00					H	omema	ker				Own	home.	
matic event, 1	Be	17. Fathar's Neme (First, Middla, I	*									Aaidan Suman		
	0	Abraham Linc	oln Mort	on					E11	la N	Marie	Redmon	d	
other traumatic		19a. Informant's Name/Ralations!	ip (Type, Print)		19	b. Mail	ling Addras	ss (Stree	et and Number o	r Rural A	loute Number,	City or Town,	Stata, Zip C	Coda) 20874
4		Judi Moline -	Daughter			130	01 Co	unti	ry Ridge	e Dri	ve. Ge	rmanto	wn. M	arvland
		20e. Mathod of Disposition			20h Place	of Disp		ma of				20c. Location -		
7 04		1 ☐ Buriai 2 🛣 Cramation 4 ☐ Donation 5 ☐ Other (Sp		Stata					torium	8/	2/96	Bethes	da, Ma	arvland
Injury 8	- 1	21. Signature of Funeral Sarvice I							ess of Facility					,
any injury		1 7	00/1/		./		Olin	T. 1	101 ACWOT	rth.	P.A	Funera	1 Home	e
	_	your A-	OVNEUR	ni	N		26401	Ric	lge Road	d. Da	mascus	Marv	land	
		23a, Pant / Enter tha disaase, or shoot, or beart failura. List of	complications that ca only ona causa on a	ausad ach lin	the death. Do	not an	nter the mo	da of dy	ing, such es car	rdiac or re	spiratory erre	ist,	1	Approximate
ian														
ical		Immediate Cause (Final disease or condition	Ros	eni	ratory	Di a	atroc	C						2/4 - 11-44-
ier		resulting in death)	a. Ite.	_	Dua to (or as a								1	24 Hours
_	190		۸٦,		imer's			,.					1	6 W .1
1	Ē		P b. Al.				1							0 Months
	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	l		Dua to (or es e	JUNE	quante of	,					1	
- 11 '	_	Cause (Disease or Injury that initiated events	C.				40000000							
1	edical	resulting in death) Last	ľ		Dua to (or as e	conse	quanca of)	:					i	
- 1:	S		d.											
١.	盲		00,022											
	Sic	Part II. Other significant condition	s contributing to da	ath bu	t not rasulting i	n tha u	undarlying	cause g	iven in Part I.		23b. Did tot	bacco use co	ntributa to t	the cause of death?
1	Physician	Parkinson Dise	ase								1 🗆 Ye	s 2 No	3 Probe	12:30PM th tery thplaca (Stata or Foraign punity) 11inois 10d. insida City Limits 1 Yes 2000 punity? Incan Indien, te, atc. White Industry 2. Industry 2. Industry 2. Industry 3. Industry 4. Industry 4. Industry 4. Industry 4. Industry 4. Industry 4. Industry 4. Industry 4. Industry 4. Industry 4. Industry 4. Industry 4. Industry
	by									_				A
	Completed										24a. Was an perform	autopsy ned?	com	labla prior to plation of cause
	0										1 ☐ Yas	s 2 No	10	Vas 2 No
		25. Was case referred to medical							oc Direct	Dant (7				.00 2010
	000	examiner? 1 ☐ Yes 2⊠ No	Hospital:		• • • • • • • • • • • • • • • • • • • •			0. 01			heck only one			
1	-	27. Manner of Death	26a. Date o	patier		Itpatie Time o		UA	41-1 NUISI			nce 6 Oth		100
	Son	1 ØNatural 5 ☐ Pending	(Manth	, Day		njury		28c. inju		280	. Dascribe nov	w injury occum	60	
1	Certification:	2 Accident investigation 3 Suicide 6 Could no	of to				М]Yas 2□No					
1	≣	4 ☐ Homicide determin	286. Place	of injui g, atc.	ry - At homa, fa (Specify)	ım, st	treet, factor	ry, offica		28f.	City or Town,		er or Rural I	Routa Number,
			4											
1	edicai	29a. Certifiar 1 ☑ Certifying (Check only 2 ☐ Medical E	Physiolan: To the baseminer: On the baseminer:	est of sis ot a	my knowledge examinetion an	d/or in	th occurred avastigation	et the ti	ime, date end pl opinion, deeth o	lece, and occurred a	dua to tha can at tha time, de	use(s) and ma te and place, a	nnar as stat and due to ti	lad. he causa(s)
	-	299. Signature and title of ceptifier	\ \/ ·				29	c. Lican	sa number		29	d. Deta signed	(Month, De	ay, Year)
		(MIMIL	to XAA	0 >	TILL	1		D081	07		A		2 10	06
	-	11000	- We	70	June	1		D001	. 0 7		A	lugust	4, 19	90
	1	30. Name and address of person w												
		John J. Shigo,	JM.D 1	854	U Offi	ce :	Park	Driv	re, Gait	thers	burg,	Maryla	nd 208	879
State	1	31. Data filed (Month, Day, Year)	1996 32. Re	giştrai	r's Signatura	P								
egistra	r	AUG 05	NOU P	~~	worker	MAY.	Hall							

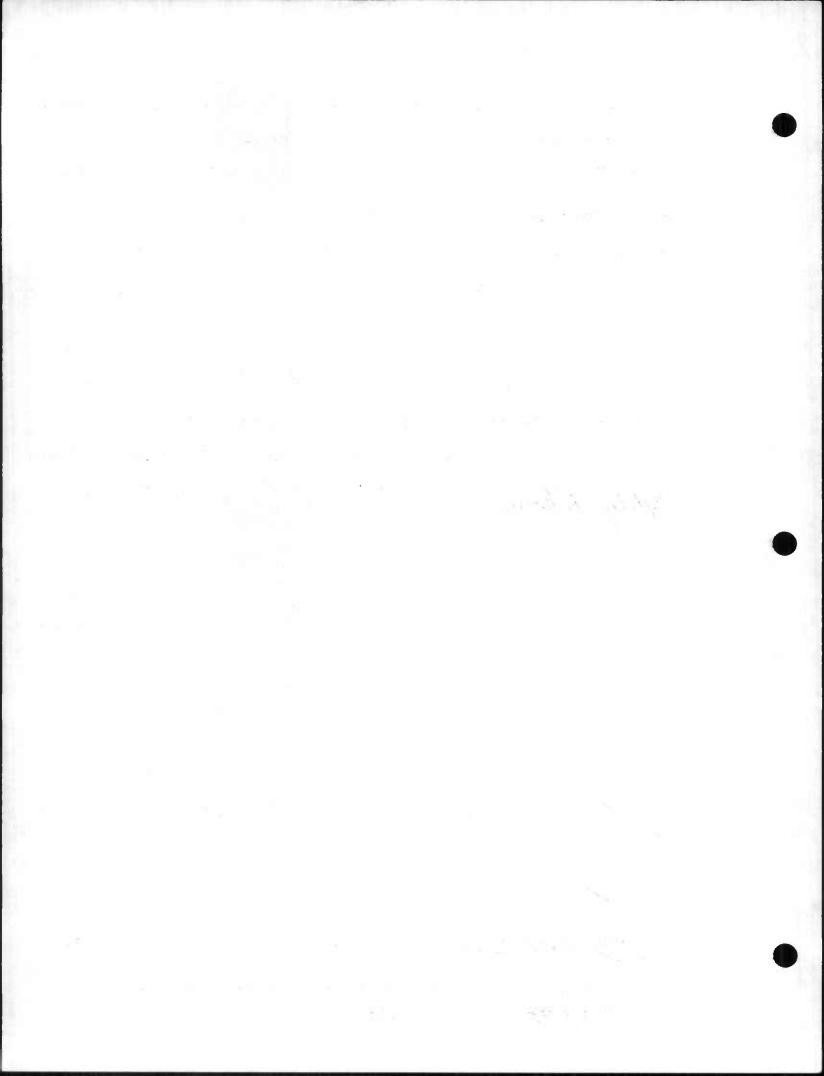


State of Maryland / Department of Health and Mental Hygiene 96

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						Cer	tificate	e of	Death		F	leg. No.		
	Physic /Medi		1. Decedent's Name (First, Middle, Las Edward	Syster		MOBL	EY,	Jr	-		Dete of Dea Month ULY	25 ^{Dey} 199	6 ear	3. Tima of Death 0700 am
	Exami		4a. Fecility Nema (If not Institution, giv. 523 Wilson Place						Frede	erick			ederi	
	Funeral Director		5. Social Security Number 6. S 214-10-2910 1 Usuel Residence of Decedent	ex 7. Age MEM 2□F	e (In yrs. les 83	yrs.	If Under 1 Months	1 Yaar Deys	If Undar 2 Hours	4 Hrs. 8 Min. A	Dete of Birth (Month, De) pr 17,	1913	9. Birthp Coun Mai	elace (Stata or Foreign etry) ryland
	e Maryland ta-f show tried at	ctor	10a. State 10b. County Maryland Frederi	.ck		Town or Lo rederi							1	0d. Inside City Limits 1 No 2 No
	ath with the	Funeral Director	10e. Street and Number, * 523 Wilson Place					2170				U.S.A	١.	•
020	within 72 hours after death with the Maryland ene. than "natural", or items 23a or 28a-f show ha Medical Evantine must be neotified at	by	11. Meritei Status 1 ☐ Never Married 2 ☑ Merried 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedent II Armed Forcas? 1 Yas 2 N If Yes, Give Year or Detas:		1 8	Ves Decede Yes, speci	fy Cubi	lispanic Origi an, Mexicen, Specify:	In? (Speci Puerto Ri	ly Yas or No- ≎an, etc.)	Blee	e - Americ ck, Whita, : Whi	atc.
Maryland 21215-0020	within 72 ho lene. than *natur or Medical	Completed	15. Decedent's Ed (Specify only highest gra Elementary/Secondery (0-12)				ent's Usuel kind of work OO NOT use le1 Ma	k done e retire	during most (d)	of working		16b. Kind of B		ons/Manuf.
/Jand	wild be filed Mental Hygi srked other stic event, to	To Be C	17. Fether's Neme (First, Middle, Last) Edward	yster	Mol	oley	Sr					Meiden Sumen		
<u>ہ</u>	permit. Pages 1 and 2 should Department of Heelth and Mer Important: if Item 27 is marke any injury or other traumatic 2005e.		M. Anita M. Blac 20e. Method of Disposition 1 □ Burlei 2 ☑ Cramation 3 □ 4 □ Donation 5 □ Other (Specify 21. Signature of Funeral Service Lean	khurst/Dau Removel from Stete	ghter 20b. Plac	291 M ce of Disponetery, crem hsbur	lalibu sition (Nem- netory or oth g Cre	Dr herple emat	ive, I	exin	gton, Date , 1996	20c. Location - Smith	y 40 City or To sburg	0502
			23a Part. Enter the disease, of companions, or hand feilura. List only	lem 1	MOO706 the deeth.	5 10	06 E (Chur	ch St	reet,	Frede	neral Ho erick, M		701 Approximete interval Between Onset end Deeth
2	Physician /Medical Examiner	J.	Immediate Cause (Finel disease or condition resulting in deeth)	θ	Due to (org	S a conseq	uence of):	Bn	chyk	me	<i>U</i>			Howar
ox 68760,	eath certificate be executed attending physician and for use as the burial-transit	VMedical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that Initiated avents resulting in death) Lest	C	Due to (or a	S e consequence of seconsequence	uence of):	ne	de la	Fail	line		9	feuro
, P.O. Bo	that the d	y Physician	Part II. Other significant conditions co	ontributing to death bu	ıt not resulti	ing in the ur	derlying ca	use giv	ren in Pert I.		23b. Did to	_/		o the cause of death? bebly 4 \(\subseteq \subseteq \text{Unknow} \)
Records,	e law requir has been s je 2 should	Completed by				_					24a. Wes a perfor	med?	ave cor of	ere autopsy findings elleble prior to mpletion of cause deeth?
	ysician: The sectificate director, pag	BeC	25. Wes case referred to medical examiner?						26. Plece	of Deeth (Check only o			3100 5210
ō	Phys ratio	2	1 Yes 2 No 27. Menner Deeth 1 Netural 5 Pending	Hospitel: 1 Inpatie	y. 20	R/Outpetlen 6b. Time of Injury		3c. Injur Wor	4 La Taura	28	5 Pasid d. Describe h	ence 6 Doth	er (Specif) red	v)
DIVISION	the the	Certification:	2 Accident 3 Suicide 4 Homicide			e, ferm, stre			100 2 2 10		i. Location (S City or Tow		per or Rura	I Route Number,
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edical (29e. Certifier 1 Certifying Phy (Check only one) 2 Medical Example	/alcian: To the best of	examinetion	edge, death n end/or inv	occurred e astigetion, i	t the tir	ne, dete and pinion, daath	plece, and	d due to the d at tha time, d	euse(s) and madeta end plece,	anner as st and due to	eted. the cause(s)
	To the within 2 To the comple	Med	90h Sinnature and title of cartifles	end menner ste	IeO.			Licens D29	e number 591		1	29d. Date signe July	d (Month, 25,	
•			30. Neme end eddress of person who of Mark P. Rubin, I	completed cause of de				Dri	ve, Fr	eder	ick, Ma	aryland	2170)2

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DIVISION OF VITAL RECORDS, P.O. BOX 68

after death. Page 6 may be retained by the hospital or attending physician,	by the funeral director, page 5 should be detached for use as the burlal-transit permit. Primoval.	lical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit be filed within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

ages 1, 2, 3 should

											10 6	25301			
	1 - FOR STATE REGISTRAR	STATE OF MAI					IEALTH DEAT		MENTAL HYGIE						
	1. DECEDENT'S NAME (First, Middle, La	st)			_				2. DATE OF OEATH	· · ·	1:	TIME OF OEATH			
	Taylor	Morg	40	•	\mathbf{P}_{α}	le			MONTH	DAY	YEAR				
	4. SOCIAL SECURITY NUMBER		AGE (in yrs. les	e la facta al acab	IF UNDE	-			August	8	1996	7:10 A M			
	None	1 M 2 V F	AGE (III YIS. IBS	YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year)	1000	Country)	ACE (State or Foreign			
	9a. FACILITY NAME (If not institution, gir	ve street and number)			9b, CIT	. TOWN C	R LOCATIO	SS ON OF DE	ATH	90 001	UNTY OF OEA	ryland			
æ	University	Hogoi to 1				D	atlir	*****							
K	University RESIDENCE OF DECEDENT	DOSPICAL					acrii	HOLE							
DIRECTOR	Maryland 10b. COU	Frederick		10c, CIT	Y, TOWN	OR LOCAT	ION	Fre	ederick			Od. INSIDE CITY LIMITS? YES 2 -NO			
	10e. STREET AND NUMBER					101	. ZIP CODI	E		10n CI		AT COUNTRY?			
ER/	1219 Dahlia La	ne						2170	3		U.S.				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EX	/ER IN U.S. ARI	MED	13.	WAS DEC	ENDENT O	DENT OF HISPANIC ORIGIN? (Specify Yee or N			14 BACE	- American Indian,			
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR	YES 2 N	10	- 1	If yes, sp	ecify Cuba	n, Mexicai Specify	n, Puarlo Rican, atc.)	W W W	Black, \ Specify:	White, etc.			
0	15. DECEOENT'S E	DUCATION	16a. OE	CEDENT'S	USUAL O	CCUPATIO	ON		t6b. KIND OF E	USINESS/IN	OUSTRY				
COMPLETED	(Specify only highest gri	College (1-4 or 5+)	(Gir life.	Do NOT us	work done se retired.)	during mo	st of working	g							
F	none		d	ni ld											
Ö	17. FATHER'S NAME (First, Middle, Last)					-	18. MOTH	IER'S NAI	ME (First, Middle, Maid	en Sumame)					
	Allen Lee Po	ole						And	drea Dwye	r					
BE (19a. INFORMANT'S NAME (Type/Print)		t9b	. MAILING	ADDRES	S (Street a	nd Number	-	loute Number, City or 1	_	ip Code)				
2	Allen Lee Po	ole		1219	9 Dal	nlia	Lane	e. Fi	rederick,	Md.	21703				
	20s. METHOD OF DISPOSITION		20b. PLACE A		D DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State										
	t Buriat 2 Cremation 3 R 4 Donation 5 Other (Specify)	amovel from State	cemetery, crer			-1 (7 7-		.,	100	C .	3 1 3 263			
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	estnave	311 ME	22.	NAME AN	D ADDRES	SS OF FAC	AUGUSTI IZ	. 199	b Fred	derick,Md.			
	Walland (1 Mark	2 1 30	2002		Keen	ev ar	nd Ba	sford Fu	nera1	Home				
	Keeney and Basford Funeral Home 106 East church Street, Frederick 23. PART I. Enter the diseeses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,														
	ahock, or heart failur	r complications that care. List only one cause	st only one cause on each line.												
	IMMEDIATE CAUSE (Final		Extreme Prematurity DUE TO (OR AS A CONSEQUENCE OF):												
	disease or condition resulting in death)	a. Ey	stren	•	ŀ	rer	nat	Ur	164			7 hours			
		DUE TO (OR	AS A CONSEC	UENCE O	F):										
Z	Sequentielly list conditions,	- b. Tw	in	Ge	sta	t10	1								
CERTIFICATION	It any, leeding to immediate	DUE TO (OR	AS A CONSEC	UENCE O	F):										
2	CAUSE (Disease or injury	c													
ËΙ	that initiated evente reaulting in deeth) LAST	OUE TO (OH	AS A CONSEQ	UENCE O	F):							ļ			
		_ d										-			
- I	PART ii. Other aigniticent conditi	iona contributing to dec	oth but not re	eulting	In the u	nderlying	ceuse g	iven in I	Part i. 24a. WAS	N AUTOPSY	24b. W	ERE AUTOPSY FINDINGS			
2									PERF	ORMED?		WAILABLE PRIOR TO OMPLETION OF CAUSE			
									t □ YES	2 JANO		F DEATH?			
2	DID TOBACCO USE CON	ITDIDLITE TO CALIS	E OE DEAT	TLI VI	·c 🖂	NO E	LINIC	ERTAIN			1	YES 2 NO			
A	25. WAS CASE REFERRED TO MEDICAL			E OF DEAT			UNC	CKIAIN							
PHYSICIAN: MEDICAL	EXAMINER? 1 YES 2 W NO	HOSPITAL:			OTHE	R: -									
¥	27. MANNER OF DEATH	1 V Inpatiant 2 ER		28b. TIM		26c. tNJ		sidence	6 Other (Specify)						
	1 Natural 5 Pending	(Month, Day, Y			URY	WO	RK?	200	28d. DESCRIBE HOV	INJURY OC	CUREO				
B	2 Accident Investigatio	28. PLACE OF IN	IIIDV . At hos				'ES 2 [) NO							
	4 Homicide 6 Could not to determined	building, atc.	(Specify)	****, 101111, 1	perwet, rac	ory, orner			28t. LOCATION (Street City or Town, Sta	e and Numbe	r or Hurai Hou	te Number,			
u ,	290. CERTIFIER					_									
COMPLETED	(Check only	YSICIAN: To the best of my													
Ö	2 MEOICAL EXAM	INER: On the basis of exemi	nation end/or in	nveatigatio	n, In my o	pinion, d	eath occur	ed at the t	lime, date and place,	end due to t	he cause(e) e	nd manner as stated.			
ш	29b. SIGNATURE AND TITLE OF CERTIF	IER A					29c. LICE	NSE NUM	BER	29d. DA1	TE SIGNED (N	fonth, Day, Year)			
9 0	Mobers H. Z	Hahe	M.D				D	477	198	► A	tugust	8, 1996			
2	30 NAME AND ADDRESS OF PERSON I	WHO COMPLETED OFFICE								.1					

29b. SIGNATURE AND TITLE OF CERTIFIER

Robert A. L. Blake, M.D.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

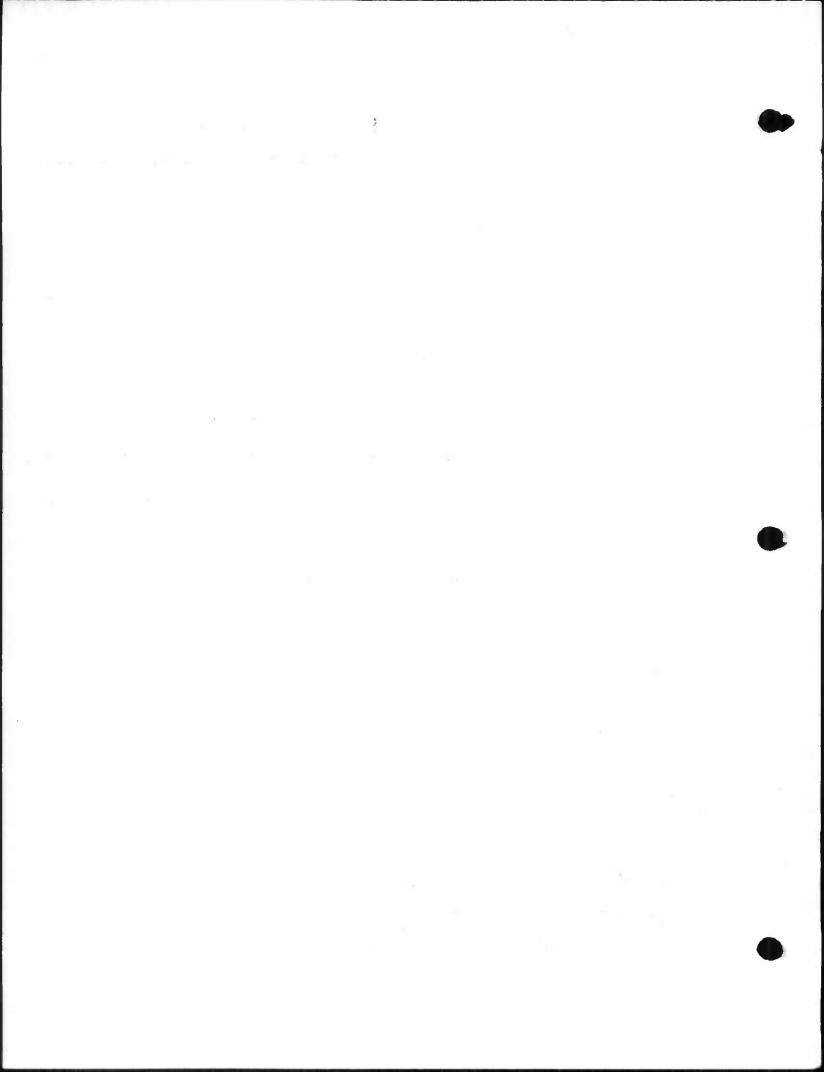
Robert A. L. Blake, M.D.

31. DATE FILED (Month, Day, Year)

AUG 1 2 1996

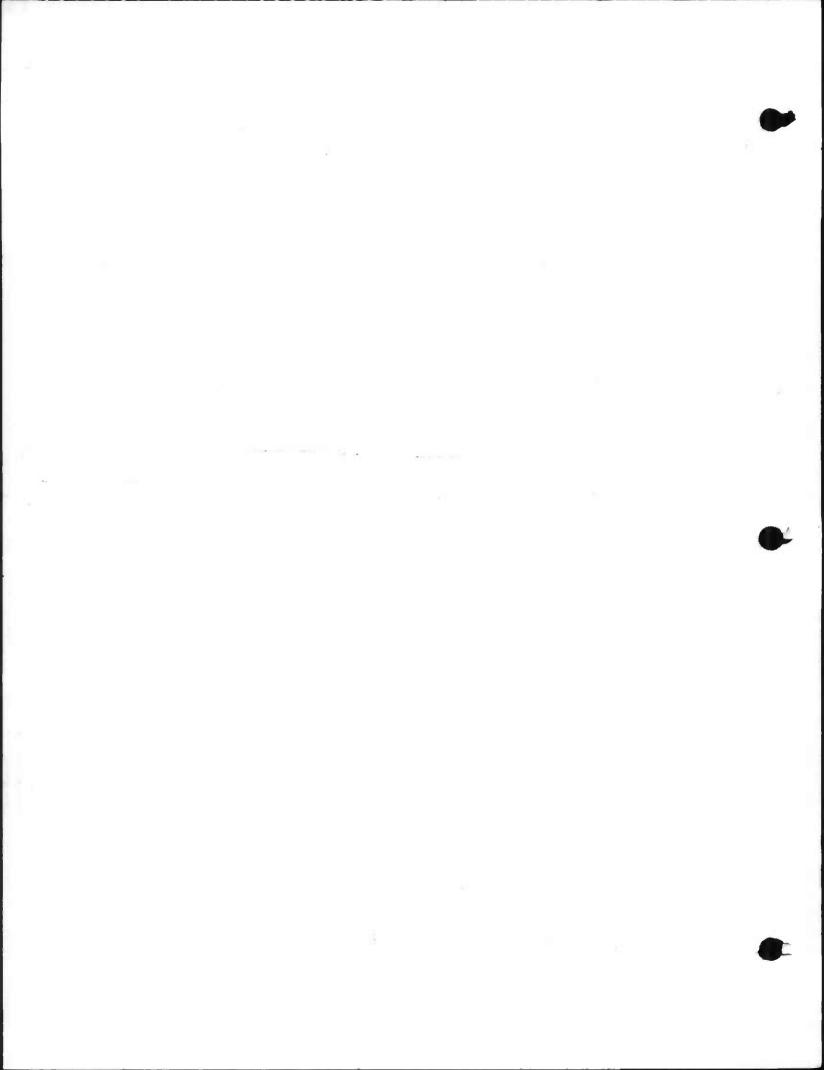
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AUG 1 2 1996 29c. LICENSE NUMBER
D 47798 ► August 8, 1996



	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the first making the complete of the co	De med writin 12 hours aret deau with the State Dept. Of regard and mental hyberte prior to buriation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	death	afte	be med writin to hours after open with the State Dept. In regalt and wentar hyperic prior to bottat, certiation, or entired. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical ex
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC				YGIENE EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF E			3. TIME OF DEATN		
	Tyler Mar	tin Poo	ole			AUGU	_ DAY	1996	5:00 am		
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B			PLACE (State or Foreign		
	none	1 1 M 2 🗆 F		NTHS DAYS	HOURS MIN.	(Month, Day	(Year)	1996 Ra	Maryland		
	9a. FACILITY NAME (If not institution, give si	trant and number)		0774 70404	3 47	Augu		700	HIMOLE CITY		
œ	University Hosp		-	. CITY, TOWN	Baltin		90	COUNTY OF D	EATN		
DIRECTOR	RESIDENCE OF DECEDENT	1041									
0	10a. STATE 10b. COUNTY	1	10c. CITY, T	OWN OR LOCA	TION				10d. INSIDE CITY		
뜸	Maryland Fre	derick			Frederic	ck			LIMITS?		
	10e. STREET AND NUMBER			100	. ZIP CODE		100	CITIZEN OF	WHAT COUNTRY?		
FUNERAL	1219 Dahlia Lan	e			720 120.7	21703	100		S.A.		
Ž	11, MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ODIGINS (S.	acify Van or I	to the BACI	E — American Indian.		
	1 X Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, sp	ecity Cuban, Maxica	an, Puerto Rican		Blac	k, White, etc.		
BY	3 Widowed 4 Divorced	IF TES, GIVE WAR ON D	AIES	I L TES	2 XNO Specif	ry:		Spec	w. White		
<u> </u>	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S USE			16b. KINI	OF BUSINE	SS/INDUSTRY			
H.	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of work life, Do NOT use re	done during mo tired.)	st of working	-					
릴	none		Chi	ld							
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle	, Maiden Sum	ame)			
ш	Allen Lee Pool	.e				Andre	a Dwy	er			
0 8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural	Route Number, C	ity or Town, St	ate, Zio Code)			
ĭ	Allen Lee Pool	.e	1219 Da	ahlia 1	lane, Fr	ederick	, Md.	21703			
	20a. METNOD OF DISPOSITION	201	. PLACE AND DATE OF D	ISPOSITION (Ne	erne of	DATE	20c. LOCATE	ON — City or To	wn. Stata		
	1 □xBuriel 2 □ Cremetion 3 □ Rame 4 □ Donation 5 □ Other (Specify)	oval from Stata Cen	etery, cremetory or other thaven Mer	morial	Gardens	Aug.	2, 19		ederick, Md.		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			D ADDRESS OF FA						
	· Kuhard	C.C. Dasfor	M00021		ey and B						
	23. PART i. Enter the diseases, or o	omplications the cause	the deeth. Do not	enter tha mo	de of dying, suc	h as cardiac	or reapirato	Freder:	Ck Md 217		
	shock, or heart fellure. I IMMEDIATE CAUSE (Fine)	List only one cause on e	ech line.				•		Interval Between Onset and Death		
	The state of the s	E. J.			1				21		
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF):	nmar	writy				3 hours		
z			Sestat						i		
RTIFICATION	Sequentially list conditions, If any, leading to immediate		CONSEQUENCE OF):	1076							
3	cause. Enter UNDERLYING	e.									
<u> </u>	CAUSE (Disease or Injury that initieted events	DUE TO (OR AS A	CONSEQUENCE OF):								
	resulting in deeth) LAST	d									
3	DADT II Other claudiant condition										
Ä	PART II. Other significant condition	s contributing to death b	ut not resulting in t	he underlyin	g ceuse given In	Part I. 24a.	PERFORMED		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
ă						1 [YES 2 💢	NO	COMPLETION OF CAUSE OF DEATH?		
Σ									1 TES 2 1 NO		
ÿ	DID TOBACCO USE CONTE	RIBUTE TO CAUSE O	F DEATH YES		UNCERTAIL	N 🔲					
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (Check only one)							
Z	1 TYES 2 NO	1 K Inpatient 2 ER/Outp			e 5 🗆 Rasidenca	8 Other (Spe	ocity)				
PHYSICIAN: MEDIC	27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. INJ WO	URY AT RK?	28d. DESCRIB	E HOW INJUR	TY OCCURED			
E A	1 Natural 5 Pending 2 Accident Investigation				res 2 No						
	3 Suicide 8 Could not be 4 Nomicide determined	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, atree	t, factory, offic		281. LOCATION City or Tox	(Street and N	lumber or Rural F	Route Number,		
= 1	4 Nomicide determined										
au 1			ledge, death occurred at	the time, data	and place, and due	to the cause(a)	and manner	na stated.			
7	29a. CERTIFIER (Check only 1 CERTIFYING PNYSIC	CIAN: To the best of my know									
OMPLE	(Check only 1 CERTIFYING PNYSIC	CIAN: To the best of my know R: On the basis of examination	n and/or investigation, in	my opinion, d	eath occured at the	time, data and	piece, end du	a to the cause(a) and manner as stated.		
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IO BE COMPLETED	(Check only 1 MEDICAL EXAMINE) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WINC	R: On the basis of examination	M, N.		29c. LICENSE NUI	MBER	290	d. DATE SIGNED	(Month, Day, Year)		
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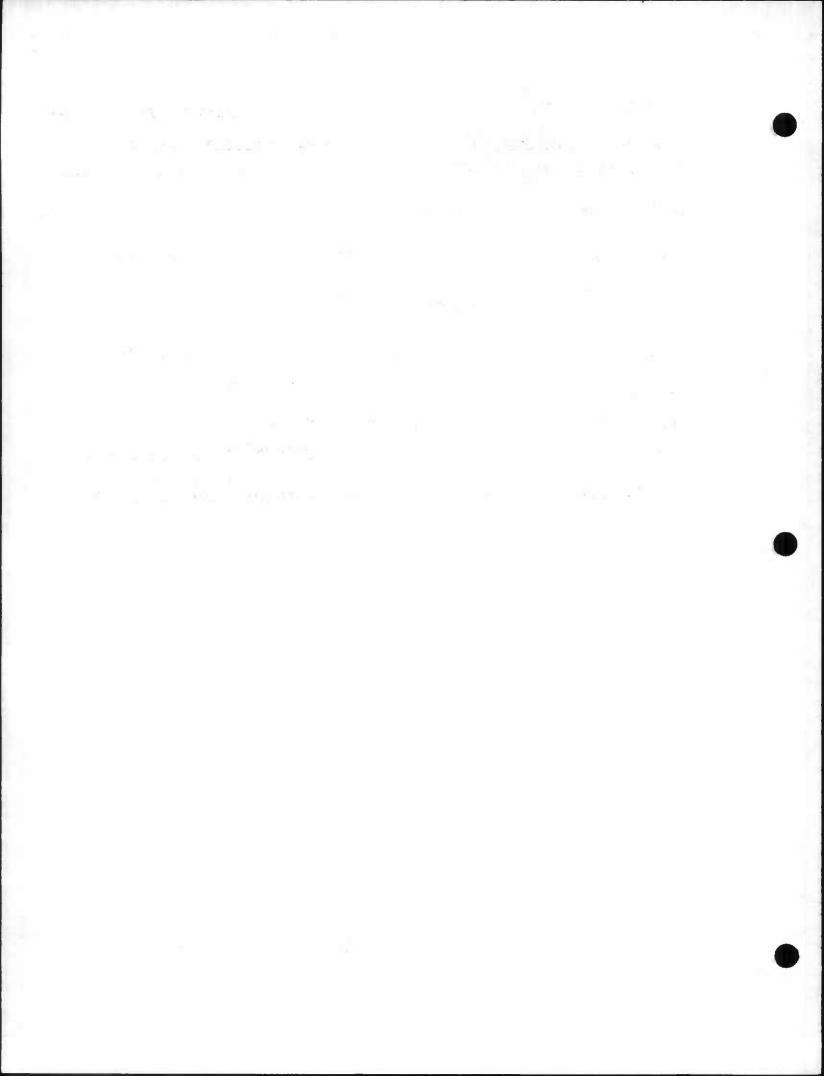


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State of Maryland / Department of Health and Mental Hygiene

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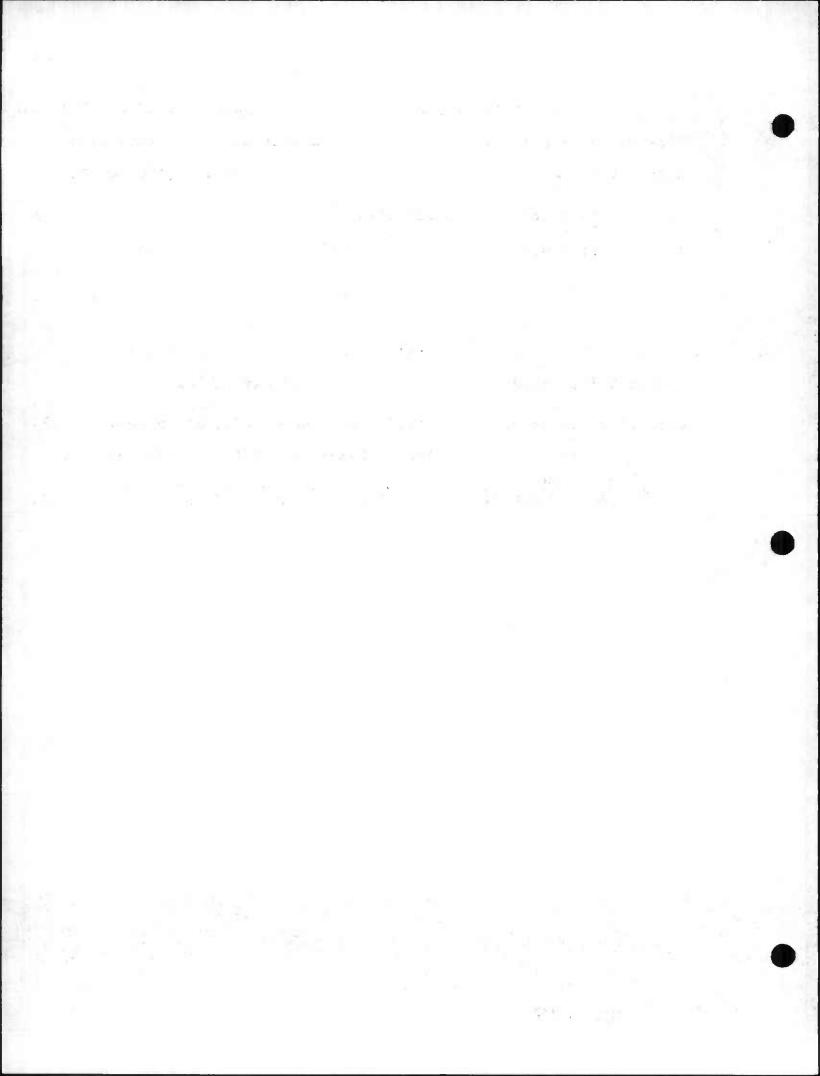
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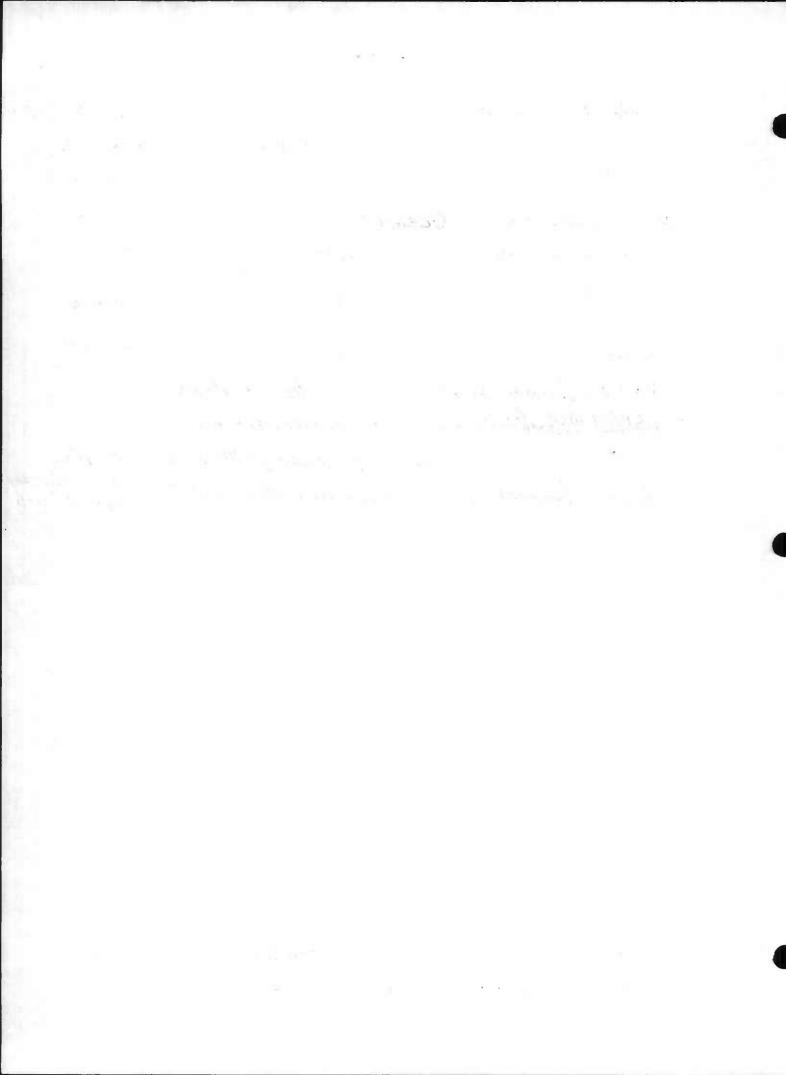
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	Funeral Director		217-32-1099	ex 7. Age ☐ M 2/CNF	(In yrs. lest birth	rs. if Undar 1 Y	aar ays	If Undar 24 H Hours Mi	n. 8. Data of B	Birth Peer) 25,1	9. Birth	place (State or Foreign ntry)				
	show dat	١	Usuel Residence of Decedent 10e. Stete 10b. County Md. Frederi		10c. City, Town							10d. Inside City Limits				
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	23a or 2	Funeral Director	12412 Stottlemy	ver Rd.		10f. Zip Co 21	773	3		U.S	on of What Coul	ntry?				
020	ges 1 and 2 should be filed within 72 hours after death with the Maryland tof Health and Mental Hygiene. If them 27 is marked other than "natural", or flems 23a or 28a-f show or other traumatic event, the Medical Exeminer must be notified at	þ	11. Maritei Stetus 1 □ Nevar Married 2 □ Married 3 Ⅸ Widowed 4 □ Divorced	12. Wes Decedent Ev Armed Forces? 1 ☐ Yas 2 💆 No if Yes, Give Yeer or Datas:		13. Was Decedant if Yes, specify 1 ☐ Yes 2 2	Cuban	penic Origin? , Mexican, Put Specify:	(Specify Yas or I arto Rican, atc.)		Race - Americ Bleck, White, pecify: Whi	etc.				
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Balti	pemit. Page Department of Important: if any Injury or once.		120 Burial 2 Cremetion 3 Removed from State Reformed Cemetery 8/1 Middletown, Md.													
n.			31 E. Main St., Middletown, Md. 2176 23a. Paint. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one celum on each line. Approximate intervel Between													
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Records,	been s	Completed								es en autopsy rformed?	av co	Vere autopsy findings valiabla prior to pmpletion of cause death?				
	The law ate has page 2	E							10	Yes 20		□Yas 2□LNo				
Vital		Bec	25. Was case referred to medical					28. Place of D	eeth (Check onli		10	22010				
	ysician: s certifica director,	To E	examiner?	Hospitel:	2 ER/Outp	etient 3 DOA	Other	-	Home 5 PRe		Other (Specia	6/1				
ot	Physer this		27. Manner of Death	28a. Dete of fnjury	28b. Tir		Injury e Work?		7	e how injury o		777				
0	ttending I death. ctor: After y the funer	atio	1 Matural 5 Pending 2 Accident Investigation	(Month, Day 1	rear) inj			as 2 No								
Division	after deatl Director: d in by the	Certification:	3 Suicide 8 Could not be detarmined	28e. Plece of Injury building, etc.	y - At homa, fam (Specify)	n, street, fectory, of	lice			(Street and I own, Stete)	Vumber or Rura	al Routa Number,				
	To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director.	edicai C	29e. Cartifier (Check only one) 1 Cartifying Phy	rsicfan: To the best of r Iner: On the basis of e	xaminetion end/	deeth occurred et the or investigation, in r	e time	, dete end pie nion, deeth oc	ce, end due to the curred at the time	e cause(s) ar e, dete end pl	nd menner as s lece, and due to	stated. o the ceuse(s)				
	roth Within Fo th	Me	29b. Signature and Alert certifier	6/2				number			signed (Month,	Day, Year)				
			y (ca	sun		1	14:	3590		8-8	3.94	9				
			22911 Jeff	ompleted cause of dea	th (Item 23e) (T	ype, Print) SMITUS &	42	16, M	0 21	783	J848	EED				
	Sta Registr		31. Dete filed (Month, Dey, Year) AUG 1 2 19	32. Registrer	Signature	- Annual Control		,								



State of Maryland / Department of Health and Mental Hygiene Q 6 25211

					Certificate of	Death	F	leg. No.	3 6	.0011
Dhyaini		1. Decedent's Neme (First, Middle, La	st)				2. Data of Dea Month		Year	3. Tima of Death
Physici /Medic		WARREN B	RUSHE	R			36	(1	96	12:50 PI
Examin		4e. Fecility Nama (If not institution, give	e street and number)			4b. City, Town, or	Location of Death	4c. County	of Death	
		AGH				BERLIN	/	11106	CES	TER
Funeral		5. Sociel Security Number 6. S	Sax 7. Ag	a (In yrs. last bii	Months Dev					ace (State or Foreign
Director		103-18-6442	ILD M 2LJF	73	Yrs.		01-24			YLVANIA
pu 🛦		Usuel Residence of Decedent 10a. Stata 10b. County		10c. City, Tow						
ehow	_			-					10	Od. Insida City Limits
M of Mark	%ct	MD. WORCE	=3751	DE	EAN CITY					1 Yes 2 □ No
13-UUZU 172 hours efter deeth with the Maryland 172 hours efter deeth with the Maryland 172 hours hours as or 28e-f ehow idical Examiner must be notified at	Director	10e. Street and Number		1	10f. Zlp Code		1	log. Citizen of W		lry?
23a	Ta.	2301 PHILA	PELPHIA	HUE.	218	42		05	H,	
e de	Funeral	11. Marital Status	12. Was Decedent Armed Forces?		 Was Decedent of If Yes, specify Cu 	Hispanic Orlgin? (S ben, Mexican, Puar	Specify Yes or No- to Rican, atc.)		- Amarica k, Whita, a	
e e e		1 Never Married 2 Married	1 XYas 2 ☐ I	No	1□ Yas 2⊠No			Specify:		
72 hours of natural, or	d by	3 Widowed 4 Divorced	Year or Detes:		,					ITE
	Completed	15. Decedent's Ed (Specify only highest gra		16a.	Decedent's Usuei Occu (Give kind of work done life. DO NOT use retir	ipation a <i>during</i> most of wo	rking	16b. Kind of Bu	siness/Ind	ustry
d within giene. r than	dr.	Elementery/Secondery (0-12)	College (1-4or 5	5+)		ed)		REST	AURE	シメナ
filed Hygie off, II		12 YRS, 17. Father's Neme (First, Middle, Last,			COOK	40 Mark ada Mar	and Affirms & Address			
be fi	Be				<u> </u>	0	ma (First, Middle,		a)	
should be filed and Mental Hygi marked other umatic event, I	2	WARREN BOI	UMANY KO	ISHER,	SR,		IE KEK			
2 8 9 9		19e. Informent's Neme/Reletionship (Type, Print)		. Meiling Address (Stree				Stete, Zip	Code)
E M N P		WARRED BOU	MARY-11US			ADEL PH				
200		20a. Method of Disposition 1 ☐ Buriai 2 ★Cremation 3 ☐		20b. Place of	f Disposition (Name of ry, cramafory or othar pl	ace)	Dete C 1210	20c. Location - 6	City or Tov	wn, Stete
		4 □ Donetion 5 □ Other (Specif	y)	SAL	18 BURY CR	EMATORY	8/12/94	SALISL	BURY	MID,
permit. Peg Department Important: I eny injury o	Ì	21. Signature of Funerel Service Liner			f Disposition (Neme of ry, cramatory or other pl 18 Bully CR 22. Nama and Addi ULL RIC not enter the mode of the	ess of Fecility	4.8	10902	L OCI	EAN GATEN
86559		1 James 7. 13	unde,	١.	ULLRIC	14 TUNER	IN / HOME	BE	- 1 41	U. MO 218
		23a Pagi. Enter the disease, or com	plications that causad	tha daath. Do	not entar tha moda of dy	ring, such es cardia	c or raspiratory arr	est,		Approximitate
Physician	i	arious, or relative List only	one ceuse on each iir	10.						Interval Between Onset end Death
/Medical		Immediate Cause (Finel diseasa or condition	A OLE L	JAMPINI	C 1 //ma (0 / / A)	44.			1	AT LEAST
Examiner		resulting in deeth)			S LYMPHO (MA			1	1 YEAR
	ner									
icate be executed physician and s the buriel-transit	Examiner	Sequentially list conditions		TRION Due to (or as a c	consequence of):					
ficate be exectly physician entry the buriel-ti	X	Sequentielly list conditions, if any, leeding to immediate cause. Enter Undartying Cause (Disease or Injury	. ANEM			Court !				
ysick ne bu	cal	fligt tiltiafed exellis			ROMBOCYTOP consequence of):	EIVIA				
entifice ling ph	Medical	resulting in death) Last				5 n				
eath cer attendin I for use			d. PNBC	MINON IA	· GI BLE	E/)			_	
that the death cartificate be executed ed by the attending physician and detached for use as the buriel-transit	Physician/	Part II. Other significant conditions of	ontributing to death by	ut not reculting in	the underhing course a	ivan in Bart I	22h Did w	hacen use ohn	delbude to	the cause of death?
res that the de signed by the a i be detached i	hys		online to deal of	ot not resulting in	Title underlying cause g	IVOIT III F QILLI.	1□ Y	_/	3 ☐ Prob	
the det	by P						, ,	88 ZIM 140	3 1100	abiy 4 dikilow
The law requires ste has been sign page 2 should be	Z D						24a. Wes a	n autopsy	24b. We	re eutopsy findings
w require been si should	Completed						perfor	med?	com	ilable prior to appletion of cause
The law ate has page 2	티							-/		leath?
icien: The certificate rector, pag	ပိ						1 🗆 Y	es 2 No	1 🗆	Yes 2□ No
Physician: r this cartific and director,	o Be	25. Wes case referred to medical exeminer?	Hospitel:		_ 0	lhan	eth (Check only or			
Physicien: The law requires the third control of the certificate has been signed in director, page 2 should be control.	-	1 Yes 2 No 27. Men/or of Deeth	1 🗸 Inpatie 28e. Dete of Injur		itpatient 3L DOA	4 Li Nursing F	lome 5 ☐ Reside)
I or Attending Phy after deeth. Director: After thi 3 in by the funeral	Certification:	1 ☑Netural 5 ☐ Pending	(Month, Day		njury We	ork? ∃Yes 2 □ No	Zod. Describe III	DW Injury Occurre	,u	
the est	ca	3 ☐ Suicide 6 ☐ Could not be		40 5 40			not Leasting (C	transferred Abumbe	or Or or I	Davida Atima trans
or A Mitter or Direction by	₹	4 ☐ Homicide determined	building, etc		rm, street, factory, office		28f. Location (Si City or Town		ir or murai	Houta Number,
Hospital or Attending 24 hours after deeth. Funeral Director: After Nely filled in by the fune		29a. Certifier 1D Certifying Ph	untatan. To the best	for the soul day						
Hos 24 hc Fun tely	edicai	Check only 2 Medical Exam	niner: On the besis of	examination en	, deeth occurred at the t d/or invastigation, in my	ime, dete end place opinion, death occu	t, end due to the c irred et the time, d	ause(s) end mer ete and plece, s	nner es sta and due to	ated. the causa(s)
2 - 2 - 3	Me	29b. Signeture end title of certifier	end menner sta	ned.						
5 × 5 8	-	1 M J	τ			se number		9d. Date signed		
		4 7 Lewe	2		0	0050929	*	8-1	11-94	6
	0	30. Name and address of person who	completed cause of de	eeth (Item 23e) ((Type, Print) BERLIN Note: 1 to 1 to 1 to 1 to 1 to 1 to 1 to 1 t					
		9733 H	EALTHWAY	I DR.	BERLIN	MD. 218	811			
Stat		31. Data filed (Month, Dey, Year)	32 Registre	er's Signatura						
Registra	ır	AUG 1 2 199	b gulled	Rudson Ka	reall					



State of Maryland / Department of Health and Mental Hygiene 96 25312

						Cert	ificate of	Death		Reg. No.	10	20012				
			1. Decedent'e Name (First, Middla, L	ast)					2. Date of Dec	eth	Mana	3. Tima of Death				
	Physici /Medi		F	letcher	Leon		Rynes		Aug.	1 19	96	5:32am				
	Examir		4a. Facility Nama (If not institution, gi					4b. City, Town, or I								
			Memorial Ho	ospital a	t East	on		Easton		Tall	oot					
	Funeral		Social Sacurity Number 6.		e (In yrs. last bir	thday)	If Undar 1 Year Months Days		8. Data of Birt (Month, Da	h v Year)	9. Birth	piaca (State or Foreig				
	Director	S .	222-03-1446	1 ∑ (M 2 □ F	79	Yrs.	Months Days	Tiodio Min.	July 17	, 1917	Ma	ryland				
	put *		Usuai Residence of Decedent 10a. State 10b. County		10c. City, Tow	n or Loca	ation					40d Incide City Limite				
	sho of	5										10d. Inside City Limits 1 ☐ Yas 2 ☐ No				
	the A	Director	Maryland Carol 10e. Street end Number	ine	Hills	boro	10f. Zip Code			10a Chinas of I	401 O	A				
	With Po W									10g. Citizen of t		ntry /				
	eeth m 23	Funeral	22426 Shore High	12. Was Decedant I	Ever in U.S.	13 W	21629	Hienanic Origin? (S)	pacify Vas or No.			can Indian,				
	ther d	들	1 ☐ Naver Married 2 ☐ Married	Armed Forces? 1 ☐ Yas 2 ☐ ↑		if Y	Yes, specify Cub	Hispanic Origin? (Span, Maxican, Puert	o Rican, etc.)	Bia	ck, Whita,					
22	ors el	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yaer or Datas:		15	□Yes 2.□No	Specify:		Specify Bla						
ŏ	72 hours efter deeth with the Meryland netural; or items 23s or 28s-f show diest Examiner must be notified at	8	15. Decedant's E		16a.	Decede	nt's Usuei Occu	pation		16b. Kind of B	-	ndustry				
215	hin 7	Completed	(Specify only highest gi	ade complated) Coilege (1-4or 5	4)	(Give kii	ind of work dona O NOT use retire	during most of world)	king							
7	od wit	No.	4			Farm	er			Fan	ming					
Maryland 21215-0020	al Hy outh	Be (17. Fether'e Neme (First, Middle, Las	1)				18. Mother's Nen	ne (First, Middle,	Maiden Suman	10)					
ya	Ment Ment	10	Jacob A	lbert Ryn	es			Bertha	Matthey	VS						
a	s 1 and 2 should be filed within 72 hours efter deeth with the Merylan f Health and Mental Hygiene. If Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be notified at		19e. informent's Neme/Reletionship					t end Number or Ru		-						
	of Health Item 27 I		Pauline V. Ryne	s Wife	_			Highway,	T							
more,	Pages 1 nent of H int: If Ite		20e. Method of Disposition 1 □ Burial 2 □ Cramation 3	Removal from State	20b. Plece of camater	y, crema	tion (Name of story or othar pis	ice)	Dete	20c. Location -	City or To	own, State				
ITE	ment tant: It				Sandt				8/5/96	Hillsb	oro,	Maryland				
Bai	permit. Peges Department of Important: If I any injury or once.		1 Removal from State 4 Donetion 5 Other (Specify) 21 Signature of Puperal Service Licenses 22 Name and Address of Pacifity 22 Name and Address of Pacifity 23 Name and Address of Pacifity 24 Name and Address of Pacifity 25 Name and Address of Pacifity 26 Name and Address of Pacifity 27 Name and Address of Pacifity 28 Name and Address of Pacifity 29 Name and Address of Pacifity 20 Name and Address of Pacifity 21 South													
_	OD F & Q		To tearly.	Mars	0		MON	6 Our	eslA	Trapen		MD 21629				
			23a. Pertr. Entar tha diseese, or con shock, or heert feilure. List only	polications that caused one couse on each iir	the death. Do r	not antar	the mode of dyi	ing, such as cardiac	or raspiratory ar	rast,		Approximete Intervai Between				
	Physiclan /Medical		ALLEGER AND PARTY	0. 0		0		\	(01 1		i	Onset and Death				
8	Examiner		Immediate Cause (Final disaasa or condition resulting in death)	. llum	vascu	lar	r cecci	deut	(SINUL	4)	1	2 dess				
Ľ.		-		20100	Due to (or es a	conseque	ence of):	. 0.12	,							
	d d ansit	Examiner		b. Cler	Due to (or es e		V (1)	xux	*		i					
ń	The law requires that the death certificate be executed tte has been signed by the ettending physician and page 2 should be detached for use as the buriel-transit	Еха	Sequantially list conditions, if eny, leeding to immediate cause. Enter Underlying		Due to (or es e t	onseque	enca or):				1					
68760	te be yslcie	edical	thet initieted events	c	Due to (or es e c	onsegua	ance of):									
	ntifice ng ph	Med	resulting in deeth) Lest			,	,				i					
ROX	th ce tendir			d							1					
0.	es that the death ce igned by the ettend be detached for us	Physician/	Pert li. Other algnificant conditiona	contributing to death bu	it not resulting in	the und	lerlying cause gi	iven in Part i.	23b. Dld t	obacco uae co	ntribute t	o the cause of death				
<u>ت</u>	at the	Phy	Decedonium	manoer me, aci	1 Cal	Ti			10	res 2 No	3 Pro	bably 4 Unknow				
Ś	igner bed	by	A		4											
Vital Records,	v require been si should	ted	Clase forter	re. acr	b .				24a. Was perfo	an autopsy med?	av	/ara autopsy findings				
ဥ္	law las b	nple									of	ompletion of cause ideath?				
<u></u>		Completed							101	as 2 No	11	□ Yas 2□ No				
	Physician: The lav this certificate has ral director, page 2	Be	25. Wes case referred to medical exeminar?	Hamital:			10		th (Check only o	na)						
0	physic this c	. To	1 Yes 2 Mio 27. Menger of Deeth	Hospitel: 1 Inpatie			3LI DOA		ome 5 Resid			(fy)				
	Attending Physician: or deeth. ector: After this certific by the funeral director,	lon	1 ☑ Naturai 5 ☐ Pending	28e. Dete of injur (Month, Day	Year) 285. I	rime of njury	28c. Inju Wo M 1	ork?] Yes 2 □ No	28d. Describe h	low injury occur	red					
DIVISION	deeti deeti ctor: y the	ficat	2 ☐ Accident investigation 3 ☐ Suicida 6 ☐ Could not t	OB - Disea of late	Irv - At home fe	rm stree			28f. Location (5	Street and Numl	per or Rur	al Route Number,				
2	ai or Attending P s efter deeth. I Director: After t d in by the funer	Certification:	4 ☐ Homicide determined	building, etc	(Specify)	,	A, 100(01), 011100		City or Tou							
	spita nours nerai		29e. Certifier 1□ Certifying Pi	nyatcian: To the best o	f my knowledge	, deeth o	occurred et the ti	ime, dete end piece	, end due to the o	cause(s) and ma	anner as s	steted.				
	To the Hospital or Atta within 24 hours efter de To the Funeral Direct completely filled in by ti	edicai	(Check only 2 Medicat Exa	miner: On the basis of end mannar sta	examinetion end	d/or inve	stigetion, in my	opinion, deeth occu	rred et the time,	dete and piece,	and due t	to the cause(s)				
	To the To the Comp	×	29b. Signal of end title of certifier				29c Lican	sa number		29d. Data signa	(Month,	Day, Year)				
			Deriver the	um			()2	79887		8/11	96	,				
,			30. Neme end eddress of person who	completed cause of de	eeth (item 23e) (Type, Pr	rint)			VI.	-					
			David Smith, M.I	o., 509 Id1	ewild A	venu	ue, East	on, Mary	land 21	601						
	Sta	_	31. Dete filed (Month, Day, Year)	32. Registre	r's Signeture											
	Registr	ar	AUG - 6 '96	1 wia way	idson-Rano	rell										

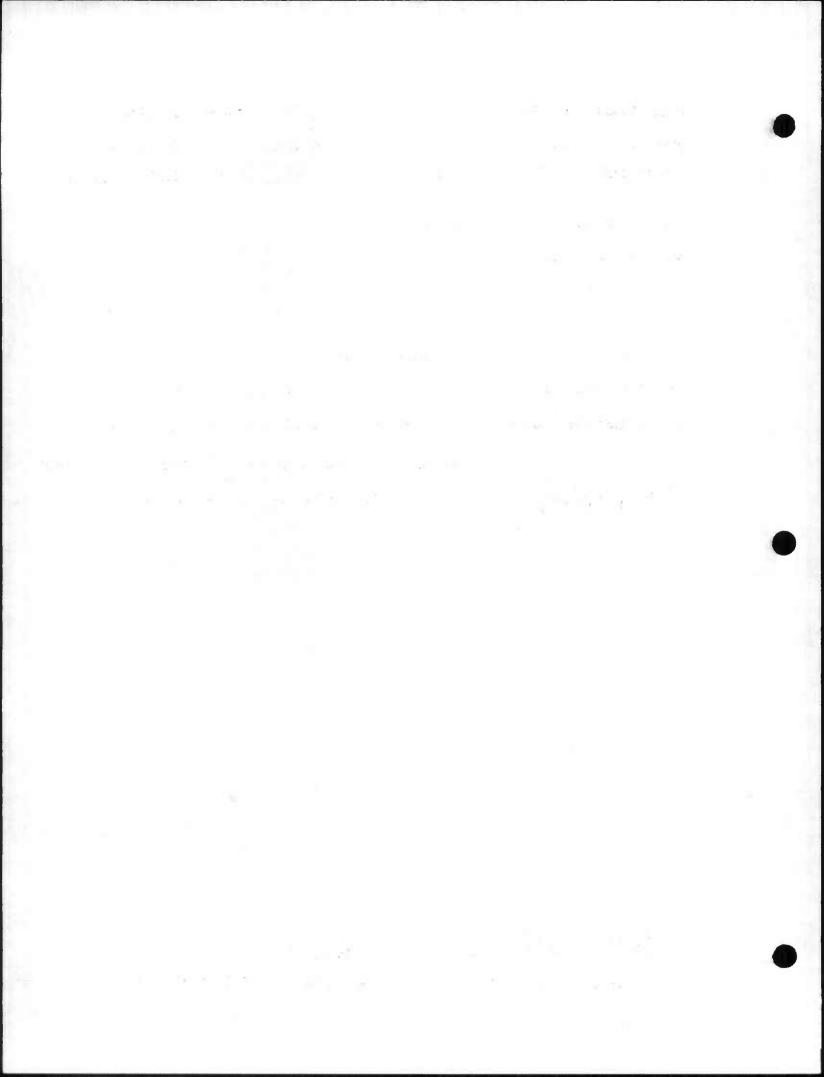
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State of Maryland / Department of Health and Mental Hygiene 96

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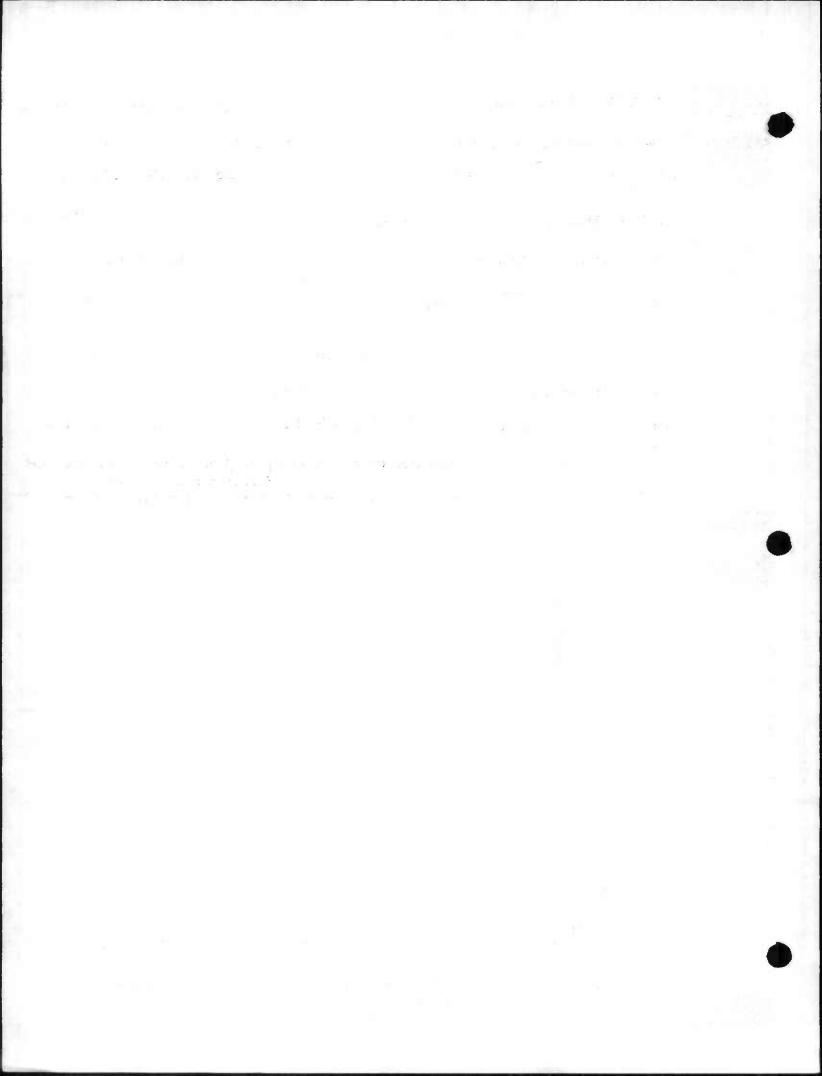
						Ce	rtificate	e oi	Death			Reg. No.				
			1. Decedant's Nama (First, Middla,	Last)							2. Data of De		Vaar	3. Tima of Death		
	Physic /Medi		Hugh Thomas Rhod	derick							Month August	Day 9. 19	Yaar 196	9:30 Pm	n	
Y.	Exami		4a. Facility Nama (If not institution,		mber)				4b. City, To	wn, or Lo	cation of Deat		y of Death	1.0	-1	
			9906 Liberty Roa	ad					Frede	riok		Frede	ri ale			
	Funeral			6. Sax	7. Aga (In yrs	. last birthday,			r If Undar		8. Data of Bir (Month, Di		9. Birth	place (State or Forai	ign	
	Director		220-18-2452	1 X M 2□F		73 Yrs.	Months	Days	s Hours	Min.		3, 1923	Cou	ntry) vland		
ч			Usual Rasidence of Decedant			, ,				L	nay 20	1723	Hal	ranu		
	ylend Mor		10a. Stata 10b. County		10c. C	ity, Town or L	ocation							10d. Inside City Limit	ts	
	Me	to	Maryland Frederi	ick	Fre	edericl								1 ☐ Yas 2 N	10	
	r 284	Director	10e. Street and Number			CUCTIC	10f. Zip	Coda				10g. Citizen of	Whet Cou	ntry?		
	3a o		9906 Liberty Roa	ad			217	Λ1				USA				
	deett	Funeral	11. Marital Status	12. Was Dece		J,S. 13.			Hispanic Or	igin? (Spe	cify Yas or No Rican, atc.)			can Indian,		
0	offer or Its		1 ☐ Nevar Married 2 Marrie		2 No		_				Hican, atc.)		ck, Whita,	atc.		
Maryland 21215-0020	Jaithin 72 hours effer deeth with the Meryland jiene. r than "naturet", or items 23a or 28a-f ahow the Modrel Examiner must be notified at	by	3 ☐ Widowed 4 ☐ Divorced	If Yas, Giv Yaar or D	a atas:		1 ☐ Yas 2	NO NO	Specify:			Speci	Whi	te		
9	2 ho	Completed	15. Decedant's	Education		16a. Dece	dant's Usua	Occi	pation			16b. Kind of E				
21		pje	(Specify only highast Elamantary/Secondary (0-12)	Grada complated) Collega (1	-4or 5+)	lifa.	DO NOT us	a retir	a during mos ed)	it or workir	ng					
7	filed within Hygiene. ther than " ent, the Mo	TO.	7		,	Drywa	11 Ha	nge	er			Constr	uctio	on		
b	0 = 0 >	Be	17. Fathar's Nama (First, Middla, L.	ast)	·				18. Moth	ar's Nama	(First, Middle	, Maidan Sume	ma)			
<u>la</u>		ToE	John Jacob Rhode	erick					El V	irgin	ia Wag	ner				
a ₁	de la la	-	19a. tnforment's Name/Raiationshi	p (Type, Print)		19b. Mail	ing Address	(Stree	at and Numb	er or Rura	Routa Numb	er, City or Town	, Stata, Zij	Code)		
	f Health and Mer tem 27 is marks other traumatic		Vivian Rhoderick	, wife		9906	Libe	rty	Road	. Fre	derick	, MD 2	1701			
re,	s 1 end 2 of Health a frem 27 is other tra		20a. Mathod of Disposition			Place of Disponentary, cra	osition (Nam	na of			Data	20c. Location		own, Stata		
Ë	Page ent o rt: If		1 Buriai 2 □ Cramation 3 Donation 5 □ Other (Spe		Stata					8/	13/96	Post dam.	: _1_	M1		
altimore,	permit. Peges 1 Department of H Important: If its any injury or oth		21. Squature of Funeral Service Licenses 22. Nama and Addrass of Facility Stauffer Funeral Home													
ñ	Depa Impo any I		1621 Opossumtown Pike, Frederick, Maryland 217													
	60		Stauffer Funeral Home													
			shock, or heart failure. List o	nly one causeion a	ach lina.	itii. Do not an	tal the mode	a Ol Uy	ring, such as	cardiac	raspiratory e	irraət,	1	Intarval Between Onset and Death		
	Physician /Medical		immediata Causa (Final	h A		1		Λ.			- 1		i	1		
	Examiner		disaasa or condition rasulting in death)	a. MIETA	117ALS	ر ك	756	CP	ME	r	דם לנט	en		+UNOW		
		<u></u>		a. Meta b. Poor	Dua to (or as a conse	quance of):				•			3 yrs.		
	bed nsit	를		b. TOOR	CA DI	FFERE	MIAT	ED	Lun	16	MUCE	En		3 /rcs.		
	the death certificete be executed by the attending physician and sched for use as the burial-transit	Examiner	Sequantially list conditions, if any, leading to immadiata		Dua to (or as a conse	quance of):						i			
68760,	be e iclan		Cause (Disease or injury	c									į			
87	phys the	Medical	that initiated events resulting in daath) Last		Dua to (or as a conse	quance of):						į			
×	ding ding	/Me		d												
Box	thet the death c ed by the attend deteched for us	by Physician											i			
o.	the the	ysic	Part II. Other significant condition	contributing to de	ath but not ra:	sulting in tha u	inderlying ca	ause g	iven in Part	t.	23b. Dld	tobacco use co	ontribute t	o the cause of deat	h?	
Δ.	d by	Ph	CHRONIC ORST	NYCIME	PIC	MONK	T YS	7.5	EAVE		1)25	Y88 2□ No	3 Pro	bebly 4 Unkno	wn	
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O	v require been si should	Completed										an autopsy ormed?	81	fera sutopsy findings vailabla prior to empletion of causa	à	
ec	2 S S	함											of	death?		
E	The i	5									10	Yas 2000	11	□Yas 2□No		
<u>ita</u>		Be (25. Was casa rafarred to medical axaminar?						26. Place	a of Death	(Check only	ona)				
1	2 00	ဂ္	1 ☐ Yes 25 No	Hospital:	npatiant 2	ER/Outpatie	nt 3 DO	A O	thar: 4 No	ursing Hon	na 5 Bas	Idance 6 Ot	har (Speci	fy)		
0	0 0		27. Mennar of Death	28a. Deta o	of Injury h, Day Year)	28b. Tima o	of 20	Bc. Inj	ury at	2	8d. Dascribe	how injury occu	rred			
Division	Attending Ph ir death. ector: After th by the funeral	Certification:	Natural 5 Panding 2 Accidant invastiga	ition	,,,,	in qui y	M		Yas 2	No						
Vis	Atte	Ific	3 ☐ Suicida 6 ☐ Could no 4 ☐ Homicida datermin	ed 288. Place	of Injury - At h	noma, farm, st	reat, factory	, office	•	2			ber or Run	al Routa Number,		
ō	of printing) ed	4 El Floritoda	Dulidir	ng, afc. (Spaci	ny)					City of 10	wn, Stata)				
	To the Hospital or Attending within 24 hours effer death. To the Funeral Director: After completely filled in by the fun		29a. Cartifier Cartifying	Physician: To tha	best of my kne	owladga, daat	h occurred a	at tha i	tima, data ar	d place, e	nd dua to tha	causa(s) and m	annar as a	stated.	-	
	n 24 n 24 ne Fu	edicai	(Check only 2 Medical Ex	kaminer: On the be end mann	sis of axamina ar stated.	ation and/or in	vastigation,	in my	opinion, das	ith occurra	d at the time,	data and place	, and dua t	o tha causa(s)		
	Vithi To th	Ž	29b. Signatura and titia of cartifiar				29c.	. Licar	nsa number			29d. Data sign	ed (Month,	Day, Year)		
			Millon	Supre	m			D	476	11						
			3Q. Name and eddress of person w	ho completed caus	e ot death (Ite	m 23e) (Tvne	Print)									
			NEIL WARRANDE			75 7	ANEY	1	NE #	* 20L	+ FRE	PFRIC	K M	:0F15 (2_	
	Sta	te	31. Data filed (Month, Day, Year)	32 B	agistrar's Sign	eture										
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			HUU - U I	000		TON VIAN	alf									

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96 25314

								Cer	rtificate of	Death			Reg. No.			
	Physic /Medi			1. Decedent's Neme (First, Middle, Last) JEFFERSON RHODEN, JR.										Yeer 96	3. Time o	of Deeth
	Exami		4e. Fecility Neme (If not instituti	on, give	street and no	umber)			1	4b. City, To	wn, or Lo	JULY cation of Deet			7.12	
1	Exami		Frederick Mem	ori	al Hos	nital				Fre	deri	ck	Fre	derio	16	
	Funeral		5. Sociel Security Number	8. S	ex		n yrs. lest birt	hdey)	If Under 1 Yeer	If Under	24 Hrs.	8. Dete of Bir (Month, De		_		or Foreian
	Director		108-03-0915	1.	M 2□ F	88	1	rs.	Months Deys	Hours	Min.	(Month, De	y, Year) 11, 1907	Cour	olece (Stete otry) ordia	or r orong
			Usuet Residence of Decedent			- 00					nug.	1, 1907	TIC	Jiula		
	Van		10e. Stete 10b. Coun	y		10	Oc. City, Town	or Lo	cation					1	0d. Inside C	ity Limits
	Man	P	Maryland Fred	eri	ck		Frede	ric	k						XX Yes	2 No
	the 28s	Director	10e. Street and Number				11000	110	10f. Zip Code				10g. Citizen of	What Cour	nto/2	
	* * * * * * * * * * * * * * * * * * *					507										
	eath 23	Funeral	800 Motter Av	е.	Apt.		e in 11 C	10 1	2170		ala 0 (Oa		United	Stat		
	therr Therr	5	1 Never Merried 2 Me		Armed F	orces?	ii iii 0,3.	13. 4	Wes Decedent of F f Yes, specify Cub	an, Mexicar	, Puerto	Rican, etc.)	Ble	ck, White,		
20	S af	by F	3XWidowed 4 □ Divorce		If Yes G	NA	0/2 /5	1	1□Yes 2∏No	Specify:			Specif	y: B1	ack	
8	72 hours after death with the Maryland natural', or itema 23a or 28a-f show dical Examinal must be nottled at	D D	100000000000000000000000000000000000000			Detes: I	943-45									
5		Completed	15. Decede (Specify only high	est gre	de completed)	168.	(Give	tent's Usuei Occup kind of work done DO NOT use retire	during mos	of worki	ing	16b. Kind of B	usiness/ind	dustry	
12	d within jene. r than the	E	Elementary/Secondery (0-12)		College	(1-4or 5+)							Doob	C A	1 0	
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Maryland 21215-0020	Mental Barked of	B								18. Motha	rs Neme	(FIFSI, MIGGIE	, Meiden Sumer	ne)		
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Va	2 sho and is m raum		19e. Informent's Name/Ralation	iship (7	ype, Print)				ng Address (Street						•	
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0	ges 1 a it of Hau if item or othe		20e. Method of Disposition 1 Burial 2 ☐ Cremetlor	3 □	Demovel from	State	20b. Plece of cemeter	Dispos y, crem	sition (Neme of netory or other ple	ce)		Date	20c. Location	· City or To	wn, Stete	
Ĕ	Pages nent of I mt: If its ary or o		4 Donation 5 Other (Specify)		Ebenez	er (Church C	emetei	v 7	129/96	Iiamsv	ille.	Marv	land
altimore,	permit. Pages Department of Important: If I any Injury or once.		21. Signature of Funeral Service	e Liopne	100				. Name end Addre							
m	Depa impo any i		Minus /	1	Down	me. l	2		21 Opossi							21702
			23g Part 1. Enter the disease.	or comp	Neations that	courted the	death Don	1						1141	Approxima	
ς.	Dhootatan	9	shock, or heart failure. Lie	it only o	me cause on	each line.			or the mode of dyn	·g, 50011 05	oaraioo c	a respiretory a	11001,		Intarval Bel	tween
	Physician /Medical		Immediate Cause (Final		1 -		0.		0000	~~ · · · · ·	-/0			i i	4 A	-377
	Examiner		disease or condition rasulting in deeth)		e. LAI	RUE	1001	VL	OBS7	RUC.	1101	<i>V</i>			4 Da	15
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. 6	certificata be executed iding physician and ise as the burial-transit	Xa	Sequentially list conditions, if eny, laeding to immediate			Du€	to (or as a c	onseq	uence of):					į		
68760,	be siclar		cause. Enter Underlying Cause (Disaese or Injury	< −	c									1		
287	phys s the	//Medical	that initieted events resulting in death) Lest	1		Due	to (or es e co	onsequ	uence of):					į		
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Box	- 5 -	lan												i		
л О	0 0 0	Physician	Pert II. Other eignificant condit		_		ot resulting in	the un	ndarlying cause giv	en in Pert I.		23b. Dld	tobacco uee co	ntributs to	the cause	of death?
1	law requires that the as been signed by the 2 should be detache	P	BILATERAL DEMENTIA	A	SPIRAT	TION	PNE	UMO	ONIA			1 🗆	Yee 2 No	3 Prof	bebly 4	Unknown
Ś	igne be d	þ														
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ပို	2 50 00	ple												of	mpletion of death?	ause
Ï	0 - 0	EO.										10	Yes 2 No	10	Yes 2	No
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>	Attending Physician: or death. ector: After this certific by the funeral director,	ToE	exeminar? 1 ☐ Yes 2 ሺ No		Hospitel:	Inpatient	2 ER/Out	netient	t 3□ DOA Oth	Mr.			dence 6 □Oth	er (Specif	w)	
<u></u>	Physeral eral		27. Menner of Deeth		28a. Date	of fnjury	28b. T	lme of	28c. Injur				how Injury occur		7)	
5	ding th.	tloi	1 Naturat 5 ☐ Pand 2 ☐ Accident inves	ing ligetion	(Mor	nth, Day Ye	oar) In	jury		k? Yes 2⊟!						
S	death. ctor: A y the fu	fica	3 Suicide 6 Could	not be	28e Place	a of Injury -	At home fer	m etre	et, factory, office			28f Location /	Street end Numb	per or Rurs	I Route Nun	nher
2	or Attending I after death. Director: After I in by the funer	Certification:	4 ☐ Homicida datar	mined	build	ing, etc. (S	pecify)	111, 0110	oc, ractory, omoc			City or To		ior or ritara	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DOI,
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	Fun Fun	edical	(Check only 2 Medica	Exam	mer: On the b	esis of exa	iminetion end	oaatn or Inv	occurred et the tir astigation, in my o	ne, data and pinion, deel	h occurre	end due to the ed et the time,	dete end plece,	and due to	ated. the cause(s	B)
	To the Hospital or Attending Physicien: within 24 hours after death. To the Funeral Director: After this certific: completely filled in by the funeral director.	Mec	29b. Signeture end Mile of certific	96	end mer	ner steted.			29c. Licens	e number			20d Data sign-	d /Month	Day Vees!	
	F 3 5 8	-	Signature and the property	2	5					_			29d. Dete signe		∪ay, 198 <i>1)</i>	
				/1					D430				7-26			
			30. Name and addrass of person		ompleted cau	se of death	(Item 23a) (1	Гуре, Г	Print)							
			SAEEN	ZAI	101		801	10	Print) LL HOVE Walk	E	WE	, A	2EDER	rck		
	Sta		31. Dete filed (Month, Day, Yee	0 1	QQC 32. F	Registrar's	Signatura	P	1.191							
	Registr	ar	JUL 2	J I	130	7		- 44	MANAGE							



FILM g-739 9/6/96 t.t

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

25315

Physician	D UDIN Filili
/Medical Examiner	4. 5. 22 44 44 45 45 4
Funeral Director	5. Social Security Number 6. Sex 224-02-4261
	Usual Residence of Decedent

STRAND A. ution, give street end number) SOR AVENUE If Under 1 Year If Under 24 Hrs.

M 20 F

10b. County

7. Age (In yrs. last birthdey)

10c. City, Town or Location

2. Date of Death 3. Time of Death AUGUST 02 1996 9:40 AM

JUNE 16, 1961

4b. City, Town, or Location of Deeth BALTIMORE

4c. County of Deeth

9. Birthplace (State or Foreign Country)

Va

10d. Inside City Limits

AUGUST 02,1996

10a, State tor

"natural", or items 23s or 28s-f show

permit. Peges 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health end Mental Hygiene.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

or Attending Physician: The law requires that the death certificate be executed To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certific completely filled in by the funeral director,

Division of Vital Records, P.O. Box 68760.

tor	md,	Bal	timore	1X Yes 2 □ No			
ire	10e. Street end Number		10f. Zip Code		10g. Citizen of V	Vhet Country?	
al	3/18 Wine	sor Ave.	712	17	115	A	
by Funeral Director	11. Marital Status 1 ☐ Never Married	12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give	13. Was Decedent of H if Yes, specify Cube 1 ☐ Yes 2 ☒ No	ispanic Origin? (Specify Yes in, Mexicen, Puerto Rican, e Specify:	s or No- lic.) 14. Rac Bied Specify	e - American Indian, ik, White, etc.	
	3 Widowed 4 Divorced	Yeer or Dates:			opco.,y	Back	
Completed	15. Decedent's Edu (Specify only highest grad	le completed)	Sa. Decedent's Usual Occup (Give kind of work done of life. DO NOT use retired	during most of working			
EO	Elementery/Secondary (0-12)	College (1-4or 5+)	FACTORY		Seafo	00	
To Be (19a. Informent's Name/Relationship (Ty	Removal from State	9b. Mailing Address (Street of the property) of Disposition (Name of tery, cremetory or other place) A A Y TO A Co	NN. AVE	Raill Number, City or Town, Baltim 20c. Location- 96 Par A	e.y	
miner	23a. Part1. Enter the disease, or complishock, or heart failure. List only or immediate Cause (Finel disease or condition resulting in death)	a. ASTHMA Due to (or as COCAINE! INTOXIC	a consequence of):	y, such es cerdiac or respire	etory errest,	Approximate Interval Between Onset end Death	
Exar	Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying	Due to (or as	a consequence of):				
Medical	Cause (Diseese or Injury thet initieted events resulting in death) Last	Due to (or as a	a consequence of):				
an/		1					
y Physic	Pert II. Other significant conditions con	tributing to death but not resulting	in the underlying ceuse give	en in Part I. 23t		atribute to the cause of death? 3 ☐ Probably 4 X Unknown	
Completed by Physician/Medical Examiner				248	. Was an eutopsy performed?	24b. Were autopsy findings evelleble prior to completion of cause of death?	
E O					Wayes 2□No	1 No 2 No	
Be	25. Was cese referred to medical examiner?			26. Place of Deeth (Check	only one)		
0	1) Yes 2□ No	fospital: 1 Inpatient 2 ER/0	Outpetient 3 DOA Othe	er: 4□ Nursing Home 5X	Residence 6 □Othe	ar (Specify)	
	27. Manner of Deeth X Natural 5 Pending 2 Accident Investigation	28a. Dete of Injury (Month, Dey Year) 28b	Time of lnjury 28c. Injury Work	at 28d. Des (? Yes 2 □ No	scribe how injury occurr	ed	
ertific	3 Suicide 6 Could not be determined	28e. Place of Injury - At home, building, etc. (Specify)	farm, street, factory, office	28f. Loca City	ation (Street and Number or Town, State)	er or Rural Route Number,	
Medical Certification:	29e. Certifier Check-poly 1 Certifying Physics 2 Medical Examination 1 Certifying Physics 1 Certifying	elclan: To the best of my knowledger: On the basis of examination a and manner steted.	ge, death occurred at the time and/or investigation, in my op	e, dete and place, and due inlon, deeth occurred at the	to the ceuse(s) and me time, date and piece, e	nner as steted. and due to the ceuse(s)	
Me	29b. Signatury and title of certifier		29c. License	number	29rl Data signer	(Month Day Year)	

O.C.M.E.

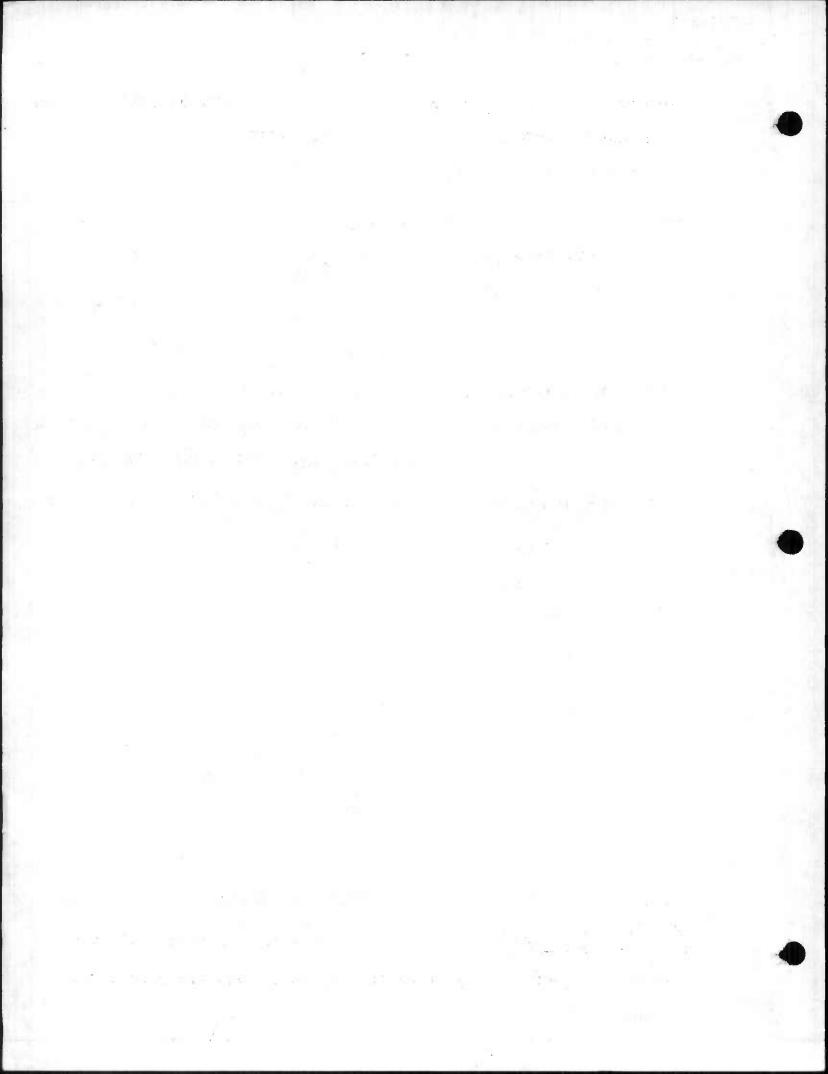
111 Penn Street, Baltimore, Maryland 21201

State Registrar 31. Date filed (Month, Dey, Year) AUG 1 2 1996

J-LARON

LOCKE, MD 32. Registrar's Signature

indress of person who completed ceuse of death (Item 23e) (Type, Print)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** August 6 ay 1996 Francis Forrest Smith 8:05 pm /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 1145 Mt. Harmony Road Owings Calvert If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year)
Months Days Hours Min. May 4, 1928 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** XXM 2□ F 216 22 0361 68 Yrs. MD Director Usual Rasidance of Decedent death with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 7 is marked other than "naturel", or items 23a or 28a-f ahow traumatic event, the Modical Examiner must be notified at 10d. insida City Limits MD Calvert Owings 1 Yas 2 No Director 10a. Street and Number 10f. Zip Code 10g. Citizan of What Country? 1145 Mt. Harmony Road 20736 USA 12. Was Decedent Evar in U,S. Armed Forcas? 11 Marital Status Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, apecify Cuban, Maxican, Puarto Rican, etc.) 14 Race - American Indian pernit. Peges 1 and 2 should be filed within 72 hours after Department of Heelth and Mentel Hygiene. Important: if itsm 27 is marked other than "naturel, or its any Injury or other traumatic event, the Medical Examina and 1 ☐ Yas 2 ☑ No If Yes, Giva Yaar or Datas: 1 ☐ Nevar Married 2 ☐ Married Saltimore, Maryland 21215-0020 1 Yas 2 No Specify: white à 3 Widowed 4 □ Divorced Completed 16a. Decedant'a Usual Occupation (Giva kind of work dona during most of working life, DO NOT usa retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) Truck Driver Transportation 17. Father'a Nama (First, Middla, Last) 16. Mothar's Nama (First, Middla, Maiden Sumama) Be George Vincent Smith Mary Josephine Tippett 2 19a. informant'a Name/Ralationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Alice L. Stallings PO Box 241, Owings, MD 20736 20a. Mathod of Disposition 20b. Place of Disposition (Nama of 20c. Location - City or Town, Stata cematary, cramatory or other place) 1 ☐ Buriai 2 ☐ Cramation 3 ☐ Ramoval from Stata Southern Mem. Gardens 8-9-96 Dunkirk, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Enheral Service Liberque 22. Nama and Addrass of Facility Rausch Funeral Home, Owings, MD Part Lenter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause to each line. Approximata Interval Between Onset and Death **Physician** Immediata Cause (Finel disaasa or condition rasulting in daath) > /Medical SEVERE CHRONIC OBSTRUCTIVE LUNG DE **Examiner** Due to (or as a consequence of) Examiner attending physician end for use as the buriel-trensit Sequantially list conditions, if any, leading to immediata causa. Enter Undarlying Cause (Disaasa or Injury thet initiated evants Dua to (or as a consequence of): certificate be Physician/Medical Dua to (or as a consequence of) rasulting in daath) Last Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yee 2 No 3 Probably 4 Unknown PULMONALE (OR þ 8 24b. Wara autopay findinga available prior to completion of cause of death? 24a. Was an autopsy pertormed? Completed peed cartificate hes 1 Yea 2 No 1 ☐ Yes 2 ☐ No 25. Was casa rafarred to medical axaminar? Be 26. Place of Deeth (Check only one) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yas 2 No Othar: 4 Nursing Homa \$ Rasidance 6 Othar (Specify) P slu funeral 26a. Data of Injury (Month, Day Year) 27. Manner of Death 28c. Injury at Work? 28d. Dascribe how Injury occurred Certification: Natural 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accident

Box 68760 P.O. Records, Division of Vital To the Hospital or Attending Ph within 24 hours efter death. To the Funeral Director: After thi completely filled in by the funeral

6 Could not be datarmined 3 Suicida 28a. Place of Injury - At homa, farm, atreet, factory, office building, atc. (Spacify) 281. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 ☐ Homicida ↑© Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, date and place, and due to the cause(s) and manner as stated.

2 ■ Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifian (Check only one)

29c. License number

29d. Data aigned (Month, Day, Year)

29b. Signatura and titla of certifiar

40370

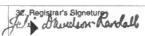
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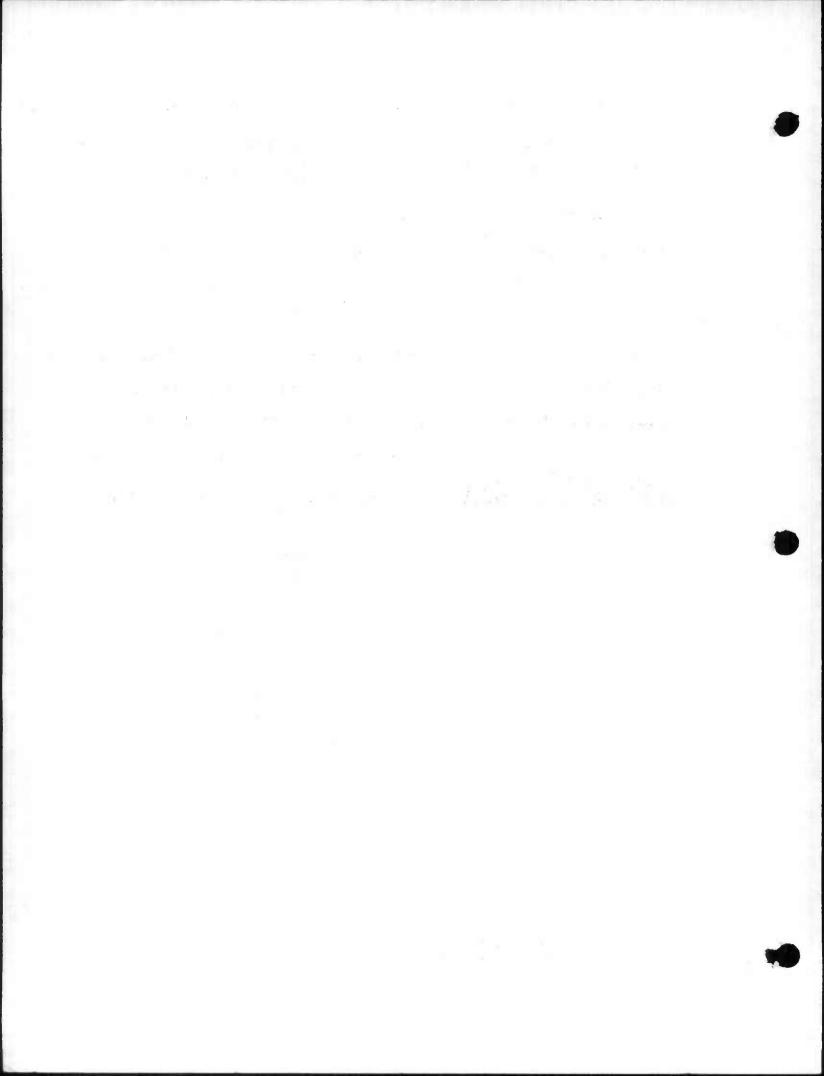
30. Nama and address of person who complated causa of death (Itam 23a) (Type, Print)

State Registrar

31. Date filad (Month, Day, Yaar)

ANUG - 8 1996

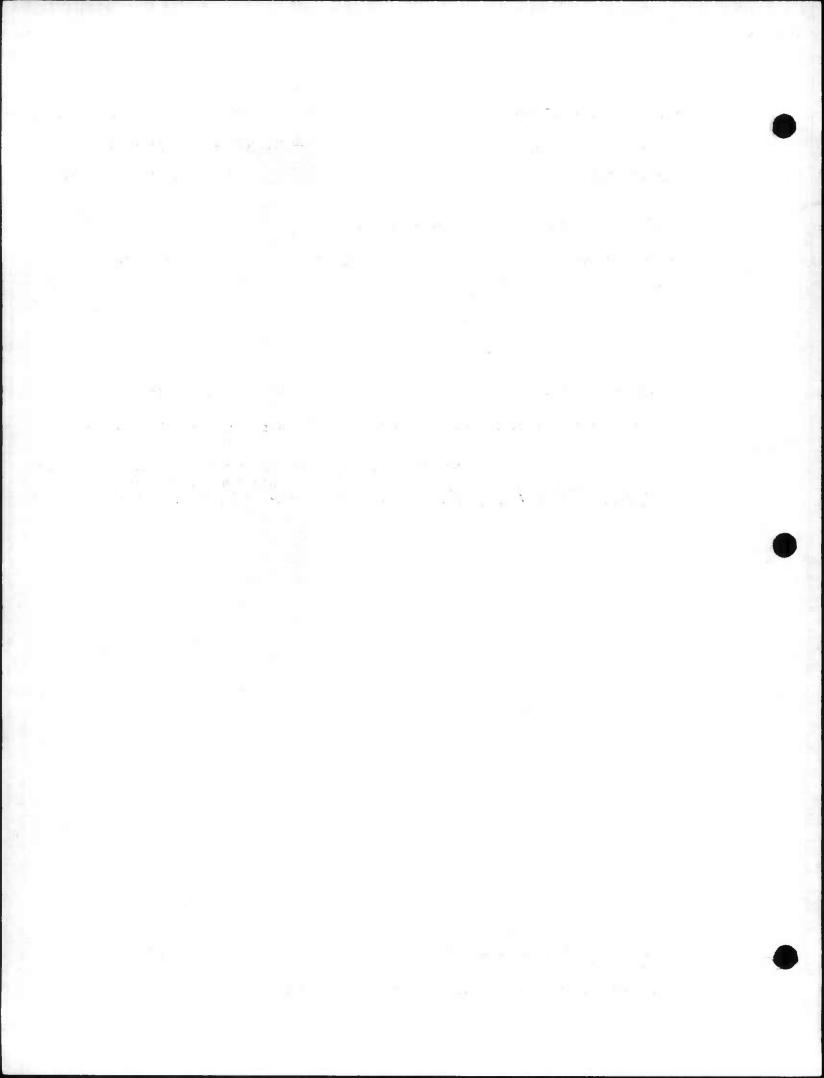




State of Maryland / Department of Health and Mental Hygiene 96

						Cer	tificate	of l	Death			Reg. No.		Same W	0 1 7
			1. Decedent's Nama (First, Middle, Lo	est)							2. Data of De	eth		3. Ti	me of Death
	Physic		Brianna Jordan S	later							Month August	Dey 6	Year 1996	8	20pm
	/Medi Exami		4a. Fecility Nsma (If not Institution, gi		oer)			4	b. City, To	wn, or Lo	cation of Deel				20131
	LAUIIII		4 Moon Maiden Co	urt					Wall	kers	ville	Fre	deric	k	
H	Funeral				Age (In yrs. lest bi	rthdey)	If Under 1 \		If Under	24 Hrs.	8. Dete of Bi				tete or Foreign
	Director		220-43-9988 Usuel Residence of Decedent	1□ M 2☒ F	1	Yrs.	Months D	Deys	Hours	Min.	May 15	1995		yla:	
	Mo Ma		10a. Stete 10b. County		10c. City, Tow	n or Loc	ation						1	0d. Insi	da City Limits
	d within 72 hours after death with the Marylend plene. Then "naturel", or ferm 23a or 28a-f show the Madical Examiner must be notified at	Director	Maryland Freder	ick	Walk	ers	ville								Yes 2□No
	vith th	F	10e. Street and Number				10f. Zip Co	oda				10g. Citizen of	What Cour	ntry?	
	ath v	Funeral	4 Moon Maiden Co	T		-		793				United			
	er de	E P	11. Maritei Stetus	12. Wes Deceda Armed Force	es?	13. W	es Deceden Yes, specify	t of Hi Cuba	ispanic Orl in, Mexicar	lgin? (Sp 1, Puerto	ecify Yas or No Rican, etc.))- 14. Re	ce - Americ ck, White,		an,
20	rs aft	by F	1 Never Married 2 Marriad 3 Widowad 4 Divorced	1 Tas 2 If Yes, Give Year or Date		1	□ Yas 2X	KNo	Specify:			Specif	y. Whi	te	
Ş	hou	8	15. Decedent's E			Deced	ent's Usuel C)ccup	ation			16b. Kind of B			
15		Set	(Specify only highest gr	ade completed)		(Give k	and of work of NOT use r	dona d	durina mos	t of work	ing	100. Killa of B	usiness/ir	uusuy	
Maryland 21215-0020	12 should be filled within : h end Mental Hygiene. I is marked other than "r traumatic event, the Mad	Completed	Elamentary/Secondery (0-12)	College (1-4	or 5+)				,						
p	be filed tal Hyg d other	BeC	17. Fether's Neme (First, Middla, Las)					18. Mothe	er's Neme	e (First, Middle	, Malden Sumer	ne)		
lar	Aenta Aenta rked tic ev	To B	John Edward S1	ater					Cl	nris	tina Jo	y Deitz			
ary	d 2 should th end Mer 7 Is marks traumatic		19a. Informant's Neme/Reletionship	(Type, Print)	191	o. Meilin	Address (S	treet				er, City or Town	, State, Zip	Code)	FE
	2 2 2 2		John Edward S1	ater, fat	ther	4 Mc	on Ma:	ide	n Cou	ırt	Walker	sville,	MD	2179	93
ore	ges 1 and of Healt If Item 2:		20e. Method of Disposition		20b. Pleca o	f Dispos	ition (Name	of			Dete	20c. Location			
E	Pege nt: If ry or		1 ☑ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Speci		310				,	lenk	8/9/96	Frede	riok	Mai	errland
Baltimore,	permit. Pages. Department of H Important: If its any injury or of		21. Signature of Funaral Service Lice	nsee /	,	22.	Nama and A	Addres	ss of Facili	byStar	iffer F	uneral	Homes	p	Δ
Ö	Depemine Dep		1 Peri	3 Ma	· Va	40	Fulto	on	Avenu	ie V	Valkers	ville,	Marvl	and	21793
	_		23a. Part1. Enter the diseesa, or con	plicetions thet cau	sad tha death. Do									Approx	ximata
V	Physician		shock, or heart feilure. List only										į	Onset	al Between and Death
	/Medical		Immediete Ceuse (Finai		10	11	C.,	\		2			į	1.	
п	Examiner		diseesa or condition rasulting in deeth)	θ	Due to /or este	Shoon	2 17	101	which					DI	rth.
Ц		ē		0	Due to (or es a Due to (or es a Due to (or es a	2,	T' (==	K)		`a			3	P 37 1.
	cuted	Examiner	Sequentially list conditions.	b. ————————————————————————————————————	Due to (or es a	consequ	ience of):	U	1100	da ma	ycq.				0-154
ó	ertificate be executed ling physicien and e as the burlel-transit		Sequentially list conditions, if eny, leeding to immediate cause. Enter Undarlying Cause (Diseese or Injury that Initiated events		Con	10	rd	h	1001	~ ~ ~ (2		i	h ~	M.
68760,	ate b	Medical	thet initiated events resulting in death) Last	C. ————	Due to (or es e	bensequ	ance of):		14301	Dade	7		1	DI	-
9 x	ng p	Mec			8		nolo.		· Onei	C				ho	rth
Bo	requires that the death certificate be executed seen signed by the attending physician and hould be detached for use as the buriel-transit	an	_	d	- 1	wor		1 4 (2	aren	4.					
	e dea	Physician	Pert II. Other significant conditions	contributing to deat	h but not rasulting	n the un	derlying caus	se give	en in Pert I	1.	23b. Did	tobacco use co	ntribute to	the ca	use of death?
P.0	ulres that the des signed by the a Id be detached f	Phy	00:1-000								10	Yes 2 No	3 Pro	bably	4 Unknown
	es the	þ	Pridosis.												
Vital Records,	v requin	Completed	Seizure.								24a. Was perf	an autopsy ormed?	av.	eilable p	
9	2 s	ple	367045										of	death?	n of cause
H	The ate h	Son	Reporting	line d	i seene						1	Yas 2□No	10	Yes	2 No
/ita	iclan: The certificate irector, pag	Be	25. Wes case rafarred to medical examiner?		3 5 6 6 7 6	•			26. Plece	of Deet	h (Check only	one)			
of \	S ip	10	1 ☐ Yes 2 No	Hospital: 1 ☐ Inp		utpatient	3□ DOA	Oth	er: 4□ Nu	ursing Ho	ma 5 Ras	Idence 8 Oti	nar (Specif	y)	N.E.E.
n	ng Ph fter th ineral	ii.	27. Menner of Deeth 1 ☑ Netural 5 ☐ Pending	28a. Date of I (Month,	njury 28b. Day Year)	Time of injury	28c.	Injury	y et k?		28d. Describe	how Injury occu	rred		
sio	endil eeth. or: A the fu	catl	2 Accident Investigation	n			М	10	Yes 2	No					
Division	frech frech	Certification:	3 ☐ Suicide 6 ☐ Could not to determined	289. PIECE OF	Injury - At home, for etc. (Specify)	erm, stre	et, factory, o	ffice				(Street and Num wn, Stete)	ber or Rura	al Route	Number,
	Atal o														
	To the Hospital or Attending PP within 24 hours effer deeth. To the Funeral Director: After the completely filled in by the funeral	edical	29e. Certifier 1 Certifying Pl (Check only one) 2 Medical Exa	nysician: To the be niner: On the basis end mannar	s of examinetion er	e, deeth nd/or Inv	occurred et t estigation, in	he tim my op	ne, dete en pinion, dee	id plece, oth occurr	end due to the ed et the time	cause(s) and m dete end plece,	anner as s and due to	tated. the ca	use(s)
	Within To the comp	×	29b. Signature and title of certifiar				29c. L	icans	a number			29d. Data signe	d (Month,	Day, Ye	ear)
	-	Н	Nacz A	tossain	MA			T	12.1	84	1	21-	191	/	
			30. Name end eddress of person who			(Type. F	Print)		70	70		7	116		
			Naaz Hussain, MD		, ,			Fro	derio	k. N	m 2170	1			
	Sta	ite	31. Dete filed (Month, Day, Year)	32. Regi	istrer's Signeture				uciil	L g L					
	Regist	_	AUG 0 8 19	96	Sandy	P	19.								
DH	MH 16 Ray 6/9	5	HUG V O IS	0	- WALLEY CONTRACTOR	wood.	41								

DHMH 16 Rav 6/95



State of Maryland / Department of Health and Mental Hygiene

96

25318

						Cei	rtificate d	of Death	7		Reg. No.		
	2		1. Decedent's Neme (First, Middle,	Last)						2. Dete of De		NACTOR OF	3. Time of Deeth
	Physic /Medi		Eleanor Eliza	abeth S	mith					August	t 4, 199	ear 96	6:18 P.M.
	/iviedi Exami		4e. Fecility Neme (Il not institution,	give street end numb	per)			4b. City, T	own, or L	ocation of Deet		ty of Deeth	
1	Adiiii		Frederick	Memoria1	Hospit	a1		Fr	eder	ick	Fred	erick	
Н	Funeral				Age (In yrs. la		If Under 1 Y		r 24 Hrs.				
	Director	ļ	214-10-3894	1□M APF	78	Yrs.	Months De	eys Hours	Min.	8. Date of Bi		Coun	place (Stete or Foreign
	-		Usuel Residence of Decedent							May 23,	1919	1	Maryland
	/lanc		10e. Stete 10b. County		10c. City,	Town or Lo	cation					1	0d. Inside City Limits
	Man	ō	Maryland Free	derick		Fre	ederick						1 ☐ Yes 2 ☐ No
	the 128s	Director	10e. Street and Number				10f. Zip Coo	de			10g. Citizen of	What Cour	ntrv?
	3a o		396 Catoctin Ave	enue				217	01			U.S	
	Jeath The 2	Funeral	11. Maritel Stetus	12. Wes Decede	ent Ever in U.S	. 13. \	Wes Decedent	of Hispanic O	rigin? (Si	pecify Yes or No	o- 14. Re	ce - Americ	an Indian.
	fler of her	壴	1 Never Merried 2 Merrie	Armed Force		1	f Yes, specify (Cuben, Mexica	n, Puert	pecify Yes or No Rican, etc.)	Bie	eck, White,	
21215-0020	n 72 hours effer death with the Maryland "natural", or frems 23a or 28a-f show purcal Examiner must be notined at	ğ	3 Widowed 4 □ Divorced	If Yes, Give Year or Dete			1□ Yes 2□X	No Specify	<i>'</i> :		Speci	fy:	White
9	72 ho	Pe	15. Decedent's	Education		16e, Deced	ient's Usuel Oc	cupetion			18b. Kind of E	3usiness/înc	dustry
21.5		Completed	(Specify only highest Elementery/Secondery (0-12)	grade completed) College (1-4)	0.51	(Give	lent's Usuel Oc kind of work do DO NOT use re	one during mo etired)	st of wor	king			
21	d within glene.		10	College (1-4)	01 5+)	Home	emaker					Own	Home
D	Hygh other ent, n	Bec	17. Father's Neme (First, Middle, La	ist)				18. Moth	er's Nem	ne (First, Middle	, Meiden Suma		
Maryland	Mentel Mentel arked o	To B	John Henry A	lbright					Bes	sie Reb	ecca Ha	nes	
ar.	d 2 should b th and Mente 7 is marked treumatic e	-	19e. Informent'e Neme/Reletionship			19b. Meilir	a Address (St	reet end Numt			er, City or Town		(Code)
Ξ	2 8 2 5		Wanda L. Kirk								sville,		
ē,	Peges 1 and 2 ment of Heelth ant: If Item 27 i ury or other tr		20e. Method of Disposition				sition (Name onetory or other		vu.,	Dete	20c. Location		
no	eges into		1 Buriel 2 □ Cremetion 3				ivet Ce		7	0	1996 Fr	-0	
Baltimore,	Demit. Pege Department of Important: If any injury or ance.		4 ☐ Donetion 5 ☐ Other (Spe 21. Signature of Funeral Service Lice		Flou			-		ug. o,	1990 FI	ederr	CK, Ma.
Ba	permit. Pege Department of Important: If any injury or once.		21. Signal of Pulleter Service Lit	2 /2	/		. Neme end Ad			d Funer	al Home		
_			Xulerd (wayord	M00002	1]	106 Eas	t_Chur	ch S	treet.	Frederi	ck. M	d- 21701
			23e. Pert1. Enter the diseese, or co shock, or heert feilure. List or	omplicetion. Thet causely one caused	sed the deeth. h line.	Do not enti	er the mode of	dylng, such e	s cardiec	or respiretory e	errest,		Approximete Interval Between
	Physician						/		12			1	Onset end Deeth
И	/Medical Examiner		Immediete Cause (Finel diseese or condition	. 0	naesi	twe	real	11	10	Oure		10	Jueans
п	LXUITITIE		resulting in deeth)	4	Dure to (or a	as a conseq	uence of):	-					1
-	D =	ine.	_	. In	itras	1	sten	PAROLL	2			15	5 year
	certificate be executed ding physician end ise es the burial-transit	Examiner	Sequentially list conditions,		Due to (or a	as a conseq	uence of):						1
0,	e ex		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury				- 6						
68760,	ate b hysic the b	edical	thet Initiated events resulting in death) Last										
9 x	artific ing p	/Мес		E 51								- 1	
Bo	th co	an		- u.								1	
0	es thet the death or gned by the atten be detached for u	Physician	Pert II. Other eignificant conditions	contributing to death	h but not result	ing in the ur	nderlying cause	given in Pert	l.	23b. Díd	tobacco use co	ontributs to	the cause of death?
Ρ.	that the ned by th detache	F)	AutoCV	persona	6.	10.7	100016	7		10	Yes 20 No	3 □ Prot	bebly 4 Unknown
ŝ	eugl e ed	by	Muc 3 M	11990	ny	vere	enser	"					
Records,	w requires been sign should be	Completed	herman	100	20.1		hans.				an eutopsy ormed?	ave	ere autopsy findings eileble prior to
90	2 S	pie	gueroperen	ar vice	Mille	aa	LOCALO	-					mpletion of cause death?
	The ate he	TO.	Monie of	Street	Live	Kun	· Mi	100-		1 🗆	Yes 20 No	1 10	Yes 2□ No
Viital	iclan: The certificate rector, pag	Bec	25. Wes case referred to medical				gous	26. Plec	e of Dee	th (Check only	one)		
>	Physiclen: The L rthis certificate he rai director, page	To B	exeminer? 1 ☐ Yes 2 ☐ No	Hospitel:	atient 2 E	R/Outpatien	t 3□ DOA	Other:			dence 8 🗆 Ot	her (Specifi	v)
o			27. Manner of Death	28a. Dete of I	njury 2	8b. Time of		njury et Work?			how Injury occu		,
Division	Attending For death.	ertification:	1 ☐ Maturel 5 ☐ Pending 2 ☐ Accident Investigat		Dey Year)	Injury		work? 1∐ Yes 2∐	No				
/is	or Attenditation of the Country of t	flea	3 ☐ Suicide 6 ☐ Could not	be 28e. Plece of	fnjury - At hom	ne, ferm, stre	et, fectory, offi	ice		28f. Location (Street end Num	ber or Rura	Il Route Number,
台	after Direct d in b	E L	4 Homicide		etc. (Specify)					City or To	wn, Stete)		
	epita nours neral	aic	29e. Certifier 1 Certifying I	Physician: To the be	st of my knowle	edge, deeth	occurred et the	e time, dete e	nd plece.	and due to the	cause(s) and m	anner as st	reted.
	Hos 24 h Fur letely	edical	(Check only 2 Medical Ex	aminer: On the basis end menner	s of exeminetio	n end/or inv	estigetion, in m	ny opinion, de	eth occur	red at the time,	dete end plece	, and due to	the cause(s)
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely tilled in by the funeral	M.	29b. Signature and sittle of certifier	0 0			29c. Lic	ense number			29d. Date signs	ngt (Month, I	Day, Year)
	->-0		1/01	1/00	white	Henry	\ \ \ \	201	P2		0/	-h	
			30. Neme and address of person with	t Carried	d don't fire	20) /T	Print)	25/0	」ン		0/	176	2
			Co. Nonio and address of person	AVK.		coa) (Type, I	(1) /-	, ast	4	7 2	aller		MI
	Sta	to	31. Dete filed (Month, Dey, Year)	32. Regi	strer's Signatu	re,	w in			/ //	-401	5-61	
	Registr	100	AUG O	6 1996	Julia da	whork	arlatte						

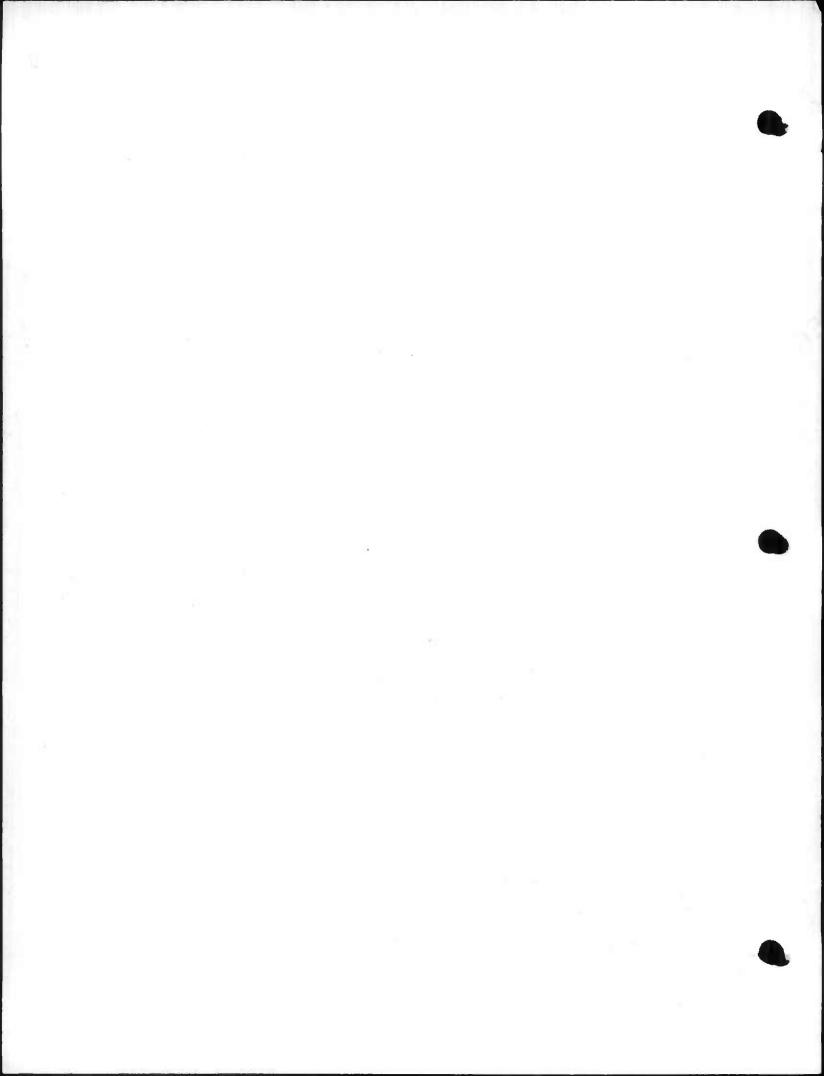
La region de la Village (x el el ec

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

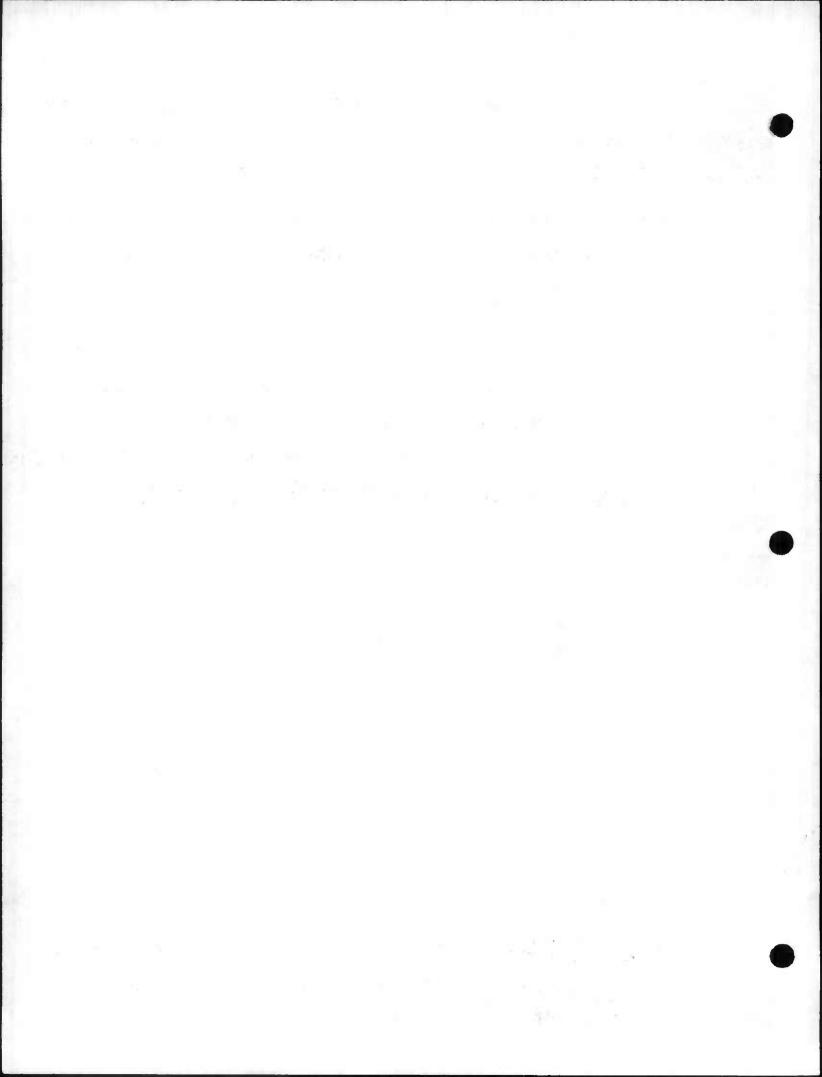
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1: 2. 3 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND REGISTRAR	/ DEPARTMENT		MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)		0. 22	2. DATE OF DEATH		3. TIME OF DEATH
	Sister Geraldine Shanahan			August 3	, 1996	9:00 A.M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.			7. DATE OF BIRTH (Month, Day, Year)		HPLACE (State or Foreign
	229-68-4142 1 M 2 🟋 84	YRS. MONTHS	DAYS HOURS MIN.	Jan. 29,		
~	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, 1	OWN OR LOCATION OF DE		9c. COUNTY OF	
DIRECTOR	Villa St. Michael	Emi	mitsburg		Frede	rick
EC	10e. STATE 10b. COUNTY	10c. CITY, TOWN OR	LOCATION			10d. INSIDE CITY
H	Maryland Frederick	Emmits	niro			LIMITS?
AL	10e. STREET AND NUMBER		101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	333 S. Seton Avenue		21727		U.S.A	
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. FORCES? 1 News Married 2 Married FORCES? 1 YES 220		AS DECENDENT OF HISPAN	IC ORIGIN? (Specify Yea	or No- 14, RAC	CE — American Indian, ck, White, etc.
BY	1 Never Married 2 Married FORCES? 1 YES 22 3 Widowed 4 Divorced FORCES? 1 YES 22 IF YES, GIVE WAR OR DATES		yea, specify Cuban, Mexicar ☐ YES 2 ☑ NO Specify		Spec	clfv:
				1		White
COMPLETED	(Specify only highest grade completed)	DECEDENT'S USUAL OCC (Give kind of work done du fe. Do NOT use retired.)	ring most of working	Policio	us Commu	
7	Elementary/Secondary (0-12) College (1-4 or 5 +) College 5+ T	eacher			rs of Ch	
O	17. FATHER'S NAME (First, Middle, Lest)		18. MOTHER'S NAI	ME (First, Middle, Maiden S		iality
BE C	William F. Shanahan		Mary T	. Collins		
TO B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Rural R		, State, Zip Code)	
۴	Sister Camilla Harant	333 S. Set	on Ave., Em	mitsburg,	MD 2172	2.7
	20s. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Removal from State cometers, c	EAND DATE OF DISPOSIT	ION (Name of	1	CATION — City or T	
	4 Donetton 5 Other (Specify)	T. JOSEPH	S 8/6/9		<u> 1TSBURG</u>	, MD. 21727
	- led m lb led	22. N/	AME AND ADDRESS OF FAC	SKILES	FUNERA	L HOME
	John III. States		W. MAIN ST			. 21727
	23. PART L Enter the diseases, or complications that ceused the ehock, or heart failure. List only one ceuse on each li	death. Do not enter ti na.	he mode of dying, auch	as cardiec or respir	ratory arrest,	Approximata interval Between
	IMMEDIATE CAUSE (Final disease or condition	- +	0	~		Onset and Death
	resulting in death) e, Due to (or as a cons	priate	1 meur	ana		6/24/14
_	- Colo Lia	A A A A	anda	+ with		34.
Ó	Sequentially list conditions, if any, leading to immediate	EOUENCE OF):	accinc	M Macon	1.0	- yrs
CAI	cause. Enter UNDERLYING CAUSE (Disease or Injury		A	ement	u_	
E	that initiated eventa DUE TO (OR AS A CONS resulting in deeth) LAST	EOUENCE OF):				
CERTIFICATION	d					
AL C	PART II. Other algnificant conditions contributing to death but not		erlying cause given in i			b. WERE AUTOPSY FINDINGS
	Hypertensian with Go	redion	egali	PERFORI		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME	Chanic Octual File	ullation	0 0		(OF DEATH? 1 ☐ YES 2 ☐ NO
ä						
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		28. PLACE OF DEATH (Che	ck only one)		
YSI	1 TES 2 NO 1 Inpatient 2 ER/Outpatient	3 DOA 4 Nursir	ng Home 5 📢 Residence	6 C Other (Specify)		
	27. MANNER OF DEATH 1 N Netural 5 Pending 28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 2	8c. INJURY AT WORK?	26d. DEŞCRIBE HOW IN	JURY OCCURED	
BY	2 Accident Investigation	M	1 YES 2 NO			
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At building, etc. (Specify)	nome, term, atreet, factor	y, office	281. LOCATION (Street as City or Town, State)	nd Number or Rurel	Route Number,
COMPLETED	29a. CERTIFIER					
MP	CERTIFYING PHYSICIAN: To the best of my knowledge, one of the basis of examination and/or					(a) and manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIER AND	7.4				
8	T Wa _ L A	UN ILM	29c. LICENSE NUM	700	29d. DATE SIGNE	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT	EM 27) (Type, Print)	Via		0	011
			EMMITSBURG.	MD 21727		
			THUIL ESDURG.	110. 61/6/	-	
	AUG 0.9 1996 32. REGISTRAR'S SIGNATURE	Randalfi				
-	12.22					DUMM to Day 1/80



State of Maryland / Department of Health and Mental Hygiene 96 25320

						Ce	rtificate d	of Dea	ith		Reg. No.					
	Physic /Modi		Decedent's Neme (First, Middle, La	James	s Edw	ard	SHOEMAK	ER		2. Dete of D Month July	eeth	1996	3. Time of Death 1:46 A.M.			
Ì	/Medi Exami		4a. Feelity Neme (If not institution, gir Frederick Memor						or Town, or I	Location of Dee	th 4c. Count	y of Deeth reder	rick			
	Funeral Director		220-54-4333	Sex 10XIM 2□F	7. Age (In yrs. 47	last birthdey, Yrs.		ear If U	nder 24 Hrs. urs Min.	8. Dete of Bi (Month, D May 18	irth ey, <i>Yeer)</i> , 1949	Cou	place (State or Foreign ntry) y Land			
	e Merylend la-f show	ctor	Usuel Residence of Decedent 10a. Stete 10b. County Maryland F:	redericl		ty, Town or Lo		ederi	.ck				10d. Inside City Limits 1 ☑ Yes 2 ☐ No			
	h with th	al Director	10e. Street end Number 214 Thames Di	rive			10f. Zlp Coo	1702			10g. Citizen of U.S.		ntry?			
020	be filed within 72 hours after deeth with the Meryland tal Hygiene. d other than "natural", or items 23a or 28a-f show event, the Medical Examinat must be notified at	by Funeral	11. Meritel Status 1 □ Never Merried 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Wes Dec Armed Fo 1 Tes If Yes, Giveer or D	2 N O		Was Decedent If Yes, specify (1 ☐ Yes 2 🛣			pecify Yes or N o Rican, etc.)	o- 14. Rei Bie Specif	ck, White,	cen Indien, etc. Mite			
21215-0020	permit. Pages 1 and 2 should be filed within 72 ho Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natur any injury or other traumatic event, the Medical SARS.	Completed	15. Decedent's E (Specify only highest gr Elementary/Secondery (0-12)	ducation ade completed) Coilege (l-4or 5+)	(Give	dent's Usuel Oo kind of work do DO NOT use re Liverer	one during tired)	most of wor	king	16b. Kind of B		e Parts			
Maryland	2 should be filed with and Mental Hygiene. Is marked other than sumatic event, the	To Be C	17. Fether's Neme (First, Middle, Last Earl	*	oemaker			18. N	Miri		e, Maiden Sumer S	_{ne)} teven	ıs			
	1 and 2 should Health and Men em 27 la marke		19e. Informent's Neme/Reletionship Susan Kay Shoem		ife						ber, City or Town MD 2170		Code)			
Baltimore,	Pages 1 announced the ment of He mint: If Item		20e. Method of Disposition 1 🕅 Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Speci		State (cemetery, cre	osition (Neme of metory or other k Memor	piece)	ark, J	uly 30,	20c. Location 1996 Fr	-				
Balti	permit. Page Department of Important: If any Injury or once.		21. Signeture of Funerei Service Licensee 22. Neme end Address of Fecility Keeney & Basford P.A. Funeral Home 106 East Church Street, Frederick, MD 2170 23a. Pent 1. Enter the disease, or complications that cause of the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximately 1. Approximat													
	Physician		23a. Pert1. Enter the diseese, or con shock, or heert feiture. List only	pilcations that cone ceuse on	aused the deet								Approximete Interval Between Onset end Deeth			
7	/Medicai Examiner		Immediate Cause (Final disease or condition resulting in death)	e. S		-	asth	ton	Cicus	5			30 minut			
4	nsit	Examiner		b	Azth	or es a conse							15 years			
68760,	eeth certificate be executed ettending physician end i for use es the burial-transit		Sequentieily list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events		,											
Box 68	nding phy use es the	n/Medical	resulting in death) Last	d												
P.O.	requires that the deeth certificate be executed en signed by the ettending physician end hould be deteched for use as the burial-transit	by Physician	Pert II. Other algorificant conditions of Seizure		Yes 2 No		o the cause of death?									
Records,	aw 2 s t	Completed t									s an eutopsy ormed?	ev ev	ere eutopsy findings vailable prior to empletion of cause death?			
Vital R	E ag		25. Wes case referred to medical								Yes 2 No	1 [☐ Yes 2☐ No			
5	certi	o Be	examiner?	Hospitel:				Other		th (Check only						
o	Physician: rthis certific ral director,	-	27. Menner of Deeth			ER/Outpatie		41	I Nursing H		how injury occur		(y)			
Division	To the Hospital or Attending i within 24 hours after death. To the Funeral Director: After completely filled in by the funer	Certification:	1 Neturel 5 Pending 2 Accident Investigatio 3 Suicide 6 Could not be	n	of Injury	Injury	М	njury et Work? 1 🗌 Yes	2 🗆 No				al Route Number,			
Ο̈́	pital or A ours after eral Directilied in b		4 Homicide determined				reet, factory, off			City or To	own, Stete)					
	To the Hospital or within 24 hours afte To the Funeral Dir completely filled in	fedical	(Check only 2 Medical Example)	niner: On the be	esis of exemine her stated.	tion end/or in	vestigetion, In r	ny opinion,	deeth occu	, and due to the rred et the time	, dete and plece,	and due to	o the cause(s)			
	Viit To To	×	29b. Signeture and title of certifier	4		hi)		ense num 21944	oër		July					
			30. Name and address of person who Dr. James S. G			, , , , ,		n Str	eet.	Frederi	ck, MD 2	21701				
	Sta Registi		31. Dete filed (Month Day, Year)	32 B	This Steve	- Annah -	-									

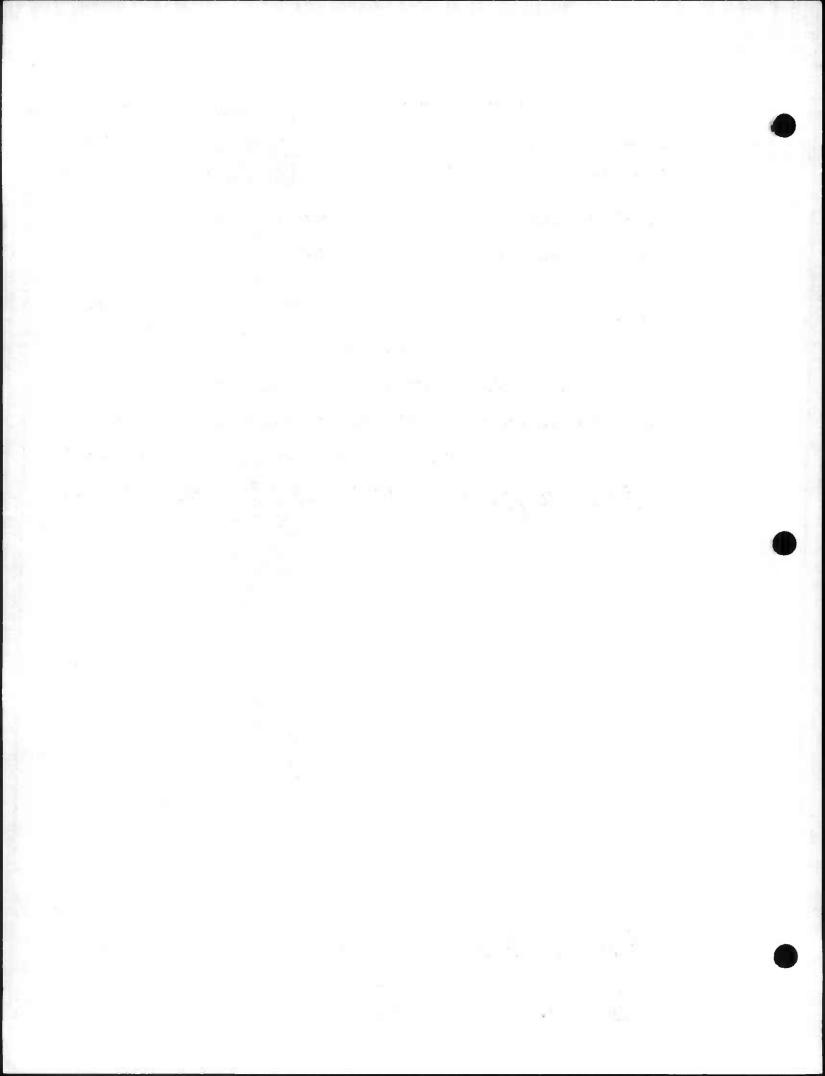


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

25321

					Cer	unicate (or Death		Reg. No.						
Physi /Med		Decedant's Neme (First, Middle,	Olive	Chris	stiana	a SMI	TH	2. Data o Month July	Day	3. Time of Dec 1996 9:25 P					
Exam		4e. Fecility Nama (III not institution, g Coffman Nursi	A CONTRACTOR OF THE PARTY OF TH	7)				erstown		y of Death hington					
Funera Directo				ge (In yrs. lasi 83	t birthdey) Yrs.	If Undar 1 Y Months Do		24 Hrs. 9 Date o		C Diethologo /Ctoto or Er					
ahow at at	7.	Usuei Residence of Dacedent 10e. Stete 10b. County Marry Land IV. Gh.	ington	10c. City, T	own or Loc		agersto	·m		10d. Inside City L					
with the N n or 28a-1 be notifi	Directo	10e. Street and Number				10f. Zip Co		WII	10g. Citizen of U.S.	Whet Country?					
rs after death I', or items 23	by Funeral Director	1304 Pennsylv. 11. Meritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Deceden Armed Forcas	t Ever in U,S. ? (No			of Hispanic Ori Cuben, Mexicar	gin? (Specify Yas o n, Puarto Rican, etc.		ce - American Indian, ck, White, etc.					
s 1 and 2 should be filed within 72 hours after death with the Maryland f Health and Mertal Hygiene. I have 23 or 28s-f show other than "natural", or Hems 23s or 28s-f show other treumstic event, the Medical Examiner must be notified at	Completed b	15. Decedent's (Specify only highast (Elemantery/Secondary (0-12)	Education	1		ent's Usuei Oo kind of work di OO NOT use re nemakei	ecupation ona during mos etired)	t of working		dusiness/Industry Home					
2 should be filed v and Mental Hygie Is marked other t	To Be C	17. Fether's Neme (First, Middle, La Geor		No	ffsin	ger		er's Nema <i>(First, Mid</i> Ida V	ddla, Maiden Sumer						
1 and 2 sho Health and 1 em 27 is me		19e. Informent's Neme/Relationship Vivian C. Hurle		r	2132	4 Natio	onal Pi		boro, MD						
8 = 5		20e. Method of Disposition 1 XBurial 2 Cremetion 3 4 Donetion 5 Other (Spe		com	elen crem	eition (Neme of eetory or other Cemete	nlace)	1y 29, 199		- City or Town, State Oro, Maryland					
permit. Pe Department important: any injury		shock, or heart feliura. List only one cause on auth line.													
Physiciar /Medica Examine		23a. Part 1. Entar tha diseasa, or or shock, or heert feliura. List on Immediata Cause (Finel diseasa or condition resulting in deeth)	U	the deeth. Ine. Femoral Due to (or as	Arte	ry Occ		cardiec or respireto	ry arrast,	Approximata interval Betwee Onset and Dee					
certificate be executed nding physician and use as the bunal-transit	n/Medical Examiner	Sequentielly list conditions, if eny, leading to immediate cause. Enter Undertying Cause (Disease or Injury that initiated events resulting in deeth) Lest	b	Dua to (or as											
hat the death d by the atte	Physicia	Pert II. Other eignificent conditions Diabetes Melli		ontribute to the cause of d											
s been sign s been sign s should be	Completed by	DEMENTIA							Was an autopsy performed?	24b. Wara autopsy findi available prior to completion of caus of death?					
ician: certifica rector,	Be	25. Was casa referred to medical exeminer?	Hospitei:					of Deeth (Check o		1 Yes 2 No					
0 0 0	ation: To	1 Yes 2 2 No 27. Manner of Deeth 1 2 Neturel 5 Pending 2 Accident investiget	28e. Dete of In (Month, D	ury 28	Outpatient b. Time of Injury	28c.	Injury at Work? 1 Yes 2	28d. Descr	Residence 8 □Oti ribe how injury occu						
교육등등	Certification:	3 Suicide 6 Could not determine	building, e	tc. (Specify)				City of	Town, Steta)	ber or Rural Route Number,					
To the Hospital or within 24 hours afte To the Funeral Dir completely filled in	Medical	one) 2 Medical Ex	Physician: To the besi aminer: On the besis end mannar s	of axamination	dge, deeth end/or inv	estigetion, in r	ny opinion, dee	d plece, end due to th occurred at the ti	me, date and piaca,	and due to the cause(s)					
5 is 5 o	-	29b. Signature and title of certifier AMUE	1 Chau			D	36655	,		29, 1996					
		30. Name and induress of person with Dr. Samuel Cha	n, M.D., 1	.185 Mt	. Aet	na Roa	d, Hage	rstown, M	ID 21740						
S Regis	tate trar	31. Dete filed (Month, Day, Year) JUL 3 0 1	996 32. Regist	trer's Signature	Rando	41									



State of Maryland / Department of Health and Mental Hygiene 96

						Certi	ficate of	Death		Reg. No.			_
	Physic /Medi		Decedent'a Nama (First, Middla, Las	" EVELYN	Α.		TAYLO	R	2. Date of E Month AUGUS	Pax .	1996	3. Time of Dea	
	Exami		4a. Facility Name (If not institution, give 22 PORTSIDE CT				4	BERL I	or Location of Dec		of Death	E R	
	Funeral Director		5. Social Security Number 6. Se		(In yrs. lest birt		f Under 1 Year fonths Days	If Under 24	Hrs. 8 Date of F			lace (Stete or Fo	<i>reig</i> n
	ith the Meryland or 28a-f ehow	Director	10a. State 10b. County SC HORK	24	10c. City, Town	Е В	EACH				10	0d. Inside City Li	
	th with the	al Dire	1686 CROOKED P	INE DR.			2957	5		10g. Citizen of	What Coun JSA	try?	
020	be fled within 72 hours siter deeth with the Meryland thygiene. A defret than "natural", or items 23s or 28s-f ehow other than "natural", or items 23s or 28s-f ehow event, me Medical Examiner must be notified at	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedant Evarmed Forces? 1 Yes 2 No. If Yas, Give Year or Datas:			S Decedent of H es, specify Cubs Yes 20 No	ispanic Origini In, Mexican, Pr Specify:	? (Specify Yes or Nuerto Rican, atc.)		ck, White, o	atc.	
-	c ' -	Completed	15. Decedent's Ed (Specify only highast grad Elementary/Secondary (0-12)	ucation de completed) College (1-4or 5+		(Give kin	t's Usual Occup d of work done o NOT use retired MAKER	duning most of	working	16b. Kind of B		lustry	
Maryland	2 should be filed with and Mental Hygiene. Is marked other than aumatic event, the M	To Be C	17. Father's Name (First, Middle, Last) NELSON HARRY C					ELL	Name (First, Midd	ILYA			
2	423			ype, Print) LOR	_ 1	629	OCEAN	PINES		IN, MD.	, 21	811	
DOE!	0 0		20a. Method of Disposition 1 Burial 2 Cremation 3 4 Donation 5 Other (Specify	Removal from State	20b. Place of compten	y, cremete 9. GO	on (Neme of one)	P.	P-//	SALLS	SUR!	wn, State).
Dall	permit. Peg Department Important: If any injury o		21. Signature of fancing Service Usen 23a. Part 1. Enter the disease, of companions, or heart tailure. List only of			22. N	ULLRIC 10902	OCEAN	RAL HOME GATEWAY				
ŧ	Physician digital periodical functions of the principle o	/Medical Examiner	Immediate Cause (Final disease or condition resulting In death) Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or influry that initiated events rasulting in death) Last	b	Que to (or as a couple to (or a couple to (or	onsequer	nce of):				SE	VERR Y	23
	iaw requires that the death certific es been signed by the attending p ? 2 should be detached for use es	by Physician/Me	Part II. Other significant conditions co	d	not resulting in	the unde	rlying causa giv	en In Part I.		23b. Did tobacco use contribute to the			
	p = 6	Completed							par	is an autopsy formed?	ava cor of c	ra autopsy findin illable prior to inpletion of cause leath?	
	ysician: is certific director,	To Be C	25. Was case reterred to medical examiner?	Hospital: 1 ☐ Inpatient	t 2 ER/Out	patient	3□ DOA Oth	ne:	Death (Check only	one)			
	tending leath. tor: After the fune	Certification:	27. Manner ot Death 1 Netural 2 Accident 3 Suicide 2 Could not be	28a. Dete of Injury (Month, Dey	Year) In	jury		/ at (? Yes 2 □ No		how injury occur		l Route Number	
= 1	1 7 th C	ai Certi	28e. Placa of Injury - At home, tarm, street, factory, office building, etc. (Specify) 28e. Placa of Injury - At home, tarm, street, factory, office building, etc. (Specify) 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated.										
	within 24 hours effect To the Funeral Direct completely filled in by	Medical		ner: On the besis of e and manner state	xamination end ed.	Vor Invest	29c. License	oinion, death o	ccurred at the time	e, date and place, 29d. Date signe	and due to	the cause(s) Day, Year)	
		12	30. Name and address of person who co		th (Item 23a) (1	Type, Prir	nt)		ow 57,				
	Sta Registr	_	31. Date filed (Month, Day, Year) AUG 1 3 1996	32. Registrar	s Signatura								- Col

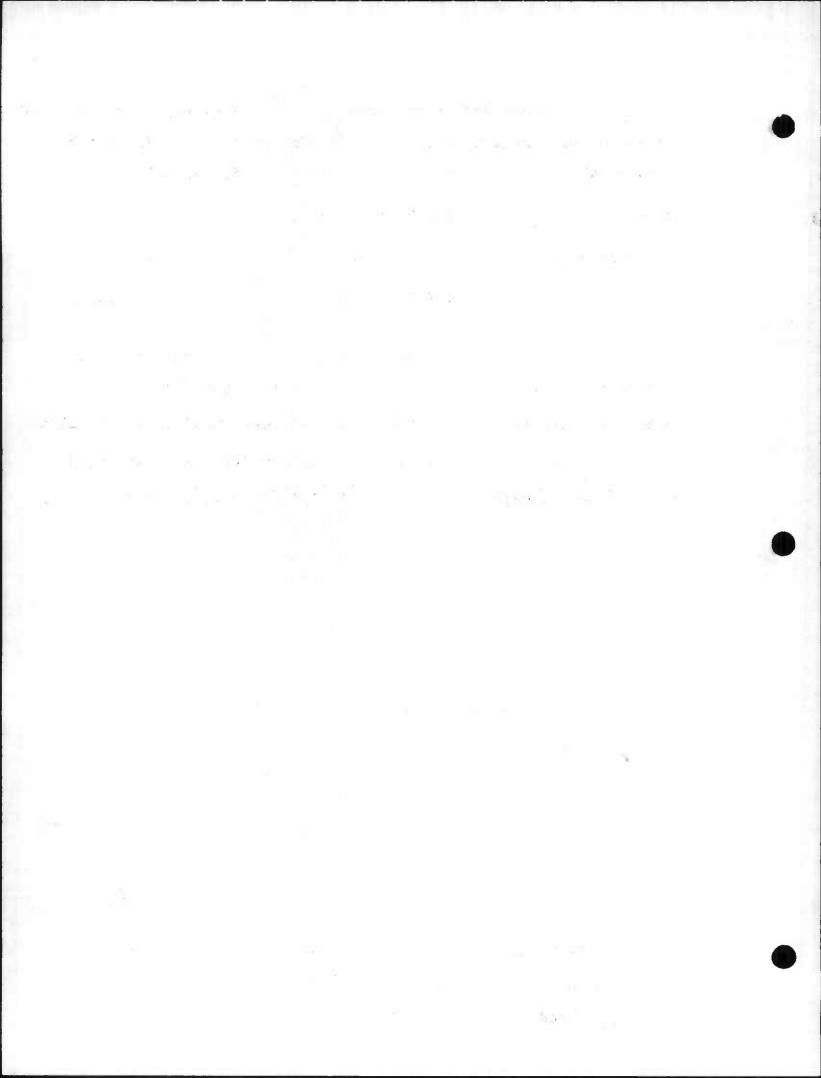
ULLBICH CUMERAL NOME 10902 COEAH GAYEVAN BERLIN, MD 21811

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

25323

						Cel	rtificate of	Death		Reg. No.					
			1. Decedent's Nama (First, Middle	, Last)					2. Dete of D		Veer	3. Tima of Death			
	Physici /Medi			James	Arthur	Vall	ette		Aug.	10, 19	Yaer 196	1:30 PM			
	Examir		4a. Facility Neme (If not institution,					4b. City, Town, or L							
			Homewood Ret	irement	Cente	er		Freder	ick	Fr	eder	ick			
	Funeral			6. Sex	7. Aga (In yrs.		If Under 1 Year Months Days		8. Date of Bi	rth	9. Birthpl	lece (Stete or Foreign			
	Director		026-01-2640	1 % M 2□ F	94	Yrs.	Workins Days	Hours Will.	Feb.	ay, Year)	Con	n.			
	P .		Usual Residence of Decedent												
	h the Maryland r 28a-f show Inotitied at		Mass.			ty, Town or Lo	attleboi	r 0			10	Dd. Inside City Limits			
	M Partition	ç	Mass.		14.0)L LII E	rrreno					1 □Xyas 2 □ No			
	F 22	Director	10e. Street and Number				10f. Zip Code			10g. Citizen of	Whet Count	try?			
	15 w		126 Elmwood S	t.			02760	0		U.S.A	A.				
	de la la la la la la la la la la la la la	Funeral	11. Meritel Status	12. Wes Dec	cedant Evar in U	,S. 13.	Wes Dacedent of	Hispanic Origin? (Spoen, Maxican, Puerto	ecity Yas or N	0- 14. Rac	ck, Whita,				
20	n 72 hours after death with the Maryland "natural", or fierra 23s or 28s-f show fallical Examiner mark be notified at		1 Nevar Married 2 Marrie		2 No 19	21-	1□ Yes 2⊠ No		, , , , , , , , , , , , , , , , , , , ,	Specifi					
8	aral',	d by	3 XWidowed 4 □ Divorced	Yeer or l	Detes: 19	924				Specia	ite				
5	d 2 should be filed within 72 h th and Mental Hygiene. 7 is marked other than "natu trsumatic evant, the Medical	Completed	15. Decedent's (Specify only highest	s Education grade completed)	(Give	dent's Usuel Occu kind of work done	during most of work	king	16b, Kind of B	usiness/Ind	lustry			
2	within ene. then	de F	Elemantary/Secondary (0-12)	Coilega	(1-4or 5+)		DO NOT usa ratira	ad)							
2	e filed wall Hygier other the		10			repa	irman			furnit		co.			
E	tal H d oth	Be	17. Fether's Nema (First, Middle, L Charles Val					18. Mother's Nem			ne)				
3	should be ind Mental marked o umatic eve	2						Nellie							
Jan	2 sho and is m		19e. Informent's Neme/Reletionsh					t end Number or Rui							
6	Health Health om 27 other tr		Robert C. Val	lette				stone Ct							
Ore	of H		20e. Method of Disposition 1 ☐ Burial \ 2 ☑ Cremetion	3 □Removal from		Plece of Dispo cematary, crer	sition (Neme of metory or other ple	ece)	Dete	20c. Location -	City or To	wn, Stete			
Ë	Peg ment ant: ury		4 □ Donétion 5 □ Other (Sp.		Sn	nithsb	ourg Cre	ematory8	/11	Smiths	burg	, Md.			
Baltimore, Maryland 21215-0020	permit. Peges 1 and 2 Department of Health i Important: If Item 27 is any injury or other tra		21. Signeture of Funeral Service L	icensee			. Neme end Addr	oson Funeral Home							
ш	207 2 2		Muko22/	MAND	82			ain St.,							
			23a. Part 1. Enter the disease, or c	Complications thet	caused tha deal	th. Do not ant	ar tha moda of dy	ing, such as cardiac	or respiretory	irrest,	- FIQ.	Approximate Interval Between			
	Physician	10	23a. Fart I chier the disease, or complications that caused tha death. Do not anter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line.												
	/Medical		Immediete Ceuse (Finel diseese or condition		CVA							2 m2			
	Examiner		resulting In deeth) e. Due to (or es e consequence of);												
_	n #	ner													
	cuter	Examiner	Sequentieily list conditions.	Ь	Due to (d	to (or es e consequence of):									
o,	an a	Ä	Sequentieity list conditions, if any, leading to immadiate cause. Enter Undarlying												
376	certificate be executed nding physician and use as the burial-transit	n/Medical	Ceuse (Diseese or injury thet initieted events resulting in death) Last	C	Due to (c	e to (or es a consequence of):									
ox 68760,	ng pl	Wec	and the second second								1				
		an		d	_					_	1				
Ö.	The law requires that the death ate has been signed by the atter page 2 should be detached for r	Physicia	Part II. Other significant condition	s contributing to d	leath but not res	uiting in the u	nderlying cause gi	iven in Pert I.	23b. Did	tobacco use co	ntribute to	the cause of death?			
P.O.	at the	Phy							1 🗆	Yes 2□ No	3 Prob	ably 4 Unknown			
Ś	one d	by													
Z	v require been si should	B								an autopsy omed?	24b. We	ra autopsy findings allable prior to			
00	has be	Die.										npletion of causa death?			
Œ.	The la	Completed							10	Yas 2 No	10	Yas 2 No			
ta		Bec	25. Wes casa referred to medical					26. Placa of Deel	th (Check only	one)					
>	yalcian: is certific director,	TO E	examinar? 1 ☐ Yas 2 ☐ No	Hospitel: 1	Inpatient 2	ER/Outpatien	at 3 DOA Ot	han /		idence 6 Oth	er (Specify	()			
0	Ph er thi		27. Menner of Death	28a. Dete	of Injury	28b. Time of				how Injury occur					
Division of Vital Records,	or Attanding after death. Director: After I in by the fune	atio	1 ☑Neturel 5 ☐ Pending 2 ☐ Accident investiga		nth, Dey Year)	Injury		Yes 2 No							
S	Attandir death.	III C	3 Suicide 6 Could no 4 Homicide determin	ed Zee. Flec			eet, fectory, offica	7.	28f. Location	Street end Numb	per or Rural	Route Number,			
	a after Direction	Certification:	4 Homicide	DUIIG	building, atc. (Specify) City or Town, Stete)										
	To the Hospital or Attanding Physician: within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director,		29e. Certifier 1⊡ Certifying	Physician: To the	e best of my kno	wiedge, deeth	occurred et the ti	lme, dete end pleca,	and due to the	cause(s) end me	enner as at	ated.			
	n 24 n 24 ne Fu	edicai	(Check only 2 Medical E	xaminer: On the be end mer	pasis of examine nner steted.	tion and/or inv	vestigetion, in my	opinion, deeth occur	red et the time,	date end plece,	end due to	the cause(s)			
	To the within 2 To the comple	Ž	29b. Signeture end title of certifier												
			mi	LE E			1 E	16939		8/1	2/96				
		}	30. Name end eddress of person w	ho completed cau	se of deeth (iter	n 23e) (Type.	Print)				1				
			Mich	1 1	ie, P	11991º	M coust	0							
	Sta	te	31. Dete filed (Month, Dey, Year)	32.	egistrer's Sigge	ture	- L								
	Registr	ar	AUG 1 21	335 8	his attend	contact	AR.								
				-			The state of the s								



State of Maryland / Department of Health and Mental Hygiene

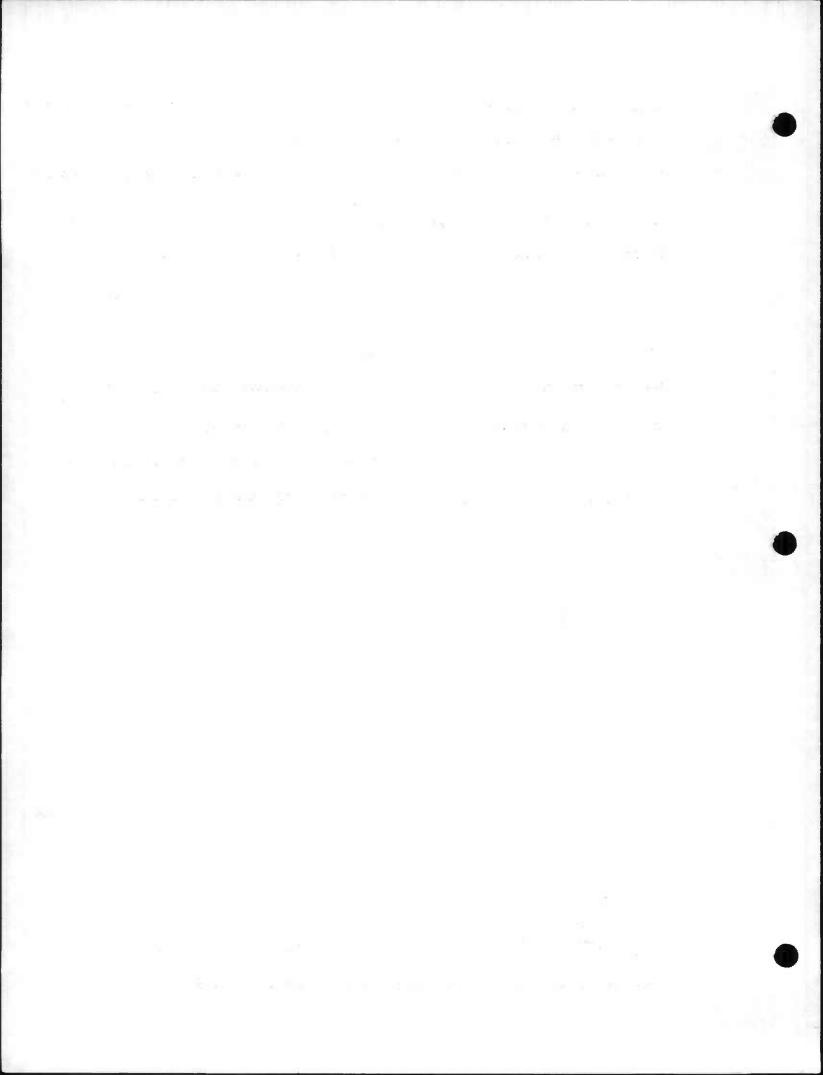
Certificate of Death

96 25324

								Cer	lilicate	OI	Dealli			Reg. No.		
	Physic		1. Decedent's Nam Anna N	ne <i>(First, Middle, I</i> Iancy Bat		Wa]	Lton				2. Dete of De Month Augus			3. Time of Deeth 11:23 A		
	/Medi Examii		4a. Facility Neme (ive street end n	um <i>ber)</i>	t Eas			-		own, or Lo	ocation of Deat			
ì	Funeral Director		5. Social Security N	Number 6.	Sex	7. Age (In yrs. lest bi		If Under 1 Months	Year Deys	If Under Hours		8. Dete of Bi (Month, Do Sept.	rth	9. Birthpled	ce (Stete or Foreigr
	ס		Usuel Residence of	of Decedent			Oc. City, Tow	m or Loc	cation				верет.	20, 1725		i. Inside City Limits
	the Maryti 28a-f aho notified a	Director	MD 10e. Street and Nu	Caroli	ne		Go1d:		0	20do						1 ☑ Yes 2 ☐ No
	h with	ai Dir		Sandtown	Road				10f. Zlp (636			10g. Citizen of V		,,,
	permit. Pages 1 and 2 should be filed within 72 hours after death with the Manyland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f ahow any injury or other traumatic avant, the Medical Examiner must be notified at once.	by Funerai	11. Marital Status 1 ☐ Never Mari	ried 2 Merried	12. Was Dec Armed F 1 Yes If Yes, G Yeer or I	orces? 2 No	er in U,S.		Vas Decede Yes, specii				ecify Yes or No Rican, etc.)	Specify	e - American ek, White, etc : Whit	C.
	natur	Completed	(Spe	15. Decedent's cify only highest g	Education rade completed,)	16e	Deced	ent's Usuel kind of work O NOT use	Occup	ation during mos	st of work	ing	16b. Kind of Bu	isiness/Indus	stry
	within iene.	ошрі	Elementery/Second	ondary (0-12)	College	(1-4or 5+)			homem					n/	a	
	i Hyg other	Be C	17. Fether's Neme	(First, Middle, La	st)				TOMEN	a rec		er's Nem	e (First, Middle	, Maiden Suman		
	Menta Menta arked arked	ToE	John B	attistel	la						Jos	ephi	ne Faz:	io Batti	stella	a.
	2 sho		19e. Informent's N	leme/Reletionship	(Type, Print)		198	b. Meilln	g Address	(Street	and Numb	er or Run	el Route Numb	er, City or Town,	Stete, Zip C	code)
	1 and Health MR 27 ther to		Kimber 20a. Method of Dis	ly Ruth	Hollowa:	У	20b. Place of				181 P	heon	ix, AZ	85076	City on Tayy	- Ctata
	ment of the tant: If its		1 Burial 2	□Cremation 3			cemete	ry, crem	etory or oth	her plac	•	8	/12	20c. Location - Philade		
	Departiment important		21. Signeture of Funeral Service Licensee 22. Name and Address of Facility Fleegle-Helfenbein Funeral Home P.O. Box 160 Greensboro, MD 21639													
	Physician /Medical Examiner	Examiner	Immediate Cause disease or condition resulting in death)	(Finel on	e. I b.	eech line.	mic f	consequ	Jel 7 Jence of):						In	opproximete naterval Between haset and Deeth
	th certificate be executed lending physician and r use as the burial-transit	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Due to (or es a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):														
	the et the of	Physicia	Pert II. Other signi	ficant conditions	contributing to c	death but r	not resulting i	n the un	derlying ca	use giv	en in Pert	l.	23b. Did	tobacco use co	ntribute to ti	he cause of death?
	requires that the death been signed by the ette should be detached for	by Ph	IDDIV	, Care	lony,	opa	thy,	A	SCUT	>			10	Y00 2 (No	3 Probal	bly 4 ☐ Unknow
	2 5 8 8	Completed by	Panal	Insu	forcer	ray							24a. Wes	en autopsy ormed?	availe	autopsy findings able prior to bletion of cause ath?
	The law ate has t page 2 s	Com											10	Yes 2 No	101	Yes 2□ No
	iclan: The certificate rector, pag	Be	25. Was case references	rred to medical						Lau		e of Deet	h (Check only	one)		
	Physic this c	2	1 Yes 2			Inpatient	2 ER/O		-	_	- L IVI			idence 6 Oth		
	i or Attending Physician: after death. Director: After this certific in by the funeral director,	Certification:	27. Menner of Deat Neturel 2 Accident	5 Pending investigati	on	of Injury nth, Dey Y	'ear) 28b.	Time of Injury	M 28	c. Injur Wor	yet k? Yes 2□		28d. Describe	how Injury occur	red	
	rs after d al Direct ed in by	Certifi	3 ☐ Sulcide 4 ☐ Homicide	6 Could not determine	d 289. Plac	e of Injury ling, etc. (- At home, fe 'Specify)	erm, stre	et, factory,	office				Street end Numb wn, State)	er or Rural F	Route Number,
	To the Hospital or Attending Physician: The is within 24 hours after death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edicai	29e. Certifier (Check only one)	1⊠ Certifying F 2 Medical Exa	miner: On the b	e best of n besis of ex oner stete	caminetion en	e, death ad/or inv	occurred el estigation, i	t the tin	ne, dete er pinion, dee	nd plece, oth occurr	and due to the red et the time,	ceuse(s) end me date end piece,	nner as stet and due to th	ed. ne cause(s)
	Vith To th	Σ	29b. Signeturi	Little of Certifier							e number			29d. Dete signe	d (Month, De	ay, Year)
			TE	200	_	4	appin		(03	329	4		8/8	196	
			30. Name and eddr									-1	1 0160			
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	516	150	ALC: T	/ 111	7.											

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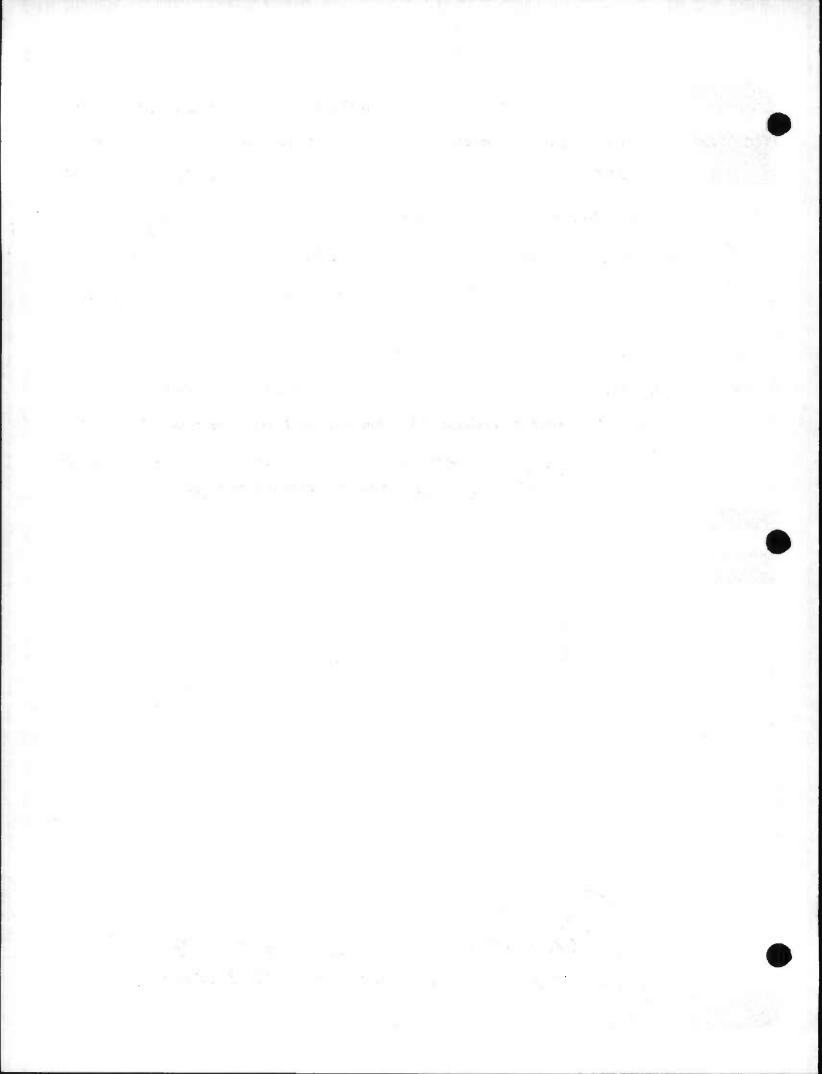
State Registrar



State of Maryland / Department of Health and Mental Hygiene 96

25325

					Certific	ate of	Death		Reg. No.		
Phys	cian	Decedent's Name (First, Middle, I	-	. Was	77.5	1-7		2. Dete of D Month	eeth Day	Year	3. Time of Deeth
	dical	W 2000 M 000 M 000 M 000	Dorothy		Wic	kless		Augus			9:58 AM
Exan	niner	4e. Fecility Neme (If not institution, g					4b. City, Town, or I	_ocation of Dee	th 4c. County	of Deeth	
		Frederick Memo				1 111	Frederic			deric	
Funera Directo			. Sex 7. A(ge (In yrs. last bii 75	Yrs. Monti	der 1 Year hs Deys	if Under 24 Hrs. Hours Min.	(Month, E	ley, Year)	9. Birthp	place (Stete or Foreign ntry)
	, r	214-10-3258 Usual Residence of Decedent		/ 5				March	5, 1921	Mary	Land
dand dand		10e. State 10b. County		10c. City, Tow	n or Location					1	IOd. Inside City Limits
hours after death with the Maryland turet', or Hems 23a or 28a-f show all Examiner must be notified at	ğ	Maryland Freder:	ick	Frede	rick						1 ☐ Yes 2 No
128s	Directo	10e. Street end Number			10f.	Zip Code			10g. Citizen of	What Cour	ntrv?
3a o		7016 Operaumterm	D#1-0			217	0.2				
Set 2	Funeral	7916 Opossumtown	12. Wes Decedent	Ever in U.S.	13. Wes De			pecify Yes or N	United S	e - Americ	
-	F	1 ☐ Never Married 2 ☑ Merried	Armed Forces	?			Hispenic Origin? (S en, Mexican, Puert	o Rican, etc.)	Bled	ck, White,	
ours after death with the Marylan rei", or items 23a or 28a-f show Examiner must be notified at	þ	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Detes:		1 □ Yes	2 № No	Specify:		Specify	w: Whi	Lte
jene. r than "naturel", ne Veolcal En	Completed	15. Decedent's	Education	16a	Decedent's U	suel Occup	pation		16b. Kind of Br	usiness/inc	dustry
then 'n	De	(Specify only highest g	rade completed) College (1-4or	5.)	(Give kind of lifa. DO NO	work done Tuse retire	during most of wor	king			
Hygiene. ort, in M	6	7	College (1-40)		eamstre	ess			Texti	Le	
d other	BeC	17. Father's Neme (First, Middla, La:	st)				18. Mother's Nan	ne (First, Middle	a, Maidan Suman	10)	
5 D 0	To B	John Bart					Martha	Flizaha	th Stine	ے	
th and Mer 7 is marke traumatic	-	19a. Informent's Neme/Ralationship	(Type, Print)	198	. Malling Addr	ess (Street	end Number or Ru				Code)
45		Augustine G. Wich	cless/ hust	and 79	16 Onos	SSIIMt	own Pike,	Freder	rick MD	217	02
f Heal Item 2 other		20e. Method of Disposition		20b. Pleca o	f Disposition (Verne of		Dete	20c. Location -		
rt: H		1 X Buriel 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Speed				,	1 Garden	/10/06	Emodond.	-1- M	(american i
Department of Himportant: If its any injury or of	á	21_Signature_of/Funeral Service/Lio		Resella			ess of Fecility	0/10/90	rrederre	JK, M	laryrand
SE E		1	A		Stau	fer	Funeral H	omes, H	P.A.		
_	1	2000	1/1		1621	Opos	sumtown_P	ike, Fr	ederick,	Mar	yland 2170
		23s. Part 1. Enter the disease, pr co shock, or heart failure. List on	y one-gause on each i	ine. Do	not enter the n	node of dyl	ng, such es cardied	or respiratory	errest,		Approximete Intervel Between
hysicia: /Medica	_									4	Onset and Deeth
xamine		Immediete Ceuse (Finel diseese or condition resulting in daath)	e. PULMON	my FA	ILUPE	, AR	DS, PN8	MONIA			5 0475
	1	Totaling in dataly		Dua to (or as e	consequance	of):				1	
sit	Examiner		b. CAROIN				CARDIA	INF	MCTOW		2 DAYS
and i-trar	xan	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseasa or Injury		Due to (or es e	- 1,100	,				1	
icien		cause. Enter Underlying Cause (Diseasa or Injury	c. LIVER	2 Fail	310.	CIR	KHOSIS,	PORTAZ	HIN		
ling physicien and e es the bunel-transit	Medical	that initieted events resulting in death) Last								1	120A75
ding se es			d. CHOL	LCYSTE	rmsis	CH	OLECIST	mil, (arcinem	al	WEEK
eath of the notate	Physician										
mat the deadth certificate be executed to by the ettending physicien and detached for use as the bunel-transit	ysi	Pert II. Other significant conditions	contributing to death b	out not resulting in	n the underlyin	g cause gh	ven in Pert I.	23b. Dic		ntribute to	the causs of death?
	P							1	Yss 2 No	3 Prot	bably 4 Unknow
5 2	1 by									04h W/	are autonou findiane
been s	Completed								s en autopsy formed?	6V8	era autopsy findings allebie prior to impletion of cause
10 Cd	du										death?
pa es	ပိ							1□	Yes 22 No	10	☐Yes 2☐No
this certificate	Be	25. Wes casa referred to medical examiner?					28. Place of Dee	th (Check only	one)		
9 0	10	1 ☐ Yes 2 ☑ No	Hospitel: 1 Inpatie		rtpetient 3	DUA		ome 5 Res	idence 8 DOth	er (Specif)	у)
ther th		27. Manner of Deeth 1 ☐ Neturel 5 ☐ Panding	28e. Deta of Inju (Month, Da	iry 28b.	Time of njury	28c. Inju	ry at rk?	28d. Describe	how injury occur	red	
after death. Director: After I in by the fune	Certification:	2 Accident investigeti	on	2 226	М		Yes 2 □ No				
er de	Ħ	3 ☐ Suicide 6 ☐ Could not determine	d 28e. Pleca of inj building, et	ury - At home, fe	rm, street, fec	ory, office		28f. Location	(Street end Numb	er or Rura	il Route Number,
s after bi Direct ed in b	Se			(0,000.))							
within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical	29e. Certifier 1 Certifying F (Check only one) 2 Medical Exe	Physician: To the best eminer: On the besis o end menner st	f exeminetion en	, deeth occurred/or investigate	ed et the tir	ma, data end pleca opinion, deeth occur	, end due to the rred et the time	ceuse(s) end ma , date end pleca,	nnar as st	tated. the ceuse(s)
thin the	M	29b. Signeture end title of	and manner st	eteu.		29c. Licens	se number		29d. Dete signe	d (Month	Day Year)
8 1 €			11/11/						230.0010319110	06	Day, roar,
		1000	eviv -			D	41625		D-T-	10	
		30. Name end address of person who	completed cause of d	leeth (Item 23a)	(Type, Print)	e 1	VE #3	02 FA	6060.0	1/	As A
		STEUEN MA	7/5		LHOUS	c /1	772	0 //	CICKIC	1	1117
	tate	31. Dete filed (Month, Day, Year)	32. Registr	rer's Signeture							
Regis	trar	AUG 0 8 199	b julad	Twelson Ro	dally						
M 15 Day 6	/05				- 4						



State of Maryland / Department of Health and Mental Hygiene

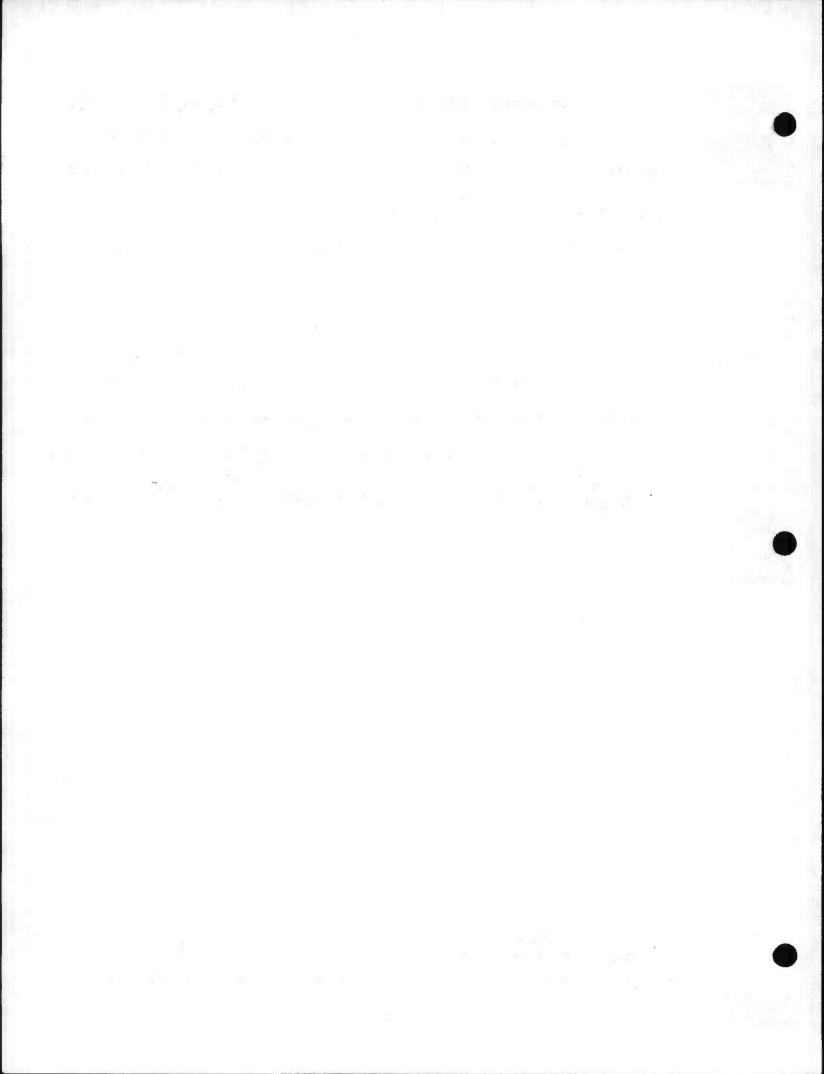
Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death July 25, Day 1996 **Physician** Imogene Madolin WARNER 5:00 PM /Medical 4a. Facility Nama (If not institution, giva street and numbar) 4b. City, Town, or Location of Death 4c. County of Death Examiner Frederick Frederick Health Care Center Frederick 5 Social Sacurity Number 7. Aga (In vrs. last birthday) If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth
March Day Xear 99. Birthplaca (Star
March 23, 1915 Mary Land 9. Birthplaca (Stata or Foreign **Funeral** Hours 1 M XXF Months Days Min. 81 219-12-1186 Director Usual Rasidanca of Dacedant the Marviend 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Maryland Frederick Frederick 1 Yas 2 No Director 10e. Street and Number 10f. Zip Coda 21701 10g. Citizan of What Country? deeth with U.S.A. 613 Charles Street 12. Was Dacedant Evar In U,S. Armed Forces? 1 ☐ Yas 2 ☐ No Was Dacedant of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Baca - American Indian e filed within 72 hours efter de of Hygiene. other than "natural", or item Black, Whita, atc. 1 Navar Married 2 Married 1 Yas 2 No Specify: Baltimore, Maryland 21215-0020 Specify: White à 3 Widowed 4 □ Divorced Yaar or Datas: Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Spacify only highast grada complated) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) Medical Assistant Medicine . Pages 1 and 2 should be filed w tment of Heath and Mentel Hygie tant: If Item 27 Is marked other ti lury or other traumatic event, to other 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nema (First, Middla, Meidan Sumama) Be SMITH William Henry KOONTZ Barbara 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Ms Jean I. Byrd, Daughter 613 Charles Street, Frederick, Maryland 21701 20a. Method of Disposition
1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from State 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20c. Location - City or Town, Stata permit. Page Department of Important: If any Injury or once. Mount Olivet Cemetery, July 30, 1996 Frederick, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funaral Sarvice Licensee 22. Nama and Addrass of Facility Keeney and Basford P.A. Funeral Home M00255 106 East Church St., Frederi 23a. Part1. Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause in each line. 106 East Church St., Frederick, Md. 21701 Approximata Intarval Batween Onsat and Death **Physician** Immediate Causa (Final disaasa or condition resulting in daath) /Medical 6 Years Metastatic Cancer of the Breast Examiner Dua to (or as a consequence of): The law requires that the deeth certificate be executed buriel-transit pue Saquantially list conditions, if any, laading to immadiata cause. Entar Undarlying Causa (Disaasa or Injury that Initiated avants rasulting in daath) Last Dua to (or as a consequence of): physicien s the buriel P.O. Box 68760. Physician/Medical Dua to (or as a consequence of): 98 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by t should be detect 1 Yes 2 No 3 Probably 4 Unknown Insulin Dependent Diabetis Mellitus ò 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy Completed Coronary Artery Disease certificate has Chronic Renal Insuffiuency 1 ☐ Yas 2 No 1 ☐ Yas 2 ☐ No. Division of Vital Hospital or Attending Physician:
 24 hours after death.
 Funeral Director: After this certifica 25. Was casa rafarrad to medical axaminar? Be 26. Placa of Daath (Chack only ona) Other: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatlant 3 ☐ DOA 1 Yas 2 No 2 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury at Work? Certification: Injury 1 Natural 5 Panding 1 Yas 2 No Invastigation 2 Accident 6 Could not be determined 3 Sulcida 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At home, farm, straat, factory, office building, atc. (Specify) filled in by 4 ☐ Homicide 1 Certifying Physician: To the best of my knowledga, death occurred at the time, dete end plece, end due to the cause(s) end manner es stated.

2 Medical Examinar: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) To the Hosp within 24 hou To the Funer completely fil 29a. Certifier Medical and mannar statad. 29d. Data signed (Month, Day, Year) 29b. Signatura and titla of certifian 29c. Licansa number July 25, 1996 D 21944 30. Nama and address of person who complated cause of death (Itam 23a) (Type, Print)

Dr. James S. Grissom MD 300 West Ninth Street, Frederick, Maryland

State Registrar 31. Data filad (Month, Day, Year) JUL 2 9

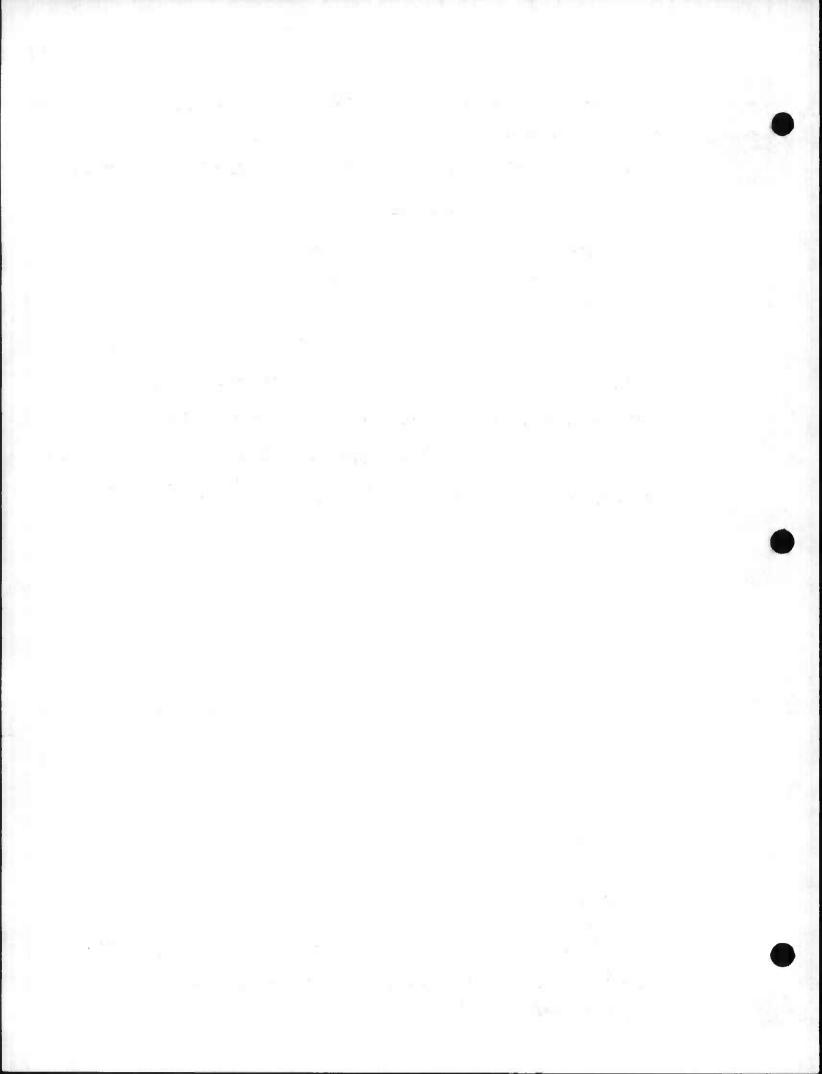
32. Registrar's Signatura - Thurdson-Rarlall



State of Maryland / Department of Health and Mental Hygiene 96

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4 -1						Cei	tificat	e 01	Death			Reg. No.		
	Physic /Medi		Decedent's Nama (First, Middla, Emma		iola		WALL	ICK			2. Dete of De Month July	24, 199	96 ^{Yaer}	3. Tima of Death 2:45 AM
	Exami		4a. Facility Nama (If not Institution, 9 8011 Fingerboar		m <i>ber)</i>					own, or Lo	cation of Deat		of Death leric	
	Funeral Director		215-20-9102	Sex 1□ M XXF	7. Aga (In yrs. la 82	st birthday) Yrs.	If Under Months	1 Yea Days		24 Hrs. Min.	8. Dete of Bir June 2	in, Yang 14	9. Birthi Mar y	plece (State or Foreign Pand
	Maryland a-f show	ctor	Usual Rasidance of Dacedant 10a. Stata 10b. County Maryland Frederic	ck		Town or Lo							1	10d. inside City Limits 1 ☐ Yas 2 🗓 No
	h with the 23a or 28	al Director	10e. Street end Number 8011 Fingerboar	d Road			10f. Zip		704			10g. Citizen of U.S.		ntry?
020	72 hours after death with the Maryland "natural", or items 23s or 28s-f show edical Examiner must be portified at	by Funeral	11. Merital Stetus 1 Navar Married 2 Marriad 3 Widowed 4 Divorced	Armed Fo	va		Was Deced f Yes, spec i ☐ Yas				ecify Yes or No Ricen, etc.)	14. Red Bia Specif	ck, Whita,	cen Indian, atc. nite
Baltimore, Maryland 21215-0020	iena. Iena. Itan	Completed	15. Decedant's (Specify only highast of Elamentary/Secondary (0-12)	Education rade completad) Collage (lant's Usua kind of wo DO NOT us emake	rk doni se retir	ipation e during mos ed)	st of work	ing	16b. Kind of B		dustry
yland	should be filed nd Mental Hygid marked other umatic event, to	To Be (17. Fathar's Nama (First, Middla, La Forrest	st)	COV	ELL					Rebecc	, <i>Maldan Sum</i> ar a HAMI	,	
, Mar	d 2 sho th and 7 is m		19a. Informant's Name/Raiationship Mrs. Shirley E.		antz							er, City or Town rick, M		
imore	m 40 O		20a. Method of Disposition 1 Buriel 2 Crametion 3 4 Donation 5 Othar (Spec		Ctata COI	eca of Dispo matary, cran nt Oliv	natory or o	thar pl	ry, Jul	y 26,	Deta 1996	20c. Location Freder		own, State Maryland
Balt	permit. Pagas Department of Important: If I any injury or once.		21. Signature of Funarel Service Lic	Shaf	MO0255	10	06 Ea:	st (Church	St.	. Frede	Funeral erick, N		1701
X.	Physician /Medical Examiner		23a. Part1. Entar tha disaasa, or co shock, or haart failure. List on Immediata Causa (Final disaasa or condition rasuiting in daath)		Dua to (or				ring, such as	cardiac	or raspiretory e	rrest,		Approximeta Interval Batween Onsat and Death ALLY WOULK
-	uted d ansit	Examiner		b. Ra		es a conseq	5.6	,						pen mont
68760,	certificata be axecuted iding physiclan and ise as the burial-transit	v/Medical Exa	Sequantially list conditions, it any, leading to immediata cause. Entar Undarlying Cause (Disease or Injury that Initiated avents rasulting In deeth) Lest	С		as a conseq								
Box (- 5 -	ian/Me		d										
P.0.	0 0 0	by Physiciar	Part II. Other significant conditions Dear Model		eath but not rasuit	ting In tha ur	nderlying c	ausa g	ivan In Part	l.	23b. Did	3-4		o the cause of death? bably 4 Unknown
of Vital Records,	aw requir 1s been s 2 should	Completed b										an autopsy ormed?	ev	dara autopsy findings vailable prior to omplation of cause death?
tal R	Tha ata h page		25. Was cesa rafarred to medical	T					00 Pto -	1 D 1	10	/1	1[□Yas 2□ No
\S	Physician: this certific ral director,	To Be	axaminer? 1 ☐ Yas 2 🔯 No	Hospital:	Inpatiant 2□E	R/Outpatien	t 3 DC	A O	thor		ma 5 Rasi	dance 6 □Oth	nar (Specil	(v)
Division o	To the Hospital or Attending Physician: Within 24 hours after death. To the Funeral Director: After this certific complately filled in by the funeral director.	Certification: 1	27. Manner of Death Naturel 5 Panding Invastigati	on	of Injury th, Day Year)	28b. Tima of Injury		8c. inju			-	how Injury occur		
<u>N</u>	tal or Att	Certific	3 ☐ Suicida 6 ☐ Could not determine	d Zoa. Flace	of Injury - At homing, atc. (Specify)	na, farm, str	aat, factory	, office			28f. Location (City or To		ber or Run	al Routa Number,
	To the Hospital within 24 hours a To the Funeral I complately filled	edicai	29a. Cartifiar (Check only one)	miner: On tha b	best of my knowl asis of axaminationer stated.	ledga, daath on and/or inv	occurred restigation	et tha t in my	ima, data ar opinion, das	nd place, ith occurr	and due to tha ed at tha tima,	ceusa(s) and m data and piace,	anner as s and dua t	itated. o the cause(s)
	To To Troo	×	29b. Signature and titla of confiller	wy	mo				3063			July 2		State of the state
			30. Nama end addrass of person who	eed MD	801 Tol	1 Hou	se Av	те.,	Fred	eric	k, Mary	land 21	701	
	Sta Registi		31. Data filad (Month, Day, Yaar) JUL 2 5 1	996	legistrar's Signatu	or Rank	all h							



State of Maryland / Department of Health and Mental Hygiene 25328 Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** YOURISON RALPH G. AUGUST 0400 /Medical 4e. Fecility Neme (ff not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 31945 BONHILL DRIVE SALISBURY WICOMICO 5. Social Security Number If Undar 1 Year | If Under 24 Hrs. 8. Dete of Birth

(Month Day Year) 9. Birthplace (Stete or Foreign Country) 7. Aga (fn yrs. last birthday) **Funeral** 1**2**M 2□ F Months Deys Hours 220-32-1560 59 Yrs. Director Usual Residence of Decedant 10e. Stete 10b County 10c. City. Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at 1 ☐ Yas 2 No Director MD. MICOMICO SALISBURY 10e. Street and Number 10f. Zlp Code 10g. Citizen of Whet Country? 6 31945 BONHILL DRIVE 21801 USA "natural", or items 23a 12. Was Decedent Ever in U,S. Armed Forces? ↑ Yes 2 □ No If Yes, Giva Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indien 11. Merital Stetus Bleck, Whita, atc. filed within 72 hours after of Hygiene. Ither than "natural", or iter 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: Specify: WHITE by 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highast grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 18b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) permit. Peges 1 and 2 should be filed witl Department of Health end Mentel Hygiene Important: If Item 27 is marked other that any Injury or other treumatic event, tre. DRIGE. CENTRAL OFF. TECH. BELL ATLANTIC 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) FRANCIS YOURISON THELMA CORBIN 19a. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) GAIL R/ Yourison 31945 BONHILL DR., SALISBURY, Md., 21801 20b. Place of Disposition (Nema of cemetery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, State Date 1 ☐ Burial 2 Cremetion 3 ☐ Ramovel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) 8 - 13SALISBURY CREMATORY SALISBURY, MD. 21. Signature of Fundral Sylvice License 22. Nama and Address of Fecility ULLRICH FUNERAL HIOME BERLIN, MD. 23a. Part . Enter the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cardiac or respiratory arrest, shock, or haart failure. List only ona ceusa on each line. Approximata Intervel Between Onset and Death **Physician** /Medical Immediate Cause (Final o. 5 mall Cell Und Afterentiated Carcinona Inorths diseesa or condition resulting in deeth) Examiner Examiner attending physician and for use es the burial-transit The lew requires that the death certificete be executed Sequentietly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or es e consequence ot): P.O. Box 68760, Physician/Medical Dua to (or es a consequance of): signed by the aid to be detached for Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown Records, ģ 24b. Were autopsy tindings available prior to Completed 24a. Was an autopsy performed? completion of cause of death? page 2 : 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate Division of Vital Hospital or Attending Physician: '24 hours efter death. Funeral Director: After this certifica Nely filled in by the funeral director, g 25. Was case reterred to medical examiner? Be 28. Plece of Deeth (Check only one) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yes 2 No 2 28a. Deta of Injury (Month, Dey Year) Certification: 27. Menner of Deeth 28c. Injury et Work? 28d. Describe how Injury occurred 28b. Time of 5 Pending Investigation 1 Netural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined To the Hospital or Atterwithin 24 hours effer der To the Funeral Director completely filled in by the 3 Sulcida Pleca of tnjury - At home, term, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and dua to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, deeth occurred at the time, dete end place, and dua to the cause(s) end menner steted. 29e. Certifier Medical 29b. Signeture and title of certifier 29d. Data signed (Month, Day, Year) 29c. Licensa number Aug. 13, 1996 0 30690 30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print) 145 E. Grall St. Salisbury, James E. Martin MD 14.0.

Registrar

State

31. Dete filed (Month, Dey, Year)

AUG 1 3 1996

32 Registrer's Signature

Felt Awder Radell

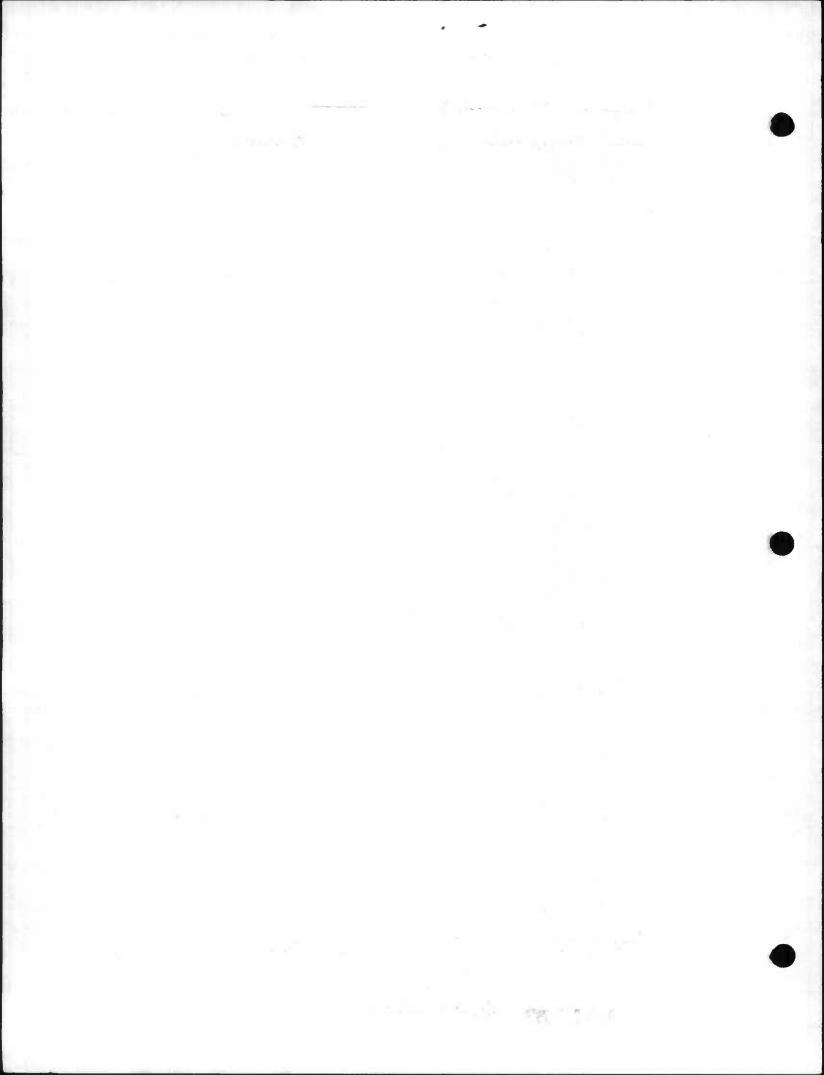
DHMH 16 Rev 6/95

ITEM: 1. PER F.H. FILM G-738 8/27/96 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene t.t 25329 Certificate of Death 1. Decedent'e Neme (First, Middle, Last) MILDRED FRANCES ALLEN 2. Data of Death 3. Tima of Death **Physician** Mildred Rances 96 08 /Medical 4a. Facility Name (If not institution, giva street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Itospital Balto N/A if Under 24 Hrs.
Hours Min.

8. Data of Birth
(Month, Dey, Y,
April 17 5. Social Security Number If Undar 1 Year 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foreign **Funeral** Days Months 1□ M 25 F 217-01-1033 83 Yrs Delaware 1913 **Director** Usuel Residence of Decedent with the Marylend 10a. Stete 10c. City, Town or Location 10d. Inside City Limits ral", or items 23a or 28a-f show Examiner must be notified at 1 ☐ Yas 2 ☐ No Directo Maryland Baltimore Catonsville 10e. Street end Number 10f. Zlp Code 10g. Citizen of What Country? 315 Ingleside Avenue 21228 USA permit. Peges 1 end 2 should be filed within 72 hours after deeth v Department of Health and Mentel Hydene. Important: If item 27 is marked other than "natural", or items 23a any injury or other traumatic event, the Medical Examiner mass and bace. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 24 No If Yes, Give Yaar or Datas: 11. Maritel Status 13. Was Decedent of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Rece - American Indien, Bieck, Whita, atc. 1 Never Merried 2 Married 1 Yes 2 No þ Specify: 3X Widowed 4 □ Divorcad White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Eiementery/Secondery (0-12)
Unknown College (1-4or 5+) Inspector Bendix Corp. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumema) Be Unknown Edna Bell Tribbitt 2 19a, Informent's Neme/Relationship (*Type, Print)* Margaret Hester Yovanov 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 408 Thackery Ave. Baltimore, MD 21228 sister 20e. Method of Disposition 20b. Piece of Disposition (Neme of cemetery, cremetory or other piece) 20c. Location - City or Town, State Dete 1 ☐ Burial 2X Cremetion 3 ☐ Ramoval from State Metro Crematory, Inc. 8/24/96 Baltimore, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Fune at Service Lippinsee 22. Nama and Addrass of Facility Cremation Society of Maryland, Inc. Dawn F. McDonald 299 Frederick Road Baltimore, MD 21228 Approximate Interval Between Onset end Deeth 23a. Pert1. Enter the disaasa, or complications that caused the deeth. Do not enter tha mode of dying, such as cardiac or raspiratory arrast, shock, or heer failure. List only one cause on each line. **Physician** /Medical Immediate Cause (Finel disaasa or condition resulting in deeth) Examiner Physician/Medical Examiner attending physicien end for use as the burief-transit or Attending Physicien: The law requires that the deeth certificate be executed Sequentially list conditions, if any, laeding to immedieta cause. Enter Underlying Cause (Disease or injury that initiated events Division of Vital Records, P.O. Box 68760, resulting in death) Last signed by the a d be detached f Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings evailable prior to completion of cause of deeth? Completed 24e. Was en eutopsy performed? ils certificate has director, page 2 1 Yes 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical examiner? Be 26. Piece of Deeth (Check only one) Hospital: Other: 4 ☐ Nursing Homa 5 ☐ Rasidenca 6 ☐ Othar (Specify) 1 Yas No 10 Inpatient 2 ER/Outpatient 3 DOA this funeral 26a. Dete of Injury (Month, Dey Year) 27. Manner of Deeth 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: Neturel 5 Pending invastigation deeth. 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicida 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide Dir Certifying Physician: To tha best of my knowledge, deeth occurred et the tima, dete end place, and due to the cause(s) and menner es steted. Medical 29a. Certifier tiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end plece, and due to the cause(s) end menner steted. (Check only one) \$ 29b. Signature and title of certifier 29c. Licensa number 29d. Data signed (Month, Dey, Year) 30. Nama and address of person who completed cause of deeth (Item 23a) (Type, Print) Sinai Hospital, Baltimore, 32 Signature Revolution 31. Dete filed (Month, Dey, Year)

Registrar

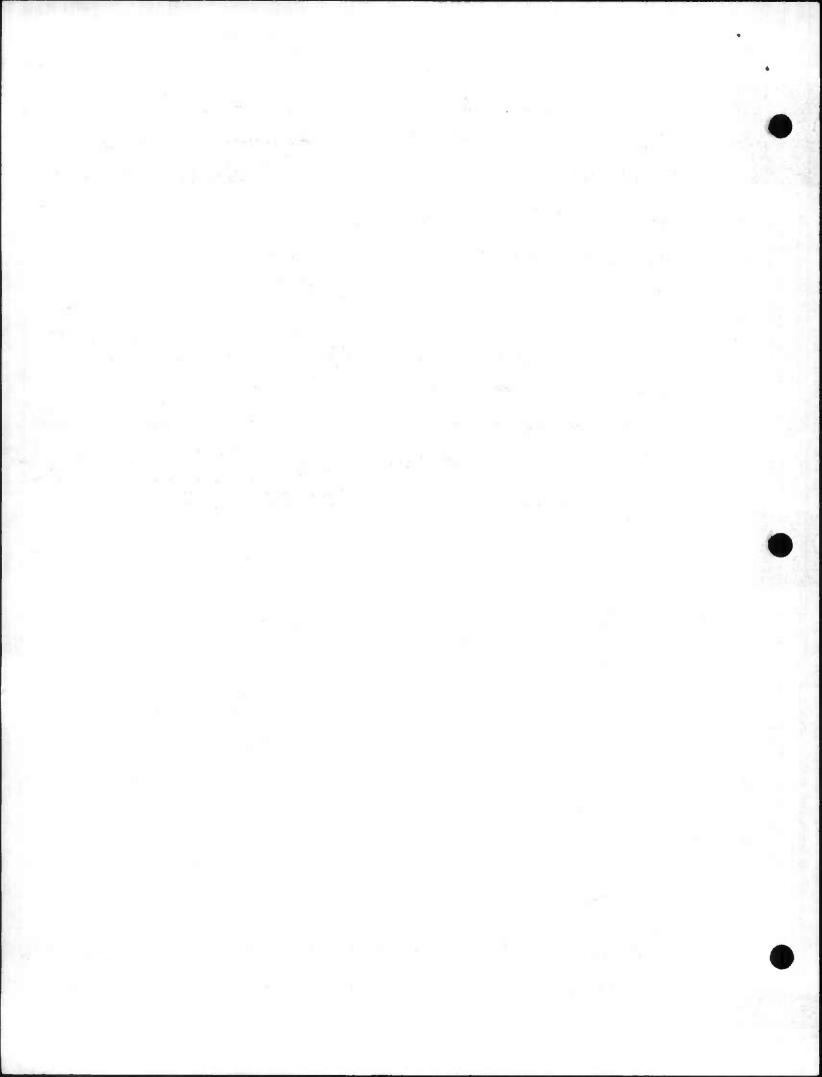
AUG 27



State of Maryland / Department of Health and Mental Hygiene

25330

•				Certificate of Death	Reg. No.	
	Di-		1. Decedent's Nama (First, Middla, Last)	A -	2. Data of Death	3. Tima of Death
	Physic /Medi		APRIL SHARONDA	ARMSTEAD	AUGUST 25 190	
	Exami		4a. Facility Nama (If not institution, give stragt and number)	tal BA/tin	ocation of Death 4c. County of Dea	
	Funeral Director		5. Social Security Number 1966 6. Sex 7. Aga (In yrs. las 1 M 2 D + 3 3 3 3 3 3 4 3 3 4 3 3	Yrs. H Under 1 Year If Under 24 Hrs. Months Days Hours Min.	[Moviffi, Day, Year] C.	rthplaca (Stata or Foreign ountry)
	e Maryland	Director	1//	Town or Location BA/HIMBNE		10d. inside City Limits 1 ☐ Yas 2 ☐ No
	23a or 2	ral Dire	10e. Street and Number 4601 CRADDOCK AUS	21212	10g. Citizen of What C	ountry?
5-0020	within 72 hours after death with the Maryland ene. than "natural", or items 23a or 28a-1 show the Medical Examiner must be notified at	d by Funeral	11. Marital Status 1 ■ Never Married 2 ■ Married 3 ■ Widowed 4 ■ Divorced 12. Was Decedant Evar in U,S. Armed Forces? 1 ■ Yas 2 ■ Mo If Yas, Giva Yaar or Datas:	13. Was Dacedent of Hispanic Origin? (Spill Yas, specify Cuban, Maxican, Puarto 1 ☐ Yas 2 ☐ No Specify:	ecify Yas or No- Rican, atc.) 14. Race - Am Black, Whi	
21215-(s 1 and 2 should be filed within 72 hours if Health and Mental hygiene. Item 27 is merked other than "natural", other treumatic event, the Medical Exp	Completed	15. Decedant's Education (Specify only highast grada complated) Elamentary/Secondary (0-12) Coilega (1-4or 5+) 2 4 EARS	16a. Decedent's Usual Occupetion (Giva kind of work dona during most of work lifa. DO NOT use retired) Smnun ity Sexuice	officer Duline	endustry City
Maryland ?	should be filed ind Mental Hygid i marked other umatic event, to	To Be C	17. Fathar's Nama (First, Middla, Last) ALBELT ARMSTED, SR.		a (First, Middla, Maldan Surnama)	
	s 1 and 2 sho if Health and I from 27 is me other treums		Lilliam ARMSTERD, SISTER.	19b. Mailing Addrass (Street and Number or Run	y B/WD Ellicott	city, nd
Baltimore,	Page ment o ant: If ury or		1 Burial 2 Cramation 3 Removal from State	pe of Disposition (Nama of natary, cramatory or other place),		5 mary/one
Bal	permit. Par Departmen important: eny injury once.		21. Signature of Funaral Sarvice Licensee	22. Nama and Addrass of Facility Of 5240 REIS TELLIS OF	ATMAN - HANGS 1 IN RIAD	TUNGTAL HOWE
	Physician		23a. Part 1. Enter the disease, or complications that caused the death. shock, or heart tallure. List only one cause on each line.	Do not antar the mode of dying, such as cardiac		Approximata Interval Between Onset and Death
	/Medical Examiner		rasulting in death) a.	ERAL PHEUN	AONIA	13DA ¥\$
	po iii	line	PANCY	TOPENIA		
68760,	entificate be axecuted ding physician and sa as the burial-transit	edical Examiner	If any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	s a consequance of): MYELOID s a consequance of):	LEUKEMIA	
Box	atten for us	Physician/M	d	ng in the underlying cause given in Part I	23b. Did tobacco use contribut	to the cause of death?
s, P.O	requires that the de seen signed by the a hould be detached	by Phys		ng in the entering excess given any enter		Probably 4 Unknown
Records	2 S	Completed b			24a. Was an autopsy performed?	Wara autopsy findings available prior to complation of causa of daath?
<u>a</u>	The sea				1 □ Yas 254No	1 ☐ Yas 2 ☐ No
of Vital		o Be	25. Was casa ratarred to medical axaminar? 1 Yes 2 No Hospitel: 1 Anpatient 2 F	Other	th (Check only ona)	
_	P 0 0		27. Mannar of Death Statural 5 Pending 28a. Data of Injury (Month, Day Year) 28	VOULDBILLETIL 3LI DOA 4LI NUISING HO	oma 5 Rasidance 8 Othar (Spe 28d. Dascribe how injury occurred	ecity)
Division	To the Hospital or Attending within 24 hours after death. To the Funeral Director: Att completely filled in by the fun	Certification:	3 ☐ Suicida 6 ☐ Could not be datarmined 28a. Place of Injury - At hombuilding, atc. (Specify)	a, farm, street, tactory, office	28f. Location (Street and Number or R City or Town, State)	Rural Routa Number,
	he Hospi in 24 hou he Funer pletaty fill	edical	29a. Certifier (Check only one) The Certifying Physician: To the best of my knowle and mannar stated. The Certifying Physician: To the best of my knowle and mannar stated.	idge, death occurred at tha tima, data and place, n and/or Invastigation, in my opinion, death occurr	and dua to the causa(s) and menner a red at the time, date and place, end du	s stated. e to tha causa(s)
	To the Common	Σ	29b. Signatura and titla of certifiar Coop M	D - 29c. Licansa number P093 02	29d. Data signed (Mon	
	2		30. Name and address of person who completed cause of death (Item 2: NEEPU GUPTA M.D. 56	3a) (Type, Print) OI LOCH RAVEN !	- AUGUST - BLUD BALTIM	ORE, MD
	Sta Registr		31. Date filed (Month, Day, Year) 32. Pegistrar's Sharatur	Long		



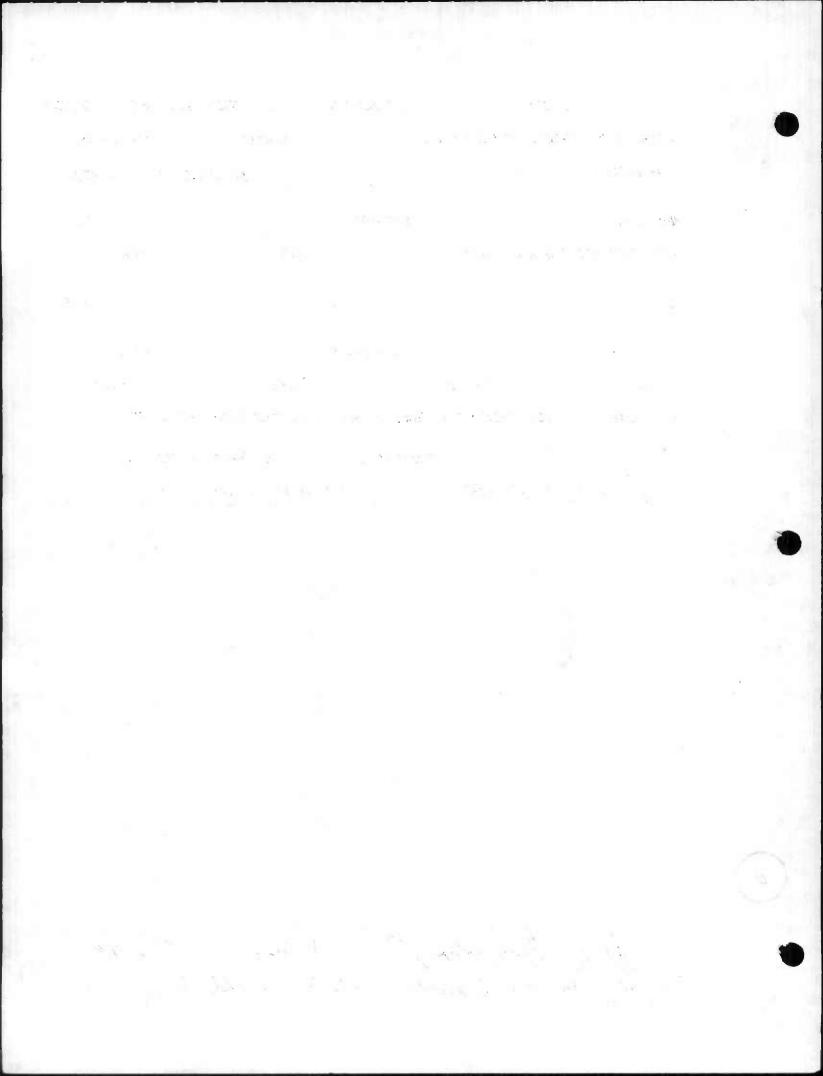
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State of Maryland / Department of Health and Mental Hygiene 96 State of Maryland / Department of Health and Mental Hygiene

Cartificate of Death

25331

					Cel	TITICATE C	ot D	eath			Reg. No.		
Physic /Med		Decedent's Name (First, Midd	EDITH		B	ERNSTEI	N			2. Date of De AUGUST	eath 2 23, 19	96 ^{ear}	3. Time of Death 12:20am
Exam		4a. Facility Name (If not institution JEWISH CONVALE)			E		4b.			incation of Deal		y of Death	ORE
Funera Director		5. Social Security Number 219-58-0294 Usual Rasidence of Decedent	6. Sax 1 ☐ M 2 ☐ F	7. Age (In yrs. Ia: 98	st birthday) Yrs.	If Under 1 Ye Months Da		If Under: Hours	24 Hrs. Min.	8. Date of Bi (Month, D AUG. 1.	rth ay, Yeer) 0,1898	9. Birth Cou RI	place (Steta or Foreig ntry) USSIA
the Maryland r 28a-f show	tor	10a. State 10b. County MARYLAND N/A		10c. City,	Town or Lo	cation IMORE							10d. Inside City Limits
deeth with the Maryland ms 23a or 28a-f show Littust be notified at	Funeral Director	10e. Streat and Number 6001 PARK HEIG	SHTS AVE.,	, APT. 2-	A	10f. Zip Cod		21215	5		10g. Citizen of	What Cou	ntry?
_ p # g	by	11. Marital Status 1 Never Married 2 Mar 3 Widowed 4 Divorced	Armed F	21 No live		Vas Dacedent (I Yas, specify C		panic Orig , Mexican Specify:	gin? (Sp , Puerto	ecify Yas or No Rican, etc.)	14. Ra Ble Specia	ick, White,	cen Indian, atc. WHITE
1215- vithin 72 ne. han "nat	Completed	15. Decedar (Specify only highe Elementery/Secondary (0-12)	· i	(1-4or 5+)	(Give	lent's Usuai Ockind of work do. OO NOT use rel	na du lired)	ion Iring most	of work	ing	16b. Kind of E	Business/In	
Maryland 2 2 should be filed v and Mental Hygie is marked other i	To Be	17. Father's Name (First, Middla, WOLFE	Last)	MINKIN			1		r's Name	e (First, Middle	, Meiden Surne		KNOWN
re, Marylc s 1 and 2 should Health and Men tem 27 is marke other traumatic		19a. Informant's Name/Relations MRS. JEAN BERN			6661	-D SANZ	O F	ROAD	BAL'	Poute Numb	MD 212	, State, Zip 09	Code)
A		20a. Method of Disposition 1 XBuriai 2 Cremation 4 Donation 5 Other (S		State Cen	netery, crem	sition (Neme of netory or other p EI ZION	place))	8-	Date 25 –1 996	20c. Location ROSED		
Baltimo permit. Page Depertment of Important: If any Injury or		21. Signature of uneral Service	Licensee M.	the	22.		Le	evins	on a	& Bros.		11.	MD 21208
OX 68760, to certificate be executed a conflict that the property of the prop	n/Medical Examiner	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	a	Due to (or a	ky s a consequ	ANTO	Re	NA	Do	Ton	in.		/ MIN / MIN
	Physicia	Part It. Other significant condition	ons contributing to d	leath but not resulting	ng in the un	derlying ceuse	given	in Part I.			tobacco use co Yes 2□ No	ontribute to	the cause of death
aw requires to been sign	Completed by	SCHOOL								perfe	an autopsy ormed?	av co of	ere autopsy findings ailable prior to mpletion of ceuse death?
VILAI Islan: Ti certificate rector, pa	o Be Co	25. Was cese referred to medical examiner?	Hospital:			-5	2 Other:			(Check only	one)		Yes 2 No
nding Phys III. After this his funeral di		27. Menner of Death 1 Natural 5 Pendin 2 Accident investig	g 28a. Date (Mon		VOutpatient 3b. Time of Injury	28c. In	jury a Vork?	4 LLWur	1		dence 6 Oth		"
A Paris	Certification:	3 Suicide 6 Could r determ	ined 296. Place build	e of injury - At home ing, etc. (Specify)			٠,			City or To	wn, Stete)		al Route Number,
the Hesp in 24 or the Fun spletely fi	ledical	29a. Certifier 1 2ertifyin (Check only one)	g Physician: To the Examiner: On the b and men	best of my knowle easis of examination oner stated.	dge, death and/or inve	occurred at tha estigation, in m	time, y opin	date and lon, death	plece, e occurre	and due to the ed at the time,	ceuse(s) end modate and place,	enner es si and due to	ated. the cause(s)
To the within To the compil	M	29b. Signature and title of certifier	Des	rsho	M	29c. Lica	insa n	number ()	40	,	29d. Date signe	d (Month,	Day, Year)
6		30. Name and address of person	who completed cause	se of death (Item 23	Ser (Type, P	Print)	7/	Are	1	Boll	rep -	47	15.
Sta Registi		31: Date filed (Month, Cay, Year) AUG 27 1996	U	negistrar's Signatur	9			/					

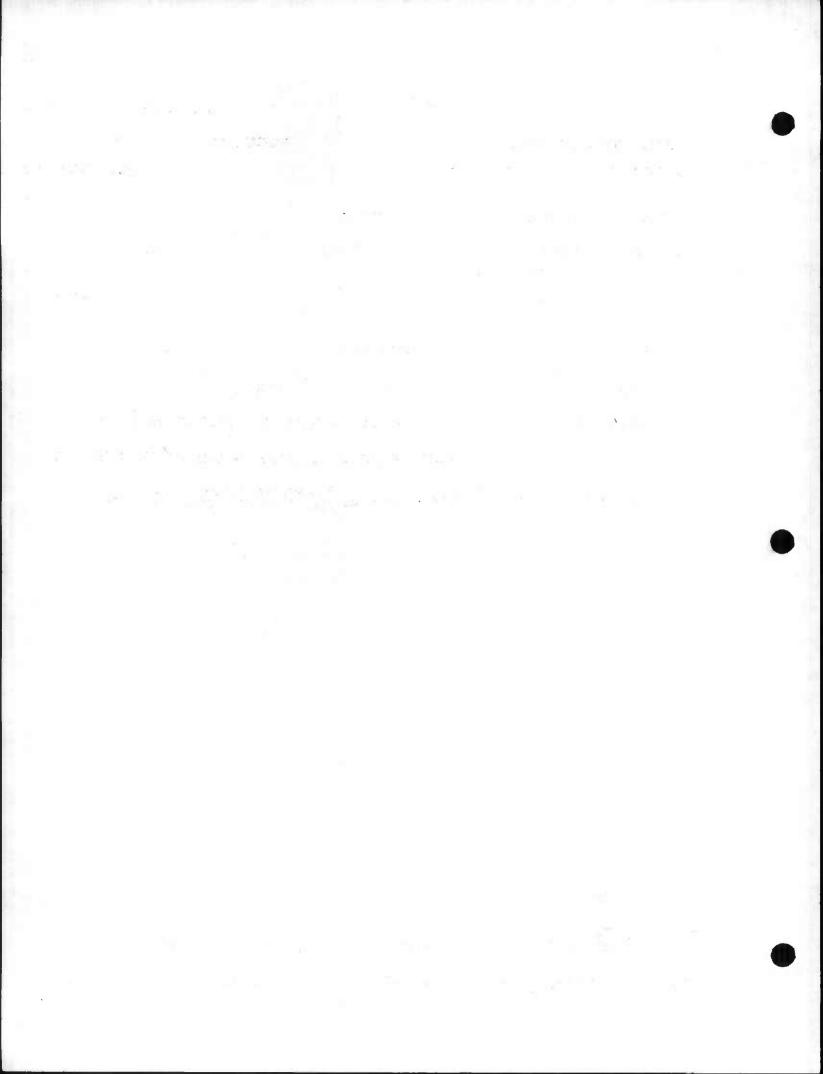


State of Maryland / Department of Health and Mental Hygiene

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		1. Decedent's Nema (First,	Middle, La	st)	· · · · · · · · · · · · · · · · · · ·						2. Data of De		.,	3. Time of Deeth
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/Med Exam		4a. Facility Neme (If not inst	itution, giv	e street end no	umber)				4b. City, To	own, or L	ocation of Deeth		ty of Deeth	
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-		5. Sociel Security Number	6. S		7. Aga (In yrs	iest hirthdev)	If Under	1 Yaar						plece (State or Foreign
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yland		10a. Stete 10b. C			10c. C	ity, Town or Lo	cation						T	10d. Inside City Limits
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the Mar 28a-f at	8	10e. Street end Number		.01.			10f. Zip					10g. Citizen of	Mhat Car	natur?
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death with the Maryland ms 23a or 28a-f ahow f.must be notified at	Funeral Director		DICE											
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a 9 E	by F	1 Never Merried 2		If Yes, G	ive	1	☐ Yes	2No	Specify:			Speci	fv:	WHITE
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al Hygid other	Be B	17. Fether's Neme (First, Mi	ddle, Last)						18. Moth	er's Nem	e (First, Middle,	Meiden Suma	me)	
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2 should be f and Mental I is marked of	1.	19e. informent's Neme/Reid	tionship (Type, Print)		19b. Maliin	g Address	(Street	end Numb	er or Rui	ral Route Numbe	er, City or Town	n, Stete, Zi	p Code)
nd 2 sith a 27 is		MR. RONALD B	RIDGE		(SON)	6 BE	LLIN	GER	COURT	REI	STERSTO	WN, MD	2113	6
ges 1 and 2 should be filed to f Health and Mental Hyg if item 27 is marked other or other traumatic event,		20a. Method of Disposition			20b.	Place of Dispos	sition (Nen	ne of		T	Dete	20c. Location		
Peges nent of h int: If ite		1 ⊠ Buriai 2 □ Creme				Cemetery, crem				TM	8-23-19	06 BA	т.ттмс	DRE, MD
permit. Peges 1 end 2 Department of Health a frimportant: If Item 27 is any Injury or other tra any Injury or other tra		4 Donetion 5 Oth			(A						0-23-13	JO DA	01111	KLI/ LID
permit. P Departme fmportan any injur		21. Signature of Funerel Sa	IAICO LICOL	1508	2	22.			ass of Facili	•	c Proc	Tnc		
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certific nding p				d										
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0 0 0	ysi	Pert il. Other significant co	nditions o	ontributing to d	death but not res	sulting in the un	derlying c	ause giv	ven in Pert i	i.	23b. Did 1	obacco use c	ontribute	to the cause of death?
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icien: The certificate rector, pag		25. Wes case referred to me	dion						Pi				<u> </u>	
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this ral di	. To	1 Yes 2No 27. Manner of Deeth		10		ER/Outpetient)A	4LI NI	ursing Ho		dence 6 Ot		ify)
	lo	1 Naturei 5 □ P	ending		oth, Dey Year)	28b. Time of injury		8c. Injui			28d. Dascribe h	iow injury occu	irred	
Attending death. ettor: Alte by the tune	cat	E La Modidoni	vestigetion ould not be				М	1 🗆	Yes 2	No				
	#	3 ☐ Suicide 6 ☐ C 4 ☐ Homloide	etermined	259. Pieci	a of Injury - At h ling, etc. (Speci		et, fectory	, office			28f. Location (S City or Tox		ber or Rui	ral Routa Number,
6 E E	Certification:													
T T T T T		29a. Certifler	tifying Ph	ysician: To the	e best of my kno	owledge, deeth	occurred o	et the tir	ma, date an	d pieca,	end due to the	ceuse(s) and m	enner es	steted.
-	edicai	(Check only 2 Med one)	licai Exam	end mer	pasis of examine nnar stated.	etion end/or inv	estigetion,	In my c	opinion, dee	th occur	red at the tima,	data and piace	, and due	to the cause(s)
Althic Forth	Σ	29b. Signature and His of or	etifier				290	. Licans	sa number			29d. Dete sign	ed (Month	Dey, Year)
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	ate	31. Dete filed (Month Bay.)	(1	32.1	Régistrar's Signi	eture								
Regist	rar	HUU	-											



State of Maryland / Department of Health and Mental Hygiene

25333

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Yeg 6 5155pm **Physician** Bell telen August
4b. City, Town, or Location of Death /Medical 4a. Facility Neme (If not Institution, give street and number) Examiner 4c. County of Death University of Maryland Hospital

5. Social Security Number 6. Sex 7. And In vir. last high Baltimore, MD 8. Date of Birth (Month, Day, Year) AUG. 17, 1928 7. Age (In yrs. last birthdey) 68 Yrs. If Under 1 Year If Under 24 Hrs. Birthplace (State or Foreign Country)
 NEW YORK CITY **Funeral** 1 M 2 □ KFX 217-24-3733 Days Hours Director Usuel Residence of Decedent 10b. County 10a. State 10c. City, Town or Location r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at 10d. Inside City Limits Director MD BALTIMORE n/a ∜CXYes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 810 N. GLOVER STREET 21205 UNITED STATES Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours efter of Department of Health and Mentel thygiene. Important: If Item 27 is marked other than "natural", or itsi any injury or other treumetic event, the Medical Examines 2008. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 □ Yes 2 □ We Specify: BLACK p 3 □ Widowed 4 Noivorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) 10 th College (1-4or 5+) DAYCARE PROVIDER at home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) WILLIAM FITZGERALD LILLIAN CAMPBELL 19e. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) BARBARA MOORE apt.B, BALTIMORE, MD W. LEXINGTON 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Dete 1 Qurial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) CALVARY CEMETERY 8-28 BALTIMORE, MD 21. Signature of Funeral Service Licensee 22. Name and Address of Facility WM. C. MARCHFH.-1101 E. NORTH Parl 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feilure. List only one cause an each line. Approximate Interval Between Onset end Death **Physician** Immediate Cause (Final disease or condition resulting In death) /Medical anoxic brain injury 56 hours **Examiner** Due to (or as a consequence of): cardiopulmonary ar Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Box 68760, 19 Chemica brain stem Physician/Medical 4 Due to (or as a consequence of): P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the causa of death? 1 Yee 2 No 3 Probably 4 Ninknown gastrojutestinal bleeding Records, Completed 24b. Were autopsy findings evellable prior to completion of cause of death? 24e. Wes an autopsy performed? 1 Yes 272 No 1 ☐ Yes 2 ☐ No Division of Vital 89 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 Impatient 2 ER/Outpatient 3 DOA 10 1□Yes 2500 Other: 4 Nursing Home 5 Residence 6 Other (Specify) 着 28a. Date of Injury (Month, Dey Year) 27. Manner of Death Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Affine Attending Neturel 2 Accident 5 Pending Investigation 1 ☐ Yes 2 ☐ No after deatl Director: 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 D Homicide

Descripting Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

pleted cause of death (Item 23a) (Type, Print)

/Charatine L

29c. License number

PØ8673

29d. Date signed (Month, Dey, Year) 8/22/96

S. Greene Street, Baltimore, MD 21201

State Registrar

29a, Certifier

29b. Signature and title of certifier

Hodgson

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

			State of Maryland / Departme				iene 9 ng. No.	6	25334
	Physici /Medic		1. Decedent's Name (First, Middle, Last) Catherine Mary Elizabe	eth B	ayer	2. Dete of Deet Month August	Dey	Yeer	3. Time of Deeth 4 PM
	Examin		4e. Facility Neme (If not institution, give street end number)		4b. City, Town, or L		4c. County		
			500 W. 27th Street		Baltimor				ore City
	Funeral Director		5. Social Security Number 218-32-9618 Usuel Residence of Decedent 6. Sex 1	hs Deys	Hours Min.	8. Date of Birth (Month, Day, Dec. 14	Year) , 1907	9. Birthpi Coun Mary	lace (Stete or Foreign try) land
	/and		10e. Stete 10b. County 10c. City, Town or Location					10	Od. Inside City Limits
	a-f sh	ctor	Maryland Baltimore City Balt	timor	е				1
	th with the 23e or 28	al Director	10e. Street and Number 500 W. 27th Street 10f.	Zip Code	21211	1	0g. Citizen of W	hat Coun USA	try?
020	2 should be filed within 72 hours after death with the Maryland said Mental hygiene. Is marked other than "natural", or items 23a or 28a-f show raumatic event, the Mexical Exponer must be recitied at	by Funeral	1 Never Merried 2 Merried 1 Yes 20 No	ecedent of I specify Cub s 2010	dispenic Origin? (Spen, Mexican, Puerto Specify:	pecify Yes or No- Rican, etc.)		- Americ k, White, o	
0-6171	within 72 ho ane. then "netur	Completed	Elementary/Secondery (0-12) College (1-4or 5+) life. DO NO	work done T use retire	during most of work d)	king	16b. Kind of Bu		
0	Hygid Hygid Hygid Her Hygid	S S	17. Fether's Neme (First, Middle, Last)	mstre	18. Mother's Nam		L. Grie Me <i>ide</i> n Su <i>m</i> em		50115
land	should be filed vand Mental Hygie marked other tumatic event, to	To Be	Powers		Un	known			
Mary	nd 2 should be filed withli elth and Mental Hygiene. 27 Is marked other than ir traumatic event, tha M				street B				Code)
parimore	permit. Pages 1 and 2 Department of Heelth a Important: If Item 27 is any injury or other trai		20e. Method of Disposition AM Burial 2 Cremetion 3 Removel from Stete 4 Donetion 5 Other (Specify)	Neme of or other pla NOTIA	Park 8	Dete /26/96	Parkvi		
r	Physician /Medical Examiner			Fall mode of dyi	nss Funer s Road Ba ng, such es cardiac	ltimore.	Maryla	and 2	1211 Approximate Interval Between Onset and Death
00/00 70	The law requires that the death certificate be executed ate has been signed by the attending physician end page 2 should be detached for use as the buriel-trensit	Physician/Medical Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that infinited events resulting in deeth) Lest b. Due to (or es e consequence of the conseque						
	s deat he att	sick	Pert II. Other significant conditions contributing to death but not resulting in the underlyin	ng cause gi	ven in Pert I.	23b. Did to	bacco use cor	tribute to	the cause of death?
	d by t		Homesterson Constant	s her	ut b. a	1 T	20 ENO	3 Prot	ably 4 Unknown
colds,	w requires that the death certif been signed by the attending should be detached for use e	Completed by	A Mhyltown		- 1900	24a. Wes en	n eutopsy ned?	COL	ore autopsy tindings allable prior to mpietion of cause death?
2	ysician: The law is certificate has director, page 2	mo	9			1 □ Ye	s 2 KNo		Yes 2□ No
		Be C	25. Wes case referred to medical examiner?		26. Place of Dee	th (Check only on	9)		
5	Physician: this certific	2	1 Yes 25 No Hospitel: 1 Inpatient 2 ER/Outpetient 3	DON		ome 5 Reside)
5	Ahar	tlon	27. Menner of Deeth 28a. Dete of Injury 28b. Time of 1 Month, Day Year) 2	28c. Inju Wo	ryet rk? Yes 2 ☐ No	28d. Déscribe ho	w injury occurr	ed	
DIVISI		Certification:	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. Plece of Injury - At home, ferm, street, fec building, etc. (Specify)		103 2010	28f. Location (St. City or Town		er or Rure	l Route Number,
	To the Hospita within 24 hours To the Function completely tilled	edicai C	29a. Certifier (Check only one) 1 □ Certifying Physician: To the best of my knowledge, deeth occurr 2 □ Medical Examiner: On the basis of examination end/or investiget end menner stated.						
	To the Ho within 24 t To the Fur completely	Me	29b. Signeture end title of certifier	29c. Licen		2	9d. Date signed		Day, Year)
			Dwarts Waylen no	DZ	6394		8/26/	96	
	5			reto	MD	212	0		
	Sta Registr	_	31. Dete tiled (Month, Dey, Year) AUG 2 7 1996 32. Registre's Signeture Auguston-Roman						

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 -	FOR STATE REGISTRAR	
1. D	ECEDENT'S NA	

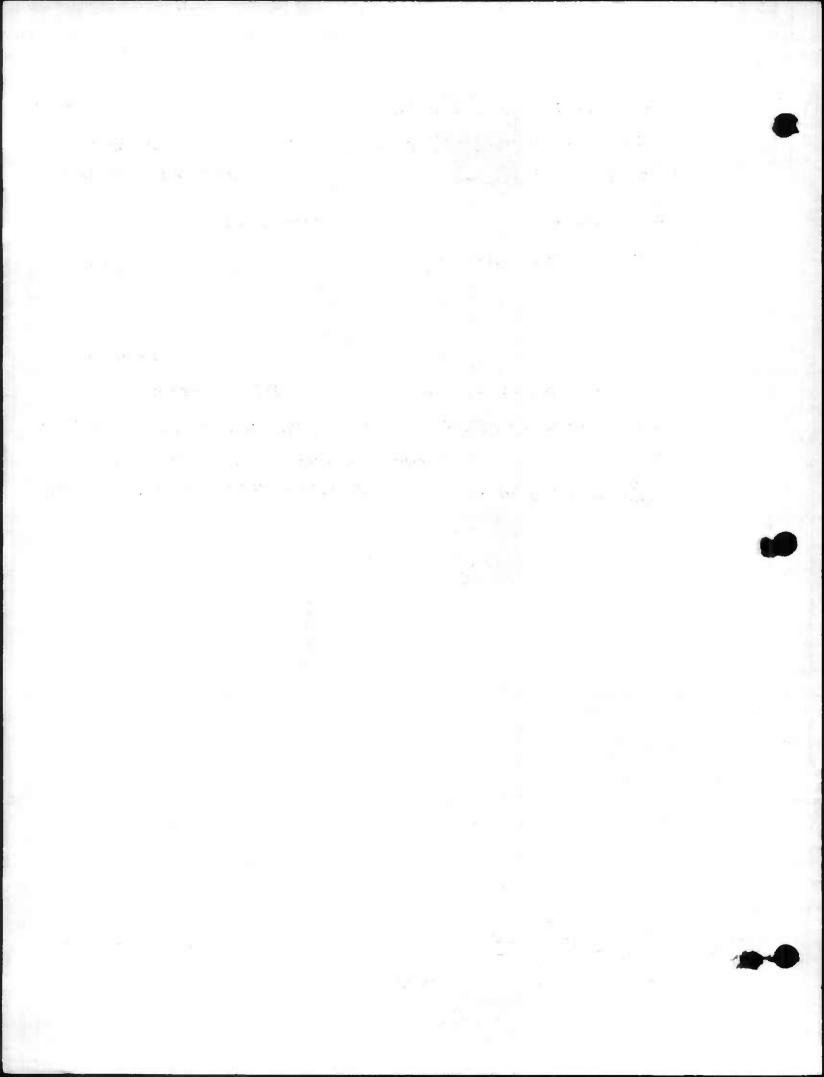
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

						10/11/2		767		n.	EG. 140.			
	1. DECEDENT'S NAME (FIRST	, Middle, Last)	Be	CK						2. DATE OF D	EATH DA	3	96	3. TIME OF DEATH 420m . M
7	4. SOCIAL SECURITY NUME 216-58-240		5. SEX	6. AGE (In yrs. In	YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. DATE OF BI (Month, Day 10/05	(Year)	13	Country	LACE (State or Foreign
	9a. FACILITY NAME (If not in	stitution, give st	reet and number)			9b. CITY	, TOWN I	DR LOCATI	ON OF DEA		7130		NTY OF OE	
R	Stella Mari	s Nurs	ing Cent	er		Т	imor	nium				Ba	ltimo	re
EG	RESIDENCE OF DEC	10b. COUNTY			10c CIT	Y, TOWN D	OR LOCAT	TION						
DIRECTOR	MD		imore		100.01			nium					- 1	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER						10:	. ZIP COD	E			10g. CIT	IZEN OF WI	HAT COUNTRY?
NEF	Dulaney Val	ley Rd			_				.093				.S.A.	
	11. MARITAL STATUS 1 Never Married 2	Married		YES 2			if yes, sp	ecify Cuba	m, Maxican,	ORIGIN? (Sp Puerto Rican,	ecify Yes , etc.)	or No-	14. RACE - Black,	- American Indian, White, etc.
B	3 Midowed 4 Divo	roed	IF YES, GIVE V	AR DR DATES			1 TYES	2 🦀 ND	Specify:				Specify	White
COMPLETED	15. DEC (Specify only	EDENT'S EDUC highest grade	CATION completed)		ECEOENT'S Give kind of	work done	CCUPATIO	ON osl of workin	ng	16b. KIND	OF BUS	INESS/IN		
J.E	Elementary/Secondary (0	1-12)	College (1-4 or 5 -	-)	o Do NOT u	se retired.)				ът /	A			
OM	17. FATHER'S NAME (First, M	iddle, Last)	UIIK.		N/A			1e MOT	HEO'S NAM	N/		C. con a con 1		
	John Lilly	,								Bible		,		
TO BE	19a. INFORMANT'S NAME (7	iype/Print)	*	1	Db. MAILING	ADDRESS	(Street a			ute Number, Ci			Code)	
ř	Leroy Beck				5805	Eben	ezer	Rd.	Whi	te Ma	rsh,	MD	21162	
	20a. METHOD OF DISPOSITI	n 3 🗆 Remo	wal from State	20b. PLACE cometery, co	AND DATE	OF DISPOS	ITION (Na	ama of					City or Tow	
	4 Donation 5 Other 21. SIGNATURE OF FUNERA		FNSFF	Oak .	Lawn				SS OF FACI	8/26	Bal	timo	re Cn	ty., MD
	B.		201	role	26						Fune	ral	Home	MD 21224
	23. PART I. Enter the di	sesses, dr c	omplications tha	t caused the d	eath. Do r	not enter	the mo	de of dy	ing, such	ss cerdisc o	or respir	ratory sn	rest,	Approximats
- 1	IMMEDIATE CAUSE (Fin	in I	Ist only one ceu						7					Interval Batween Onset and Death
	disesse or condition resulting in deeth)	+	GASTI	POINT	EST	TIN	AL	- 5	LEE	din	9			
			GASTA DUE TO MALA	OR AS A CONSI	DUENCE D	F):	•	Tie		1.7				
CERTIFICATION	Sequentially list conditi	ons,	OUE TO	(DR AS A CONSE	DUENCE D	か <u></u>	alfa-	DCI	m e	hTIF	†			
CAT	cause. Enter UNDERLYI CAUSE (Disease or Inju	NG												
E	that initiated events resulting in death) LAS		OUE TO	(DR AS A CONSE	DUENCE D	F):								
EH														
AL	PART II. Other algolifica	nt condition	contributing to	death but not	resulting	in the un	derlyln	g cause g	given in P		WAS AN			WERE AUTOPSY FINDINGS
MEDICAL											YES 2			COMPLETION OF CAUSE OF DEATH?
										_				T YES 2 NO
AR	DID TOBACCO U		IBUTE TO CA		ATH YE			UNC	ERTAIN					
<u>5</u>	EXAMINER?	MEDICAL	HOSPITAL:	/	7 1	QTHER	1:	AC STREET	50.25 GEO GE		W.O.			
PHYSICIAN:	27. MANNER OF DEATH		28s. DATE OF		200 TIM	_	ang Hom			Other (Spe	-	JURY OC	CURED.	
ВУ Р		Pending nywstigetion	(Moone D	N: Nor)	INJ	M.	WO	RIC? YES 2						
	3 Suicide 6 🗆	Could not be	38e. PLACE O	F INJURY At h	ome, farm, s	street, faci	ory, office		1	BF. LOCATION City or Time		nd Number	or Rural Ris	uter Number
ETED	4 - Homicide	Setermined		/						City Or IOM	nt, street			
COMPLET			IAN: To the best of											
8	Ouni 3 MEDI	CAL EXAMINER	On the besis of a	anihation and/or	Investigatio	n, in my o	pinion, d	eeth occur	ed at the to	me, date and p	place, and	due to th	e cause(x) :	and manner as stated.
8	296. SIGNATURE AND TITLE	OF CERTIFIER						290/000	NSE NUMB			29d. DAT	E SIGNED IN	Mongh, Day, Yeary
٩	Eddie Nakhu	PERSON WHO	D. 2300	e of Death (ITE Dulane	w 27) (7)pm V Val	7mm 1ev	Road	й. Tr	TUROP	. MD	2120	14	123	170
							a	w, 10	- MOOII	עוניז י	212(J-7		
	31. DATE FILED (Month Day AUG 2	7 1996	U	R'S HONATURE	Mande	23	ė.							

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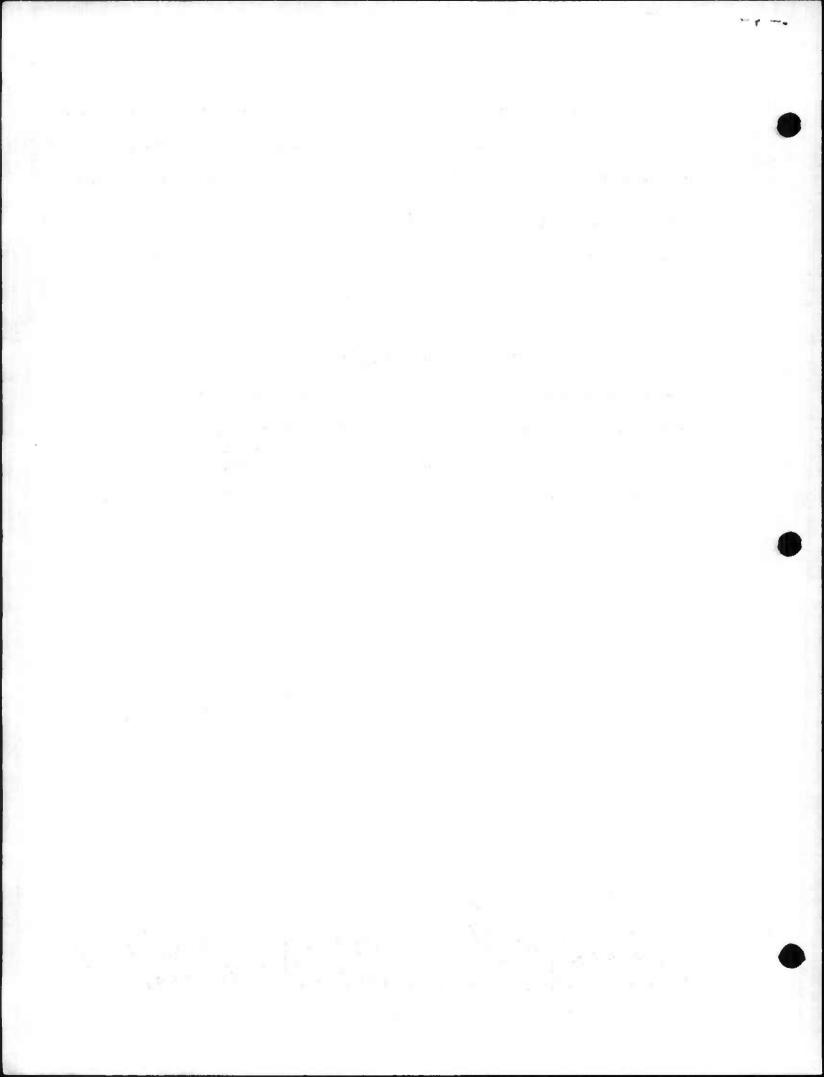
				State of M	aryland / L		nent of F	lealth and I Death	иептат ну	rgiene	16	25336
	all et		1. Decedent's Neme (First, Middle, La	st)					2. Dete of De	eth		3. Time of Deeth
	Physici /Medic		JOSHUAL	, BOWE	N, J	R.			Av (av)	Dey T 24,1	Year	18:40
}	Examir		4e. Fecility Neme (If not institution, giv	e street end number)			4	lb. City, Town, or L				
1			JWWZ	University	of Mary	yland	Hosp.	Baltimo	re	Balti	more	City
	Funerai		Sociel Security Number 6. S		je (In yrs. lest bir		Under 1 Year	If Under 24 Hrs. Hours Min.	8. Dete of Bi (Month, D Jan 5			lece (State or Foreign
, ii	Director		214-18-7237	XM 2□F	78	Yrs.	Till Doys	TIOUTO INITI.	Jan 5	, 1918	Mary	land
	pue *		Usuel Residence of Decedent 10e. Stete 10b. County		10c. City, Tow	n or Locatio	n				1	0d. Inside City Limits
	Aaryle Pho	ō	MD Baltimo	ore	roo. oxy, row	TO LOCATION		arriatta	-:11-		'	1 Yes 2 No
	the the language	Director	10e. Street and Number			10	of, Zip Code	arriotts	ATTTE	10g. Citizen of	What Coun	
	With Se or			mal Dand		"		04404		rog. Onzen or		
	leath	era	3835 Wards Cha	12. Wes Decedent	Ever in U.S.	13. Wes I		21104 ispanic Origin? (Sr	ecify Yes or N	o- 14. Red	U.S.	
Maryland 21215-0020	a within 72 hours after death with the Marylend ijene. Then "naturel", or items 23a or 28a-f show The Madical Examinel must be notified at	by Funeral	1 Never Merried 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 Yes 2 Yes If Yes, Give Yeer or Detes:			, specify Cube 'es 2lXNo	ispanic Origin? (Sp in, Mexican, Puerto Specify:	Rican, etc.)	Specify Specify	ck, White,	
0-10	2 ho	ted	15. Decedent's Ed	ducation	16e.	Decedent's	Usuel Occup	ation		16b. Kind of B	usiness/ind	dustry
21	5 5	Completed	(Specify only highest gra	College (1-4or	5+)	life. DO N	OT use retired	ation during most of worl f)	king			
21		Con	12			Farm	er			Agr	ricult	ure
pu	0294	Be	17. Fether's Neme (First, Middle, Last)					18. Mother's Nem	e (First, Middle	, Maiden Sumen	ne)	
7/8		P		evering Bo					red C.			
Mai	2 8 8 8		19e. Informent's Neme/Reletionship (and Number or Ru				
			Mrs. Catherine M. 20a. Method of Disposition	. Bowen (W	20b. Piece of			hapel Roa	ad Marr	iottsvil 20c. Location		
Jor	nt of H H		1 X Burial 2 ☐ Cremetion 3 ☐		cem eter	y, cremator	y or other plac					
Baltimore,	permit. Pa Departmen Important: any injury		4 □ Donetion 5 □ Other (Specify 21. Signeture of Funeral Service Licer		Sprii		d Ceme		27/96	Sykesv	ılle,	MD
Ba	permit. Pages 1 an Department of Heel Important: if item 2 any injury or other once.		Drian d.	Haigh	+	HAI	GHT FU	NERAL HONe, MD 217		APEL (P.	O. Bo	эх 195)
			23a. Part1. Enter the diseese, or com shock, or heert feilure. List only	plicetions that caused one ceuse on each li	the deeth. Do no.	not enter the	mode of dyin	g, such es cardiec	or respiratory	errest,		Approximete Interval Between
	Physician / /Medical		Immediate Cause (Final	1							i	Onset end Deeth
	Examiner		diseese or condition resulting in death)	. CENE	BUN	ITER	NATI	uxs no	JUNON	15		
		Je.		1.15	Due to (or es a		100					DAY
	d d ansit	Examiner	Seguestially list conditions	b. INTY	Due to (or es e		9	EMATON	14		i	1 1711
ó	ficete be executed physician end s the buriel-transi		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying		Due 10 (01 es e 1	SOLISOGUSILO	e 01).				!	
68760,	te be ysicia	dicai	that initiated events	C	Due to (or es e o	onsequence	e of):					
	v requires that the death certificate be executed been signed by the ettending physician and should be detached for usa as the burlet-transit		resulting In deeth) Last								į	
Box	death certif e ettending ed for usa a	Physician/M		d							- I	
	e des the et hed fo	sici	Pert II. Other significant conditions of	ontributing to death b	ut not resulting in	the underly	ying cause give	en in Pert I.	23b. Did	tobacco use co	ntribute to	the cause of death?
P.O.	requires that the	Phy	COLONARY A	NTERY	DISER	328			1 🗆	Yes 2□ No	3 Prob	bebly 4 Unknown
Division of Vital Records,	signe d be	d by	Corcolor		, (-0	-	_		071174410		24h 14/0	are automor findings
Ö	need	etec	CONCESTUE	HEANT	FAIL	-Uni	\in		24e. Wes	en eutopsy ormed?	ava	ere eutopsy findings allable prior to mpletion of cause
Rec	8 0 CM	Completed	Dan Duma.								of c	deeth?
ā	certificate rector, peg		PENIPHENAL	NASCU	CAU	1)120	FASE			Yes 2 No	1	Yes 2 No
⋚	Physician: r this certific oral director,	To Be	25. Wes case referred to medical examiner? 1 ☐ Yes 2 ☐ No	Hospitel:	ent 2 ER/Ou	to ations of	DOA Oth	er: ADM:::::::::::::::::::::::::::::::::::			/04	
o	Phys or this eral di		27. Menner of Deeth	28e. Dete of Inju	ry 28b. 7	ime of	28c. Injun Worl			Idence 6 □Oth how injury occur	1-1-1	"
0	Attending 6 or death.	Certification:	1 ☑Netural 5 ☐ Pending 2 ☐ Accident investigation	(Month, Da	y Year) li	njury M		k? Yes 2 □ No				
Vis	or Attendation of Director:	HIC	3 ☐ Sulcide 6 ☐ Could not be determined	28e. Plece of Inj	ury - At home, fe	rm, street, fe	ectory, office			(Street end Numi wn, Stete)	er or Rura	l Route Number,
Ö	tal or A safter ei Direction by	Cer		building, et	o. (Opechy)				Ony or ro	wii, Ololoy		
	To the Hospital or Attending Physician: The I within & Lours after death. To the Funeral Director: After this cartificate he Completely filled in by the funeral director, pege	edical	(Uneck only 2 Medical Exam	ysician: To the best	of my knowledge	, deeth occu	urred at the tim	ne, dete end plece,	end due to the	cause(s) and me	enner es st	ated.
	the the f	Med	one) 29b. Signatore and title of sentities	end menner st	eted.							
	2 20 8		Sale and time of delines.	10			29c. License	3 O I		AUGUST		
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11				EU IMO 1 .	22 GNE							
	Sta Registra	_	31. Dete filed (Month, Dey, Year)	32 Registr	er's Signeture	i)						



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25337

					Ce	ertificate	e of Dea	ath	Re	g. No.		.0001
		- 1	1. Decedent's Neme (First, Middle, La	st)					2. Dete of Death			. Time of Death
	Physic /Medi		Dawn Ingrid	Bonney					Avaust	Dey 24	Yaar 1996	9:30 PM
9	Exami		4a. Facility Neme (If not institution, give				4b. Cit	y, Town, or Loc	ation of Deeth	4c. County		
			FALLSTON Genera	ul Hospital			Fo	notell		Ha	rford	
	Funeral		5. Social Security Number 6. S	ax 7. Age (In y	rs. last birthde	/) If Under Months	1 Yaar If U		8. Data of Birth (Month, Dey,		9. Birthpleca	(Stata or Foreign
	Director		Usuel Residence of Decedent	□M 2ØF	Z Yrs.	Months	Deys Ho	urs Min.	June 21, 1	934	Rhode 1	sland
	and tand		10a. State 10b. County	10c.	City, Town or	Location					10d.	inside City Limits
	Mery	ō	Md Harfor	4	BelAi	r						1 Yes 2 No
	150 the	Je C	10e. Street end Number	•		10f. Zip	Code		10	a Chizan of I	Whet Country?	
	with with	ā	4 Northview Place						10	The state of the s		
	eath 23	era	11. Marital Stetus	12. Was Decedent Evar In	118 112		.1015	Origin? (Con	ih. Van ar Na	USA	xe - Amarican i	ndian
21215-0020	filed within 72 hours after death with the Meryland Hygiene. ther than "natural", or itema 23a or 28a-f show ent, the Medical Evarince must be notified at	by Funeral Director	1 Nevar Married 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 □ Yas 2 ☒ No If Yes, Give Yaar or Detes:	10,3.	If Yas, spec			city Yas or No- tican, etc.)		ck, Whita, atc.	
9	2 ho	te d	15. Decedent's Ed	Jucation	18e. Dec	edent's Usue	Occupation		. 1	6b. Kind of B	usiness/Industr	y
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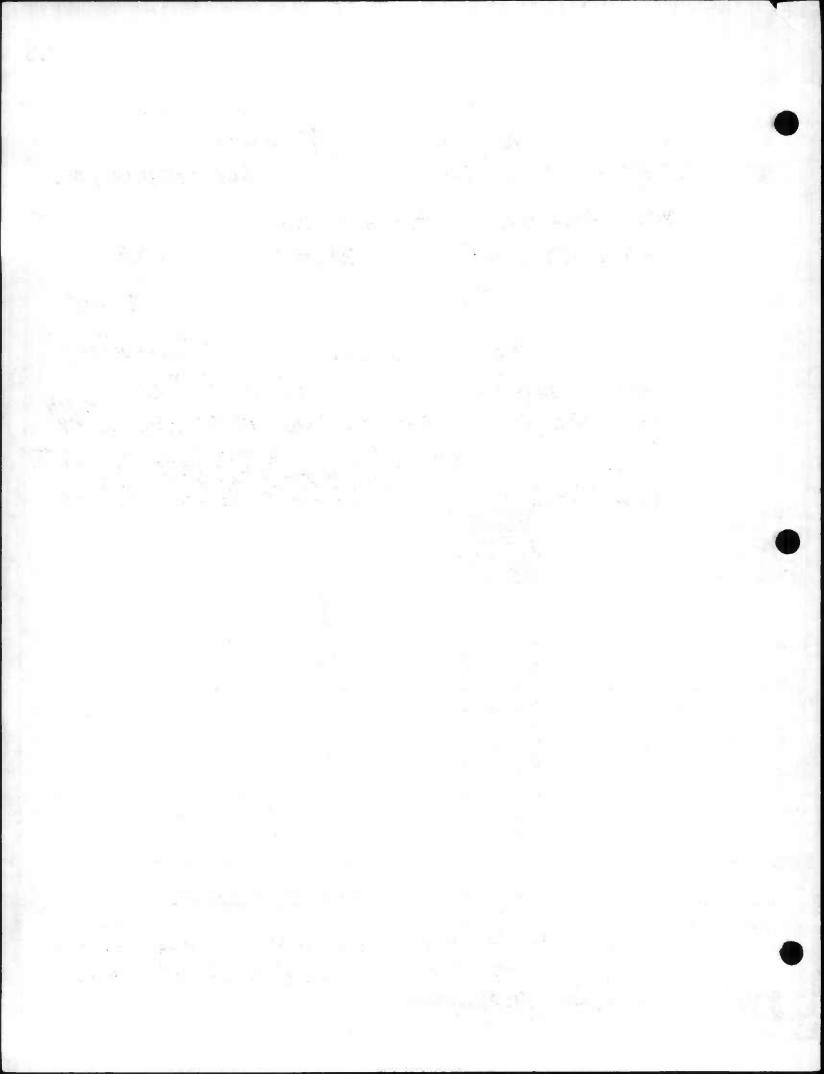


Item1 8-27-96 FilmG738 W.H.Per Hosp. Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month 3. Time of Death Physician Deveron 6:25 AM Blount AUG /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner 4c. County of Death 6. Sex 5. Social Security Number If Under 1 Year Birthplaca (Stata or Foreign 7 Age (În yrs. last birthday) **Funeral** 1₽M 2□ F Days Director death with the Maryland 10a. Stata 10b. County 10c. City, Town or Location Od. Inside City Limits event, the Medical Examiner must be notified at **Funeral Director** 1 ☐ Yes 2 ☐ No 28a-1 10e. Street and Number 10g. Citizan of What Country? or items 23a or 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No Raca - American Indian, Black, White, etc. 11 Marital Status Was Decedent of Hisp If Yes, specify Cuban, panic Origin? (Specify Yes or No Mexican, Puarto Rican, etc.) permit. Peges 1 and 2 should be filed within 72 hours after of Department of Heelih and Mertal Hygiene. Important: If Item 27 is marked other than "natural", or Ite any fillury or other traumatic event, the Medical Exertines. 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify Completed by 3 Widowed 4 Divorcad Year or Dates: 15. Dacadent's Education (Specify only highest grade completed) Decedent's Usual Occupation (Give kind of work done during most of working life. DO NQT use retired) 16b. Kind of Business/Industry College (1-4or 5+) Elamentary/Secondary (0-12) 17. Father's Name (First, Middle, Last) Be 10955 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route No 20a. Metho of Disposition 20b. Placa of Dispositi 1 Burlal 2 □ Cramation 3 □ Ramoval from State 4 ☐ Donation 3 ☐ Other (Specify) 21. Signature of Funeral Servica Licensii sase, or omplications that caused the death. Do not enter failure. List only one cause on each line. Approximate Interval Between Onset and Death Physician Immediate Cause (Final disaasa or condition rasulting in death) /Medical months **Examiner** Be Completed by Physician/Medical Examiner Attending Physician: The law requires that the death certificate be executed ettending physician and for use es the buriel-transit Sequantially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Dua to (or as a consequenca of). Division of Vital Records, P.O. Box 68760. Due to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 2 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? After this certificate 1 🗆 Yes 2 1 No 20 No director, 25. Was case referred to medical axaminar? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: Certification: To 2 1 No 1 Yes 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28c. Injury at Work? Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 1 Natural 5 Pending Investigation 1 Yes 2 Accident 6 Could not be detarmined 3 Suicida 28e. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) Location (Street and Number or Rural Route Number, City or Town, Stata) 4 ☐ Homicide 8 6 1 Certifying Phyalcian: To tha best of my knowledge, death occurred at the tima, date and place, and dua to tha causa(s) and mannar as stated.

2 Medical Examiner: On tha basis of axamination and/or invastigation, in my opinion, daath occurred at tha time, date and place, and due to the causa(s) and manner stated. Medical (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who complated cause of death (Item 23a) (Type, Print) DMB KANKONDE ST AGNES 72 Reputrar's Signat Re 31. Date filed, State Registrar

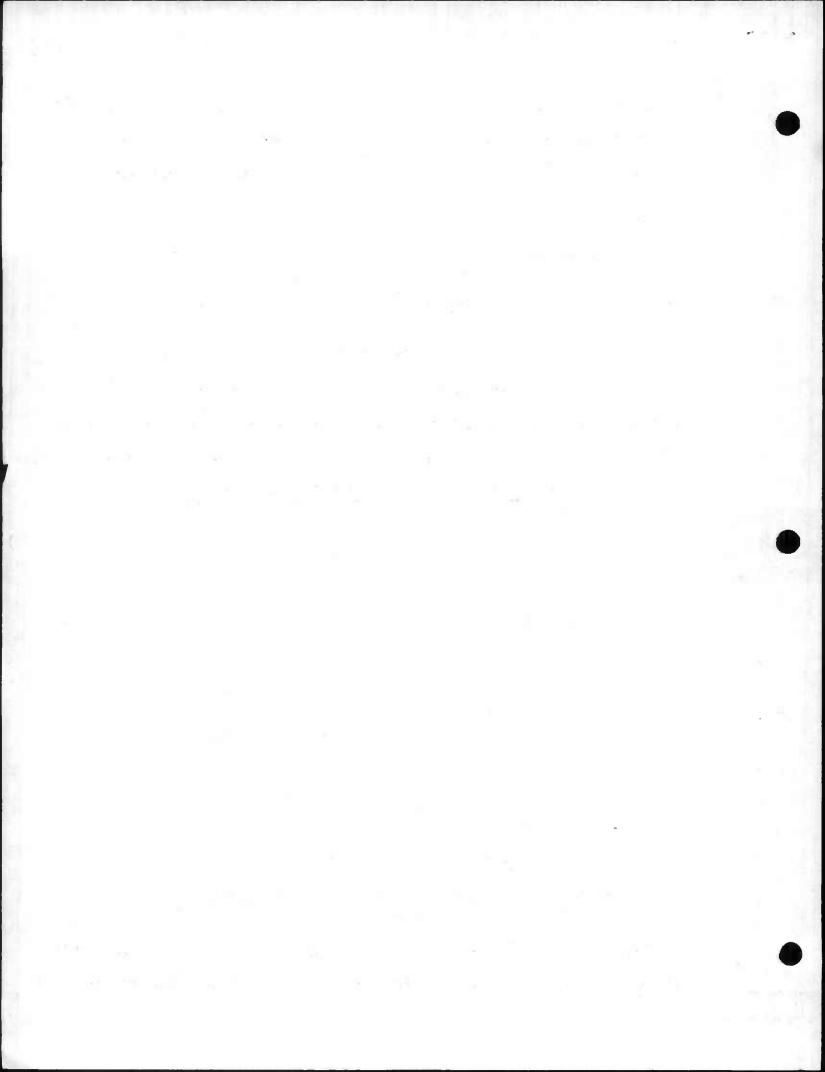


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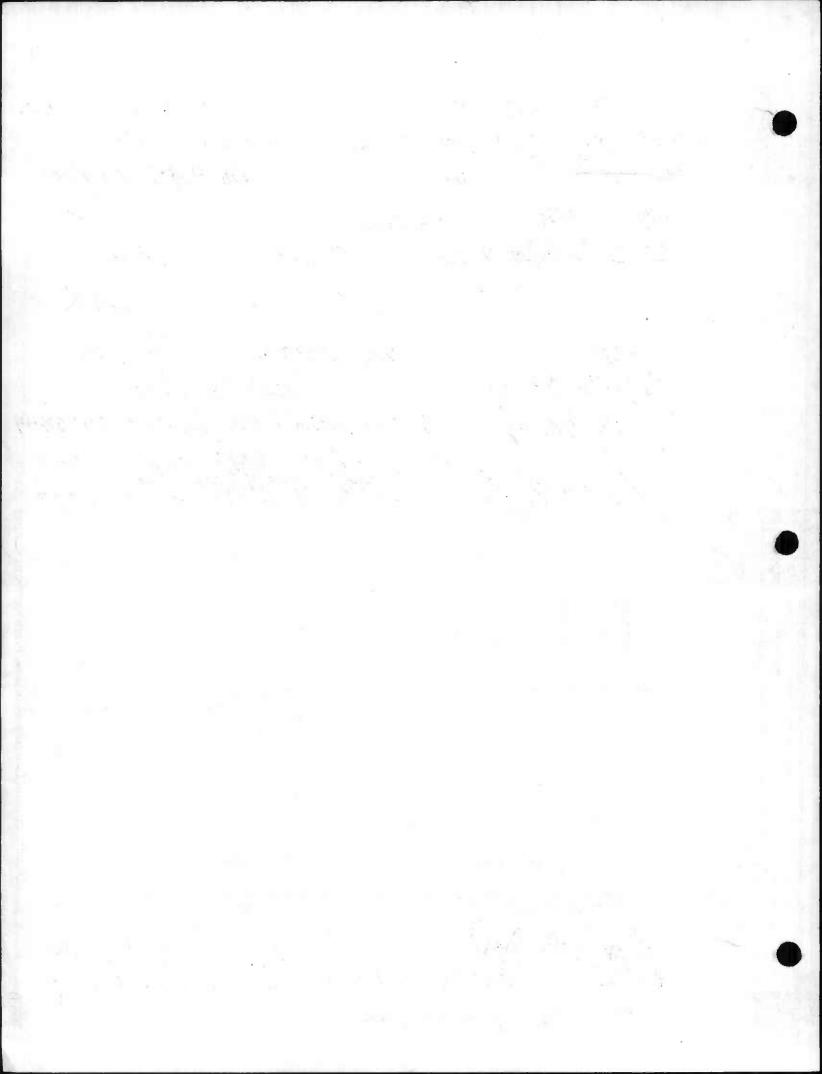
10/ 8/96 t.t.

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State of Maryland / Department of Health and Mental Hygiene

10/ 8/96 t.t

			Certificate of Death	Reg. No.	
Dhysi	alan	1. Decedent's Name (First, Middle, Last)		2. Date of Deeth	3. Time of Death
Physi /Med		LEON BAILEY		Month 2 Day	196 3:08 Pu
Exam		4e. Facility Name (If not institution, give street and number)	4b. City, Town, or Lo	cation of Death 4c. C	County of Death
-			· Patimore St Bal	timore	NA
Funera Directo		5. Sociel Security 20 – 30 – 1837 Sex 7. Age (In vrs. last bi	rithday) If Under 1 Year If Under 24 Hrs. Months Days Hours Min.	8. Date of Birth Month, Day, Year	9. Birthplace (State or Foreign Country)
		Usual Residence of Decedent		MUG 7,192	Z ZVALIGIANI C
nylen how		10a. State 10b. County 10c. City, Tow	n or Location		10d. Inside City Limits
Ba-f	Director	MIN, NA DA	AIMORE		1 ☑ Yes 2 ☐ No
with the	ā	10e. Street and Number	10f. Zip Code	10g. Citize	en of What Country?
1020 ours after death with the Marylen saft, or thems 23a or 28a-1 ehow Exercities main be notified as	Funeral	11. Marital Status 12. Wes Decedent Ever in U.S.	13 Was Decedent of Hispania Orlain? (See	Loiby You ex No. 14	4. Race - American Indien,
of the residual of the residua	F	1 Never Married 2 Married 1 Yes 2 No	13. Wes Decedent of Hispanic Orlgin? (Spe If Yes, specify Cuban, Mexican, Puerto I	Rican, etc.)	Black, White, etc.
5-0020 72 hours after death with the Marylend netural; or Herns 23a or 28a-f ehow diest Examiner mait be notified at	by	3 ☐ Widowed 4 ☐ Divorcad If Yes, Give Year or Dates:	1 ☐ Yes 2 ☑ No Specify:	S	Specify: DIACK
5-00; 72 hours natural;	Completed	15. Decedent's Education (Specify only highest grade completed)	Decedent's Usual Occupation (Give kind of work done during most of working	16b. Kind	d of Business/Industry
21215-C d within 72 hagiene. ir then "netu	mp	Elementary/Secondary (0-12) College (1-4or 5+)	(Give kind of work done during most of working life. DO NOT use retired)	6	Microsoff
2012		17. Fathers Neme (First, Middle, Last)	18. Mother's Name	(First, Middle, Maides 9	wmama)
yland wid be file wental Hy rked ofth	To Be	QUOUSTA BOILEY	85.50	VOCE H	18004
ary snd N		19a. Informant's Name/Relationship (Type, Print) 19t	o. Meiling Address (Street and Number or Flura	Route Number, City or	Town, State, Zip Code)
and and a		JESSIE BAILEY (327 MONIKA THAC	E (1/00)	AUN MT. 21247
Dore 1		20a. Method of Disposition 1 Burial 2 Opernation 3 Removal from State 20b. Place 6 cemete	nt Disposition (Name of ary, crematory or other placa)	Dete / 20c. Loca	ation - City or Town, State
Baltimore semit. Pages 1 Department of H mportant: if the my injury or oth		4 Donation 5 Other (Specify)	Teon Com by	29/9/ LAN	Doungs MTD,
Ba Deem Deem Impo		21. Signature of Juneral Service Licensee	GARY Y WINRCH	HUNOPA/FI	omb YA
		23a Part Male the disease or or polications that squared the death. Do	270 FP&DAILON	MASS PA	7,100,21229
Physician	н	23a Pan Linu the disease, or complications that caused the death. Do also, or near failure. List only one cause on each line.	not enter the mode of dying, such es cardiac or	r respiratory errest.	Approximate Interval Between Onset end Death
/Medical		Immediale Cause (Final disease or condition	so cardial in far	Aim	Zamer
Examiner		resulting In deeth)	consequenca of):	CO (IV.	10 111105
B	ine	- BILATERAL	PNEUMONITIS		9 DAXS
Box 68760, eath certificate be executed ettending physician and ifor use as the bunel-transit	Examiner	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury	consequenca of	CONST	SAIGANINE
68760, filcate be er g physician es the burie	edical	that initiated events	68 KEN/JC DI	SERGE	JON 219CL YE
x 6876(ertificate be ding physicia	Pag	Plant CC	MAELI 1 TIAC		Salcon V
Box eath cert ettendin for use	lan/M	d. VIAILL	1000-11017		TEVERAL YE
O. Pa dee	Physician	Part II. Other significant conditions contributing to death but not resulting in	n the underlying cause given in Part I.	23b. Did tobacco us	se contribute to the cause of death?
I Records, P.O. Box The law requires that the death cer te has been signed by the ettendir page 2 should be deteched for use		HUNERLIENSIM 20 A	MTERLIOG CLEROSIS	1 ☐ Yes 2 🕏	No 3 Probably 4 Unknown
Records, he law requires the has been signe	d by			24a. Was an eutops)	y 24b. Were autopsy findings
w require	Completed			performed?	available prior to completion of cause of death?
The lay	E			1 ☐ Yes 2 ∰	
	Be C	25. Was case referred to medical	26. Plece of Death		10 10 10 20 10
_ C 00 D	To	examiner? 1 Yes 2 No Hospital: 1 Inpatient 2 ER/Ou	Other:	ne 5 Residenca 6 (Other (Specify)
Sion of bending Physiath, seath, tor: Alter this the funeral	lon:	1 DrNatural 5 Pending (Month, Day Year)	njury Work?	8d. Describe how Injury	occurred
ISIC Stant death ctorr.	licat	2 Accident investigation 3 Suicide 6 Could not be 289 Black of Injury At home to	M 1 Yes 2 No	of Location (Street and	Alumbar or Pural Pouta Alumbar
	Certification:	4 Homicide determined 28e. Placa of Injury - At home, te building, etc. (Specify)	mi, street, tectory, onica	City or Town, State)	Number or Rural Route Number,
(35.53		29e. Certifier (Check only 2 Medical Examiner: On the basis of avernination on	, death occurred at the time, date and place, a	nd due to the cause(s) er	nd menner as stated.
A September 1	ledical	one) 2 medical Examiner; On the basis of examination en	d/or Investigation, In my opinion, death occurre	d at the time, dete and pl	laca, and due to the cause(s)
5 ¥ 500	Σ	29b. Signaturopand title of certifier	29c. License number	29d. Dete :	signed (Month, Day, Year)
1		1/ xmgales xxvy	7(4-111	Au	OWST 24196
5		33. Name and address of person who complete realise of death (item 23a)	Type Prior) MAN	of cours 1.	APPITAL WAS
St	ate	31. Date filed (Month, Day, Year) 32. Registrar's Signeture	3000	W. BALTIM	21223
Regist		31. Date filed (Month, Day, Year) AUG 27 1996 32. Registrar's Signeture	-Randalle		



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Dacedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month Vaar Alice Botthof 7:40 PM 23 1996 August 4a. Facility Nema (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Bel Forest Nursing & Rehab Center Forest Hill Harford If Undar 24 Hrs. Hours Min. If Undar 1 Year 7. Age (In yrs. last birthdey) 8. Data of Birth (Month, Day, Year) Birthplace (State or Foraign Country) 1 □ M 2 🛛 F Months Days 90 Yrs. Jan 22 1906 Maryland Usual Rasidanca ot Decadant 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yas 2 No Harford Forest Hill 10f. Zip Code 10g. Citizen of What Country? 109 Forest Vally Drive 21050 United States 12. Was Dacedent Ever in U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No It Yas, Giva Yeer or Datas: 13. Was Dacedant of Hispanic Origin? (Spacify Yas or No-It Yas, specify Cuben, Maxican, Puarto Ricen, etc.) 14. Race - American Indien, Bleck, Whita, etc. 1 □ Nevar Married 2 □ Marriad 1 ☐ Yas 2 X No Specify: Specify: 3 X Widowed 4 □ Divorced White 16a. Decedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use retired) 15. Dacedant's Education (Spacify only highest grada complated) 16b. Kind of Businass/Industry Elamantary/Sacondary (0-12) Collaga (1-4or 5+) Homemaker Own Home 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumame) John T. Morgan Marv R. Anderson 19a. Informant's Neme/Ralationship (Type, Print) 19b. Malling Addrass (Straat and Number or Rural Routa Number, City or Town, State, Zip Code) 20 Hillendale Rd. Bel Air, Wilson Johnson Maryland 20b. Place of Disposition (Nama of cometary, cramatory or other place) Data 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation 3 ☐ Removel trom Stata 4 ☐ Donation 5 ☐ Othar (Spacify) Fallston Methodist Cem. 8/27/96 Fallston Maryland 21. Signatura of Funeral Sarvice Licensaa Milton, J Knight Jr 22. Name and Addrass ot Facility Leonard J. Ruck, Inc. 5305 Harford Rd. Baltimore, Maryland 21214 that caused tha death. Do not antar the mode of dying, such as cardiac or respiretory arrast, Approximata Intarval Between Onsat and Daath e consaquance of): Dua to (or es a consaguance of): Due to (or as a consequance of): 23b. Did tobecco use contribute to the cause of deeth? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Umknown 24e. Was an autopsy performed?

Physician /Medical **Examiner** Examiner

physician s the buriel

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certificate hes

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After

after deetl Director: in by the

funeral [

director, Be

Physician/Medical

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Completed

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Certification:

Medicai

The law requires that the death certificate be execu

P.O. Box 68760.

Records,

Vital

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Division

pital or Attending Physician:

Physician

Examiner

Funerai

Director

28a-f show

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Items 23a

should be filled within 72 hours effer ond Mentel, Hygiene. merked other than "natural", or iter

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nt of Health a : If Itam 27 is or other tra

permit. Pege Depertment of Important: If eny Injury or once.

Baltimore, Maryland 21215-0020

Examiner must be notified at

the Medical

Director

Funeral

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Completed

Be

/Medical

5. Social Security Number

215-30-2217

10a State

Md. 10e. Street and Number

11. Marital Status

Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Diseasa or Injury that initieted avants resulting in daath) Lest

25. Was casa ratarred to medical axaminar? A

Immediata Cause (Finel disaase or condition rasulting in death)

20a. Method of Disposition

Part II. Other significant conditions contributing to death but not resulting in the undarlying causa given in Part I.

24b. Wara autopsy tindings available prior to complation of causa of daeth?

26. Pleca of Death (Check only one)

Other: 4 Jursing Home 5 Rasidance 8 Other (Specify)

Hospital: 1 | Inpatiant 2 | ER/Outpatient 3 | DOA 1 Yes Mannar of Deeth 28a. Data of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Dascribe how injury occurred 1 ☐ Yas 2 ☐ No

5 Panding invastigation Natural 2 Accident 6 Could not be datarminad 3 Suicide 4 ☐ Homicide

28e. Plece of Injury - At homa, farm, street, fectory, office building, atc. (Specify)

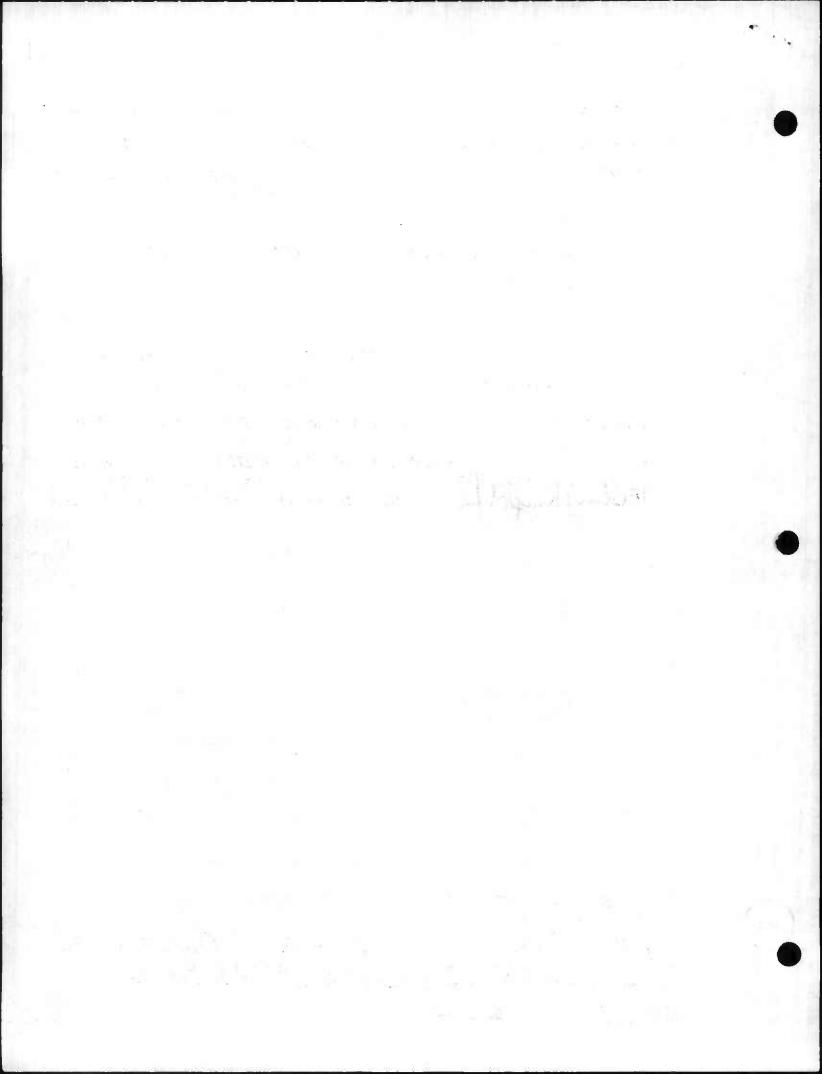
28f. Location (Straat and Number or Rural Routa Number, City or Town, State)

Certifying Physician: To the bast of my knowledga, daath occurred et the time, date and plece, end due to the ceuse(s) and mannar as stated.

2 Medical Examiner: On the bast of my knowledga, daath occurred et the time, date end place, and due to the cause(s) and menhar stated. 29a. Cartifian 29b. Signature and Mile of ce 29c. Licansa number

30. Nama and addrass of person who completed cause of death (Itam 23a) (Typa, Print) CI NMA F mallich 6 (01

State Registrar 31. Data filed (Month, Day, Year) 32. Registrer's Signatura a Savidon



State of Maryland / Department of Health and Mental Hygiene 96

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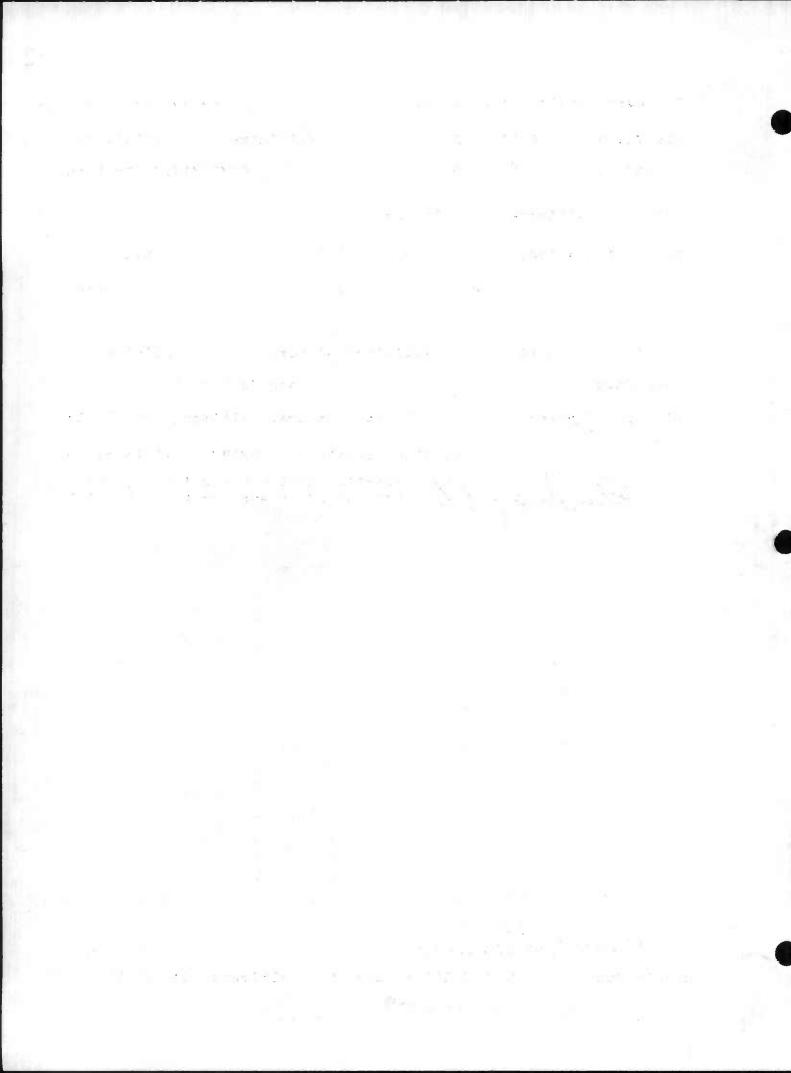
					Certificate	OIDE	eatn	Re	eg. No.			
Physic	ian	1. Decedent's Name (First, Middle, Last) Sr. Mary Alexine Carr R.S.M.						2. Date of Deat Month	h Dev	Year	3. Time of Death	
/Medi		-							4/1996	5	4:00AM	
Exami	ner	4a. Facility Name (If not institution, give street and number) The Villa 6806 Bellona Ave.					City, Town, or L altimo	, or Location of Deeth 4c. County of Death Baltimore			re	
Funeral Director		5. Sociel Security Number 2 18 – 5 4 – 1 1 1 5	6. Sex 1 ☐ M 2 ☐ F			Year If Days I	Under 24 Hrs. Hours Min.	8. Date of Birth Month Day.	Year) 9. Birt		thplace (State or Foreign	
		Usual Residence of Decedent										
the same	Funeral Director	10a. State 10b. County		nore Baltimore						10	d. inside City Limits	
1		MD. Balt	timore						1 ☐ Yes 2 🕅 1		1 ☐ Yes 2 No	
or 2		10e. Street and Number 10f. Zip Code						10g.		. Citizen of What Country?		
hours after death with the Maryland tural", or items 23a or 28a-f show all Examinat must be notified at		6806 Bellona	Ave.	re. 212			12		U.S.A.			
iene. r than "natural", or itams 23a or 28a-f show the Medical Examinat must be notified at	by	11. Maritai Status 1	Armed Forces led 1 Yes 2 2 If Yes, Give	1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: ducation 1 ☐ Yes 2 ☐ Yes		13. Was Decedent of Hispanic Or if Yes, specify Cuban, Mexica 1 Yes 2 Hoo Specify				14. Race - American Indian Black, White, etc. Specify: White		
antur salin	ted	15. Decedent	's Education			Occupation	cupation		16b. Kind of Business/Industry			
Par	ple	(Specify only highes				done durin retired)	ed)		Religion		1	
	Be Completed	12				Sis					gion	
- 0 5		17. Father's Name (First, Middle, Last) 18. Mother's Name					. Mother's Nem	e (First, Middle, M				
0	To B	John Carr					Ann (unknowi	n)			
PEE		19e. informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)									Code)	
em 2 other		Sisters of Me	ercy		306 Bell							
		20a. Method of Disposition			of Disposition (Name	o of		Date 2	20c. Location	- City or Tov	wn, Stete	
		1 Burial 2 Cremetion			ery, crematory or off Lawn Cem		v 8					
Department Important: I any injury o		4 Donation 5 Other (Specify) Woodlawn Cemetery 8/27/9 Baltimore, MD. 21. Signeture of Funeral Service Licenses Sterling Ashton Funeral Home, Inc.										
permit. Peges Department of Important: if it any injury or o		21. Signistura di Fulle di Salvica I	1	11	sterli	ng A	shton	Funera:	l Home	, In	C.	
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		23e. Pert1. Enter the disease or		m				e. Balt		1D. 2	1228	
		shock, or heart failure. List	complications that cause only one cause on each I	d the death. Do							Approximate	
ysician		shock, or heart failure. List of	complications that cause only due cause on each i	d the death. Do			uch as cerdiac	or respiretory erre		3		
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State Registrar

31. Date filed (Month, Day, Year)

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State of Maryland / Department of Health and Mental Hygiene

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State of Maryland / Department of Health and Mental Hygiene 25344 Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Date of Death 3. Time of Death **Physician** Month Collins GARY 1:22 pm 4b. City, Town, or Location of Deeth 1996 /Medical 4e. Facility Name (If not institution, give street end number) 4c. County of Death Examiner Samaritan Hospital Baltimore if Under 1 Year If Under 24 Hrs.

Months Deys Hours Min. 5. Social Security Number 7. Age (In yrs. lest birthdey) 8. Date of Birth (Month, Dey, Year) Birthplace (Stete or Foreign Country) Funeral Deys 5191 12M 2DF Yrs. Director March Maryland Usuai Residence of Decedent 10a. State 10b Counts 10c. City, Town or Location 28a-1 show 10d. Inside City Limits the Medical Examiner must be notified at Director Baltimore Parkville 1 ☐ Yes 2 ☑ No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? or Items 23s or Avenup TAYlor 21234 3016 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☑ Yes 2 ☑ No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Raca - American indien, permit. Peges 1 and 2 should be filed within 72 hours efter to Department of Heelth end Mental Hygiene. Information if from 27 is marked other then "natural", or flet any jury or other traumatic event, tre Medical Examines any injury or other traumatic event, tre Medical Examines DRGs. Biack, White, etc. 1 ☐ Never Married 2 Ø Married 3altimore, Maryland 21215-0020 1 ☐ Yes 2 Ø No Specify. by Specify: White 3 ☐ Widowed 4 ☐ Divorced Be Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) Electrician Lontractor 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Collins Cornelius F Catherine A. 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Hurley PAMELA 301L Parkville TAYlor AVPHUP 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other pleca) 20c. Location - City or Town, State 1 ☑ Buriai 2 ☐ Cremation 3 ☐ Removal from State Aug 19, 1996 Cemptery Cedar Hill Glen Burnie 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licansee 22. Name and Address of Facility EVAMS Chapt of Memories Vm 8800 Harford Rd. Baltimort 21234 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heert failure. List only one cause on each line. Approximate interval Between Onset and Deeth **Physician** /Medical Immedieta Cause (Final disease or condition resulting in death) **Examiner** Physician/Medical Examiner if or Attending Physician: The law requires that the death certificate be executed after death.

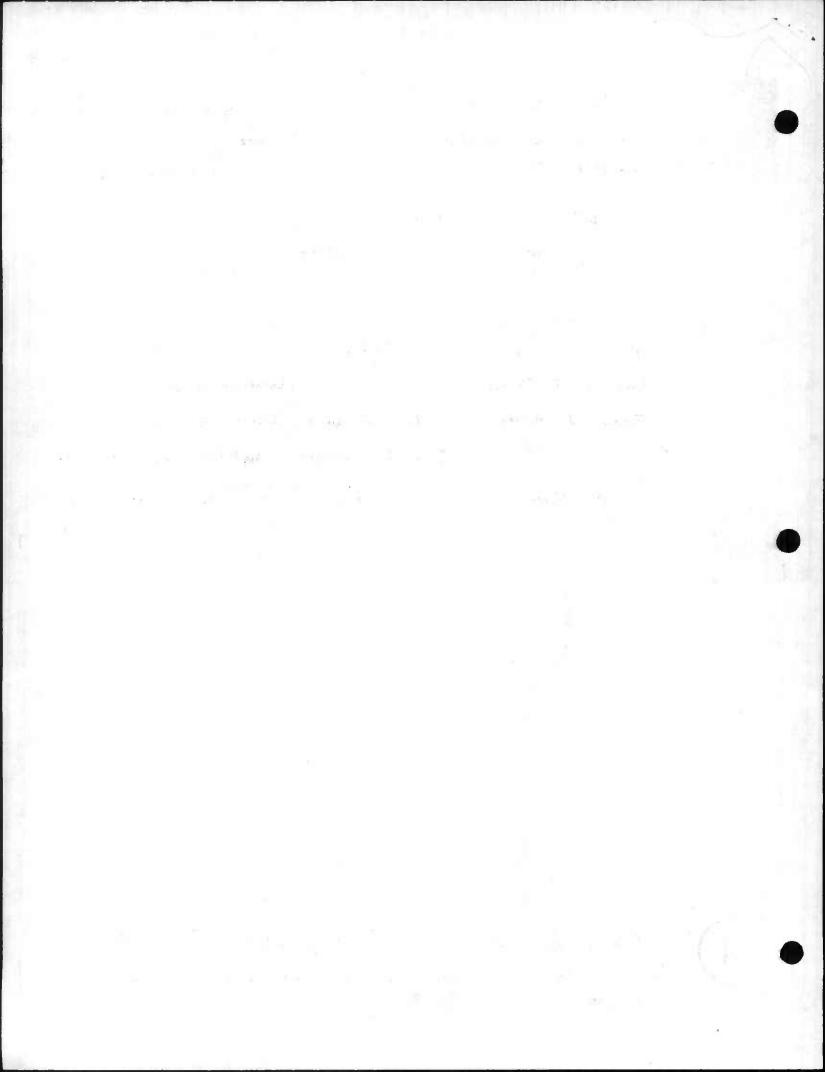
Director: After this certificate hes been signed by the attending physician end nding physician end use es the buriel-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Division of Vital Records, P.O. Box 68760, Due to (or as a consequence of): signed by the at the detached for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yss 2 ☐ No 3 ☐ Probably 4 ☐ Onknown à Completed 34b. Were autopsy findings evallable prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? Be 26. Piace of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitai: Certification: To 1 Yes 2 No 1 ☐ Inpatient 2 DER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Date of Injury (Month, Dey Yeer) 28c. injury at Work? 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Naturei 1 ☐ Yes 2 ☐ No the 2 Accident 6 Could not be determined 3 Suicide in by 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Hospital edical 29a. Certifier 1 Cartifying Physicien: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date end placa, and due to the cause(s) and manner stated. lely (Check only one) 29b. Signature and title of certifier 29c License number 29d Date signed (Month, Day, Year) wood 30. Name and address of person who completed cause of deeth (item 23a) (Type, Print) Patricio 8903 Gracito Hartora Ra Baltimore mp. 21234

Gulia Will dan's Sign

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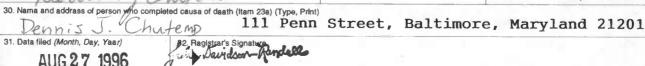
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31. Data filed (Month, Day, Yaar) AUG 27 1996

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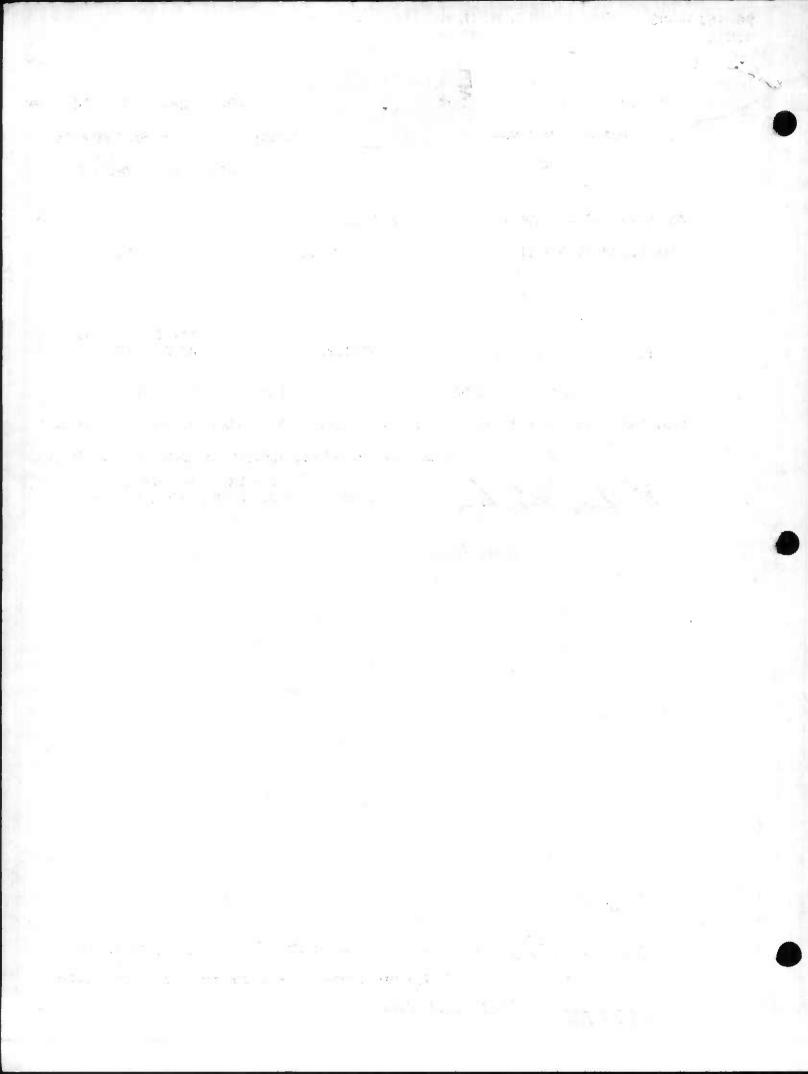
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	Certificate of Death	Reg. No.	
1. Dacedant's Nama (First, Middla, Last)		2. Data of Death	3 Tim ()

Physician /Medical **Examiner**

Christopher 4a. Facility Nama (If not institution, giva street and number)

Cochrane

Months

10f. Zip Code

2. Data of Daath Month Day Aug. 24 1996 3. Time of the 03:15AM

Mount Hermon Road

4b. City, Town, or Location of Death Salisbury

Hours

Min.

4c. County of Daath Wicomico

Funeral Director

show

Items 23a or 28a-f short instrument be notified at

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Department of Health Important: If Item 27

Physician /Medical

Examiner

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physician 200

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page 2 #

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Hospital 24 hours Funeral

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Maryland

Baltimore,

68760

Box

P.O.

Division of Vital Records,

The law requires that the death certificate

Physician: certific 146-66-5132 Usuet Rasidance of Dacedant

Victor

10c. City, Town or Location

31

If Undar 1 Yaar if Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) JUL 1965

 Birthplaca (Stata or Foraign Country) NEW JERSEY

10a Stata 10b. County

5. Soctat Sacurity Number

WICOMICO SALISBURY

7. Aga (In yrs. last birthday)

10d. Insida City Limits 1 Yas 2 No

10a. Street and Number

5674 ARGYLE DRIVE

Yrs.

21802 Was Decedant of Hispanic Origin? (Spacify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.)

USA 14. Race - Amarican Indian, Biack, Whita, atc.

10g. Citizan of What Country?

1 ☐ Navar Marriad 2 ☐ Married 3 ☐ Widowed 4 € Divorced

12. Was Dacedant Evar in U.S. Armed Forcas? 1 Yas 2 No 1983 — If Yas, Giva Yaar or Datas: 1987

1 ☐ Yas 2 ☐ No

Days

Specify WHITE

16b. Kind of Businass/Industry

15. Decedant's Education (Spacify only highast grada complated) Elamantary/Secondary (0-12) 12

Coilaga (1-4or 5+)

1 M 2□ F

16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired)

CHIEF MECHANIC

NORTH ARLINGTON NJ

AVIATION INDUSTRY

17. Fathar's Nama (First, Middla, Last)

VICTOR COCHRANE

CECILIA LYNAM

8-27

18. Mothar's Nama (First, Middla, Maidan Sumama)

19a. tnformant's Name/Ratationship (Type, Print)

19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Steta, Zlp Coda)

VICTOR COCHRANE, FATHER

20b. Piace of Disposition (Nama of cametary, crematory or other place)

20 PATERSON ST. KEARNY, NJ 07032 Data

20c. Location - City or Town, Stata

20a. Method of Disposition

1 ☐ Buriai 2 ☐ Cramation 3 ☐ Ramovai from State 4 ☐ Donation 5 ☐ Othar (Specify)

HOLY CROSS CEMETERY

21. Signatura of Funaral Sarvice Licansaa

lacks

22. Nama and Addrass of Facility STERLING ASHTON FUNERAL HOME, INC. 736 EDMONDSON AVE., BALT. MD 21228

23e. Part 1. Entar the diseasa, or complications that ceused the death. Do not antar the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line.

Dua to for es e consequance of)

Immadiata Causa (Final disaasa or condition rasulting in daath)

Sequantially list conditions, if any, taading to immadiata causa. Entar Undarlying Causa (Diseasa or injury that initiatad avents resulting in death) Last

Dua to (or as a consequence of)

Dua to (or as a consaquance of)

Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.

23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown

1 Yes No

24a. Was an autopsy performed?

24b. Wara autopsy findings available prior to complation of ceuse of death?

Approximata Intarvai Batween Onset end Deeth

15 Yes 2 No

Yas 2 No

25. Was cesa rafarred to medical 1√2 Yas 2□ No

Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Death 5 Panding Invastigation

6 Could not be datarmined

28e. Data of Injury (Month, Day Year) 8/24/96

28b. Tima of Injury 220 AM

Street

Other: 4 Nursing Homa 5 Rasidance A Other (Specify) Roadway 28c. Injury at Work? 1 Yas 21 No

28d. Dascribe how tnjury occurred motorcyclist

281. Location (Street and Number or Rural Route Number City or Town, State) Masunt Hermon Rockle Wilming Co. Med

29a. Certifier (Check only one)

1 Natural
2 Accident

3 Suicida

4 Homicida

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner es steted.

Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29b. Signature and title of certifier

28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify)

29c. Licansa number O.C.M.E 29d. Data signed (Month, Day, Year)

August 24, 1996

ermin 30. Nama and addrass of person who completed causa of death (Itam 23a) (Type, Print)

Chuteno

111 Penn Street, Baltimore, Maryland 21201

26. Piaca of Daath (Check only ona)

State Registrar

DHMH 16 Rev 6/95

3.-.3

London and see

CIP ITEMS: 23 PART I, 27, 28a-f,

State of Maryland / Department of Health and Mental Hygiene

	PER MI	0 F	'ILM G-739 9/6/96 t	.t		•	Certifica	ate of	Death		Reg. No.	20	2034
ı	Physic	ian	1. Decedant's Name (First, Mid	dle, Last)						2. Data of D Month	eath		3. Time of Death
J	/Medi		GARY		DAY	TON		C	ARTER	ÄÜĞU	ST 23,	1996	1:40AM
7	Exami	ner	4a. Facility Name (If not instituti 6212 HOLAB			#C			4b. City, Town, or BALTIM		th 4c. Count	y of Death	
	Funeral Director		5. Social Sacurity Number 218 62 3542	6. Sax 1 M 2□		(In yrs. lest	birthday) If Un Yrs. Month	dar 1 Year is Days	If Under 24 Hrs Hours Min.	8. Date of B (Month, D		9. Birthplac Country Mary	e (Steta or Foreig
	and w		Usual Residence of Decedent 10a. State 10b. Count	hv		10c City T	own or Location			100			
	with the Maryland a or 28a-f show	ctor		/A			ltimore					100	inside City Limits 1 Yes 2 No
	23a or 28	Funeral Director	10e. Street and Number 6212 Holabird	Avenue	#C		10f.	Zip Code 2122	4		10g. Citizen of USA	Whet Country	?
020	urs efter des al', or items Examiner m	by	11. Maritai Status 1 ☑ Never Married 2 ☐ Ma 3 ☐ Widowed 4 ☐ Divorce	rried 1 🗆 Y	Decedent End Forces? Yes 2 No. S, Give X or Dates:	ivar in U,S. o		cedent of Hoecify Cubi	lispanic Origin? (S an, Mexican, Puari Specify:	pecify Yas or N o Rican, etc.)		ce - American ick, White, etc v: White	
21215-0020	C 86	Completed	15. Decede (Specify only high Elementary/Secondary (0-12)		ted) ge (1-4or 5+	10	Ge. Decedent's U (Give kind of life. DO NOT Labore	work done use retired	etion during most of world)	king		susiness/indus	
Maryland	o da b	To Be C	17. Fathar's Name (First, Middle Clyde Bayne						18. Mother's Nar Mabel	Lovel		ma)	
	2 9 18		19a. Informant's Name/Relation Richard C. C	ashlp <i>(Type, Print)</i> arter ,		er 1	9b. Meiling Addre 6718 Ho.	ess (Street labir	and Number or Rud d Avenue	ral Route Numb Baltime	oer, City or Town	, Stete, Zip Co 21222	ode)
Baltimore,	00-		20a. Method of Disposition 1 ☐ Buriai 2 【☐ Cremation 4 ☐ Donetion 5 ☐ Othar (rom State	cema	of Disposition (A tery, cremetory on Mount	r other plea		Data 8-27-9	20c. Location Balto.		, State
Balt	permit. Pag Department Important: Il any injury o		21. Signature of Funeral Service	to 1/2.	le		Charle	S S.	ss of Fecility Zeiler	& Son I	nc.		
	Physician		23a. Pert1. Enter the disease, o shock, or heert failure. Lis					Laste	ern Ave.	Balto.	Md . irrest,	ln:	pproximate terval Between nset and Death
	/Medical Examiner		Immediate Ceuse (Final disaase or condition resulting in deeth)	a. MIXE	D DRUG	INTOXI	CATION						
	No.	Je.			D	oue to (or es	a consequence of	f):					
o,	artificate be executed ing physician and e as the bunel-trensit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	Ь. ———	D	ue to (or as	a consequence o	f):					
68760,	ificate be g physici as the bu	edical	Cause (Disease or injury thet initiated events resulting in death) Last	C	D	ue to (or as	a consequence o):					
Box	2 0 0	an/M		d						5			
P.O.	thet the death led by the etter detached for u	Physician/	Part II. Other algolificant conditi	ons contributing t	to death but	not resulting	In the underlying	ceuse giv	en in Part I.				e cause of death
Records,	been sign	Completed by								24a. Was	en autopsy ormed?	evalla	eutopsy findings ble prior to leton of ceuse
=	The ate h	0	25. Was cese referred to medical	la la					00 Plans of Day		Yes 2□No	1pty	
<u> </u>	00	To B	examiner?	Hospitel:	☐ Inpatient	t 2 ER/0	Outpatient 3 1	OOA Oth	er: 4□ Nursing H		idence 8 Ott	ner (Specify)	
	Iling After fune			ng (A igation FOUN	ate of Injury Month, Dey	Year)	Tima of Injury	28c. Injun Work			how injury occur		
=	tal or Attendest is after death al Director: led in by the	Certification:	3 Suicide 4 Homicide	not be	laca of tnjun uilding, etc.	y - At home,	farm, street, factor	ory, office		28f. Location (City or To BALTIMORI	(Street end Number, State) 621	per or Rural R 2 HOLAB	Oute Number,
	To the Hospital or within 24 hours after To the Funeral Director completely filled in	edical	29e. Certifler (Check only one)	Examiner: On th	the best of a basis of e nanner state	xamination a	ge, death occurre and/or investigation	d at the timen, in my of	ne, date end place pinlon, death occu	end due to the	cause(s) end m	anner as state and dua to the	d. a cause(s)
	To the within 2 To the comple	M	29b. Signature and title of cartific	or)	1	2	9c. Licensi	a number		29d. Dete signa	d (Month, Dej	y, Year)

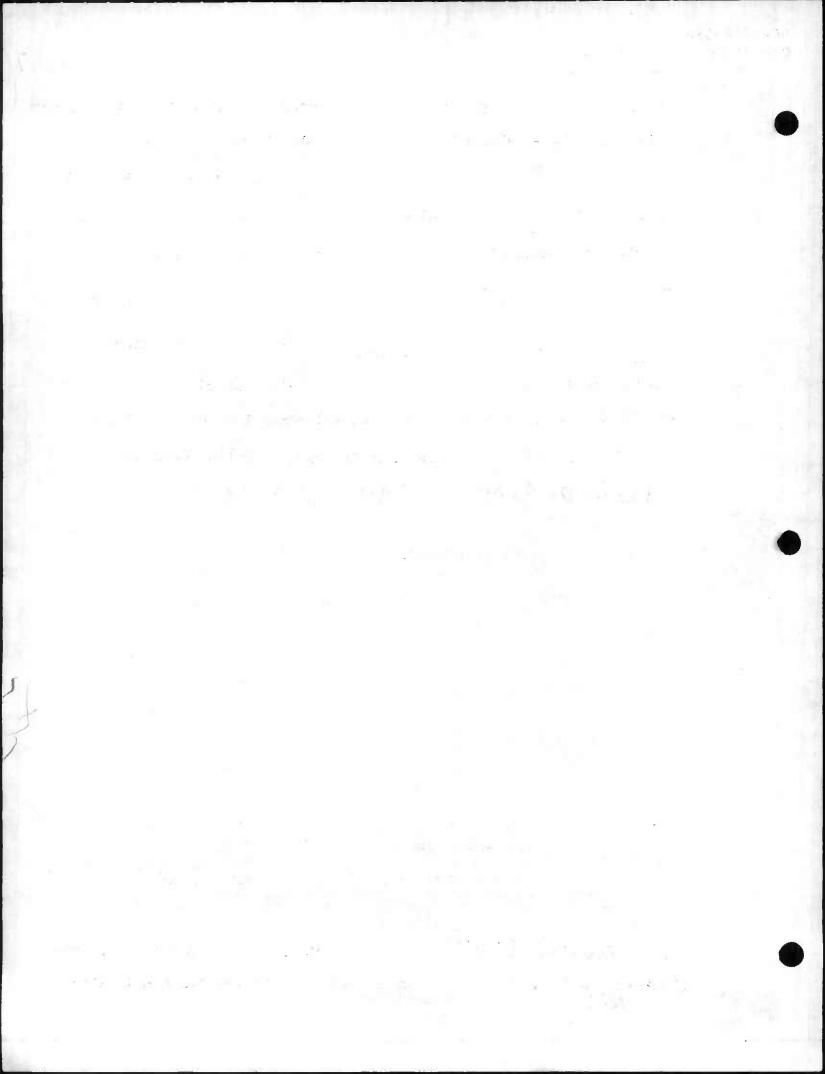
29d. Dete signad (Month, Dey, Year) AUGUST 23, 1996

ceuse of death (Item 23e) (Type, Print)

O.C.M.E.

111 Penn Street, Baltimore, Maryland 21201
32. Registrer's Signature Company

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

		• •				
item	#10e,15,16a,16b,	State of Marylan	d / Department	of Health	and Mental	Hygiene
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Certificate	of Death	7	Dec No.

of Health and Mental Hygien of Death	е	9	6	2	5	3	4	8
of Death Bag No								

Physici	an
/Medic	al
Examin	er
Francis	

Funeral Director

28a-f show traumatic event, the Medical Examiner must be notified at ៰ Nerns 23s permit. Peges 1 and 2 should be filed within 72 hours effer d Department of Health and Mentel Hygiene. Important: if item 27 is marked other than "natural", or item any injury or other traumatic event, the Medical Exerci-

Baltimore, Maryland 21215-0020

P.O. Box 68760.

Records,

Division of Vital

Physician /Medical Examiner

Examiner or Attending Physician: The law requires that the death certificate be executed physician end s the buriel-trans Physician/Medical for use es á should be dete 2 Completed pege 2 s funeral director, Be Certification: To this After To the Hospital or within 24 hours aft To the Funeral Dis completely filled in

1. Decedent's Name (First Middle Last) 2. Dete of Deeth 3. Time of Deeth Day Year 3:00 am Margaret CARETTI August 18, 1996 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Rosedale Franklin Square Hospital Baltimore County If Undar 24 Hrs. Hours Min. 7. Aga (In yrs. lest birthday) 77 Yrs. If Under 1 Year 5. Social Sacurity Number 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foraign Country) 1 □ M 2 🖸 F Yrs. Maryland 217-12-1315 Aug. 31, 1918 Usuel Residence of Decedent 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Baltimore Dundalk Director 1 ☐ Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 3844 Edgewood Place U.S.A. 21222 Funeral 12. Wes Decedent Ever in U.S. Armed Forces?UNRNOWN 13. Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, Bleck, White, etc. 11. Meritel Status 1 ☐ Yes 2 ☐ No if Yes, Give Yaar or Dates: 1 Nevar Marriad 2 Married White. 1 ☐ Yas 2 ☐XNo Specify: by Specify: 3 D(Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highast grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) unknown unknown unknown HOUSEWIFE OWN HOME unknown 12 17. Fether's Neme (First, Middle, Last) 18. Mothar's Name (First, Middle, Maidan Sumema) Be Margaret "unknown" PAUL John Ruddy 2 19e. Informent's Name/Reletionship (Type, Pnht) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Margaret Damezak/Daughter 3808 EDGEWATER PLACE DUNDALK, MARYLAND unknown 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Steta 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 Dispersion ● Other (Specify) Ronald 32. Name and Address of Facility State Anatomy Board-655 W. Baltimore Street ·wade. Dir. Baltimore, Maryland 21201-1559 nurve Mace Baltimore, Maryland 21201-1.

23a Part 1. Enter the disease, or complications thet caused the daath. Do not enter tha mode of dying, such as cardiac or respiretory errast, shock, or heart feilure. List only one cause on each lina. Approximete Intervel Between Onset end Deeth Immediete Ceuse (Final disease or condition resulting in deeth) Sepsis 2 weeks Due to (or es e consequence of): Systemic Lupus Erythematosus 15 years Sequentially list conditions, if any, laading to immadiate cause. Enter Underlying Ceuse (Diseese or Injury thet initieted avents resulting in deeth) Last Due to (or as a consequence of): Due to (or as e consequance of): Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Dfd tobacco use contributs to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown 24b. Were eutopsy findings aveileble prior to completion of cause of deeth? 24a. Was an autopsy performed? 1 ☐ Yes 2 ♥ No 1 ☐ Yes 2 ☐ No 25. Wes cese referred to medical exeminer? 26. Plece of Deeth (Check only one) Hospital: XX Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1□ Yes 2₽ No 28e. Dete of Injury (Month, Dey Year) 27. Manner of Deeth 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending 1 ☐ Yes 2 ☐ No invastigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 🛣 Certifying Physicfan: To the best of my knowledge, deeth occurred et the time, date end piece, end due to the ceuse(s) end menner es steted. 29a. Certifier (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) RD1899 august 18, 1996 aral 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) Carolyn Garrett M.D. 9000 Franklin Square Drive Baltimore Maryland 21237

32. Registrar's Signatura

3 1996

State Registrar

Medical

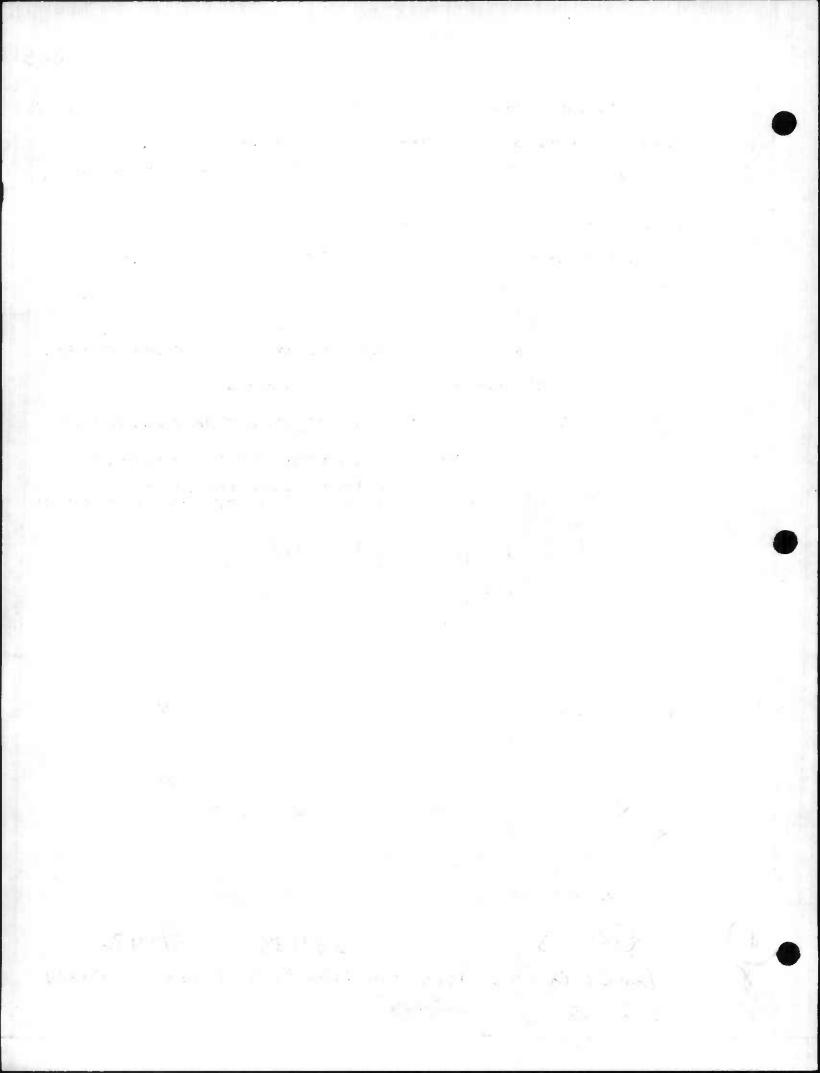
ALVENOY LEADER OF THE B 4187 B \$

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State of Maryland / Department of Health and Mental Hygiene

25349

						Cei	rtificate	e of	Death			Reg. No.		20073
	DI		1. Decedent's Neme (First, Middle, La	ast)							2. Dete of De	eeth	V.	3. Time of Death
	Physic /Medi		Bernice	Cronin							Month 08	23	96	6:05 AM
	Exami		4e. Facility Name (If not institution, given	ve street end numbe	or)				4b. City, To	wn, or Lo	cation of Deet	h 4c. County	of Deeth	10/1
			Roland Park Place	e, 830 W.	40th S	treet			Balt	imor	e	N/	Α	
	Funeral Director		214-40-2833	Sex 7. / 1□ M 2□F	Age (In yrs. last 91	birthdey) Yrs.	If Under Months	1 Year Deys	if Under Hours	24 Hrs. Min.	8. Dete of Bir (Month, De Nov	th 29, Year) 4, 1904	9. Birthpl Count Joh	lece (State or Foreign try) nnstown, P
	yland		Usuel Residence of Decedent 10a. Stete 10b. County		10c. City, T	own or Lo	cation						10	0d. Inside City Limits
	with the Maryland a or 28a-f show	Director	Maryland N/A		Ва	ltimo	re							Yes 2□No
	ith th	Die	10e. Street and Number				10f. Zip	Code				10g. Citizen of 1	Whet Coun	fry?
	23a	Funeral	830 W. 40th Stre					212				U.S		
	item item	- nu	11. Marital Stetus XX Never Married 2 Married	12. Wes Deceder Armed Forces	\$?	13. \	Vas Deced f Yes, spec	ent of H	fispenic Ori en, Mexicar	gin? (Spe n, Puerto l	cify Yes or No Ricen, etc.)		e - America ck, White, e	
Maryland 21215-0020	72 hours after death with the Maryland natural; or items 23s or 28s-1 show oral Examer must be notified as	by	3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 ☑ If Yes, Give Year or Dates	-		I□Yes X	₩ No	Specify:			Specify	Whi	.te
5-0	natural',	Completed	15. Decedent's E (Specify only highest gra	ducation ade completed)	1	6e. Deced	ient's Usue kind of wor	Occup k done	etion during mos	t of workin	na	16b. Kind of B		•
121		mp	Elemenfery/Secondary (0-12)	College (1-4o	r 5+)	life. L	OO NOT us	e retire	eache		.9		catio	
d 2	Hyg ther		17. Fether's Neme (First, Middle, Last	0			BUILDE	1 1			(Einst Middle	Maiden Sumen		ty Sys.
lan	should be filed of Mental Hyg marked other matic event,	To Be		Dennis Cr	conin					lda (, maiden Sunien	10)	
ary	and N s man	-	19e. Informent's Neme/Reletionship (Type, Print)	1	19b. Meilin	g Address	(Street	end Numbe	er or Rure	/ Route Numb	er, City or Town,	Stete, Zip	Code)
Σ	and 2 pailth 27 is		Jack Eurell (Neg	hew)		2226	Land	Ti	tle B	ldg.	, Phila	delphia	, Pa	19110
ore	of He		20a. Method of Disposition	Demoval from Stat		of Dispo	sition (Nem	e of			Dete	20c. Location -		
Baltimore,	permit. Pages 1 and 2 should b Department of Health and Menta Important: if item 27 is marked any injury or other traumatic e once.		4 Donetion 5 Other (Special			Cathe	dral	Cem	etery	8,	/27/96	Baltim	ore,	Md
3all	Depart Import any in		21. Signeture of Funeral Service Licer	nsee					ss of Fecilit	у		1 Home		
	20 = 0		a alan	Sects.	h	3	818 R	o1a	nd Av	enue.	Balti	more. M	arvla	nd 21211
			23e. Pert1. Enter the disease, or com shock, or heart feilure. List only	plicetions thet cause one ceuse on eech	ed the death. D line.	o not ente	er the mode	of dyir	ng, such es	cerdiac o	r respiretory e	rrest,		Approximete Intervel Between
	Physician /Medical	Н	Immediate Ceuse (Finel	0	-	1	-	_ •	,				i	Onset end Deeth
	Examiner		diseese or condition resulting In deeth)	0.	Due to (or es	162	7	a	un	2				
		è		1	Due to (or es	e conseq	uence of):							
	ansit	Examine	Sequentially list conditions	p. 112	Due to (or es	a conseq	uence of):						i	
oʻ	ficate be execute physician and is the burial-tran		Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying		Due to (or es	e conseq	uerice (ii).							
68760,	the by he bu	edical	Ceuse (Diseese or injury that Initiated events resulting In deeth) Last	C	Due to (or as	e consequ	uence of):							
× 66	entificate be ding physicia se as the bur	/Med	resulting in deets) cast	d		,	,							
8	atte of the or or or or or	Physician		u										
P.O.	the da by the a tached t	ysi	Part II. Other significant conditions of			g in the un	derlying ca	use giv	en in Pert I.		23b. Dld	tobacco use co		the cause of death?
	es that gned to be dels	by Pt	Fever, Der	nentic	_						10	Yes 25 No	3 Prob	ably 4 Unknown
ğ	3 6 5											en eutopsy	24b. We	re autopsy findings ilebie prior to
900	E 10 Dr	Completed									pend	rmed?	com	npletion of ceuse leeth?
Ě	The law ate has t page 2 s	EO.									10	Yes 2 No		Yes 2□ No
Vital Records,	defan: Th certificate rector, pay	Be (25. Wes case referred to medicel exeminer?						26. Plece	of Deeth	(Check only o	nne)		
	Physician: rhis certific ral director,	2	1 ☐ Yes 2 No	Hospital: 1 ☐ Inpat	ient 2 ER/	Outpetient	3□ DO/	Oth	er: 4 Nu	rsing Hom	ne 5 🗆 Resid	dence 6 DOth	er (Specify,)
ů.	After funers	on:	27. Menner of Death 1 ■ Naturel 5 □ Pending	28e. Dete of Inj (Month, D	ey Year) 28t	o. Time of Injury		c. Injur Wor	k7		8d. Describe	now injury occur	ed	
Sic	# H H H	cat	2 Accident investigation 3 Suicide 6 Could not be	Α			М		Yes 2□f					
5	6월급도	Certification:	4 ☐ Homicide determined	286. Piece of in	njury - Af home, etc. <i>(Specify)</i>	farm, stre	et, fectory,	office		2	8f. Location (: City or To	Street and Numb vn, Stata)	er or Rural	Route Number,
	papital hours meral ly filled		29e. Certifier 1 Certifying Ph	ysician: To the best	of my knowled	lae death	occurred a	the tie		1 =1000 0	and along to the	(a)d		
	To the Hospital Fithin 24 hours to the Funeral	edical	(Check only 2 Madical Exam	ninar: On the besis of end manner s	of examinetion (end/or Inv	estigation, i	n my o	pinion, deat	h occurre	d et the time,	dete and place,	enner es ste end due fo	the ceuse(s)
	OB C	-	29b. Signeture and little of certifier						e number			29d. Date signed	Month, D	ley, Year)
	4)		M 2 2 9 1	3				03	3713	33		8/23	196	
^	6		30. Neme and eddress of person who		deeth (Item 23e	e) (Type, F	rint)		41			8/23	2	
	8		Donna L. Do	w M.D.			ten L	ni	re #	209	(01	vous ~	(D) c	41204
	Sta		31. Dete filed (Month, Day, Year)	a 32. Regist	rer's Signature	nde 00								
	Registr	ar	AUG 27 1996	W -	1	-							4	



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State of Maryland / Department of Health and Mental Hygiene

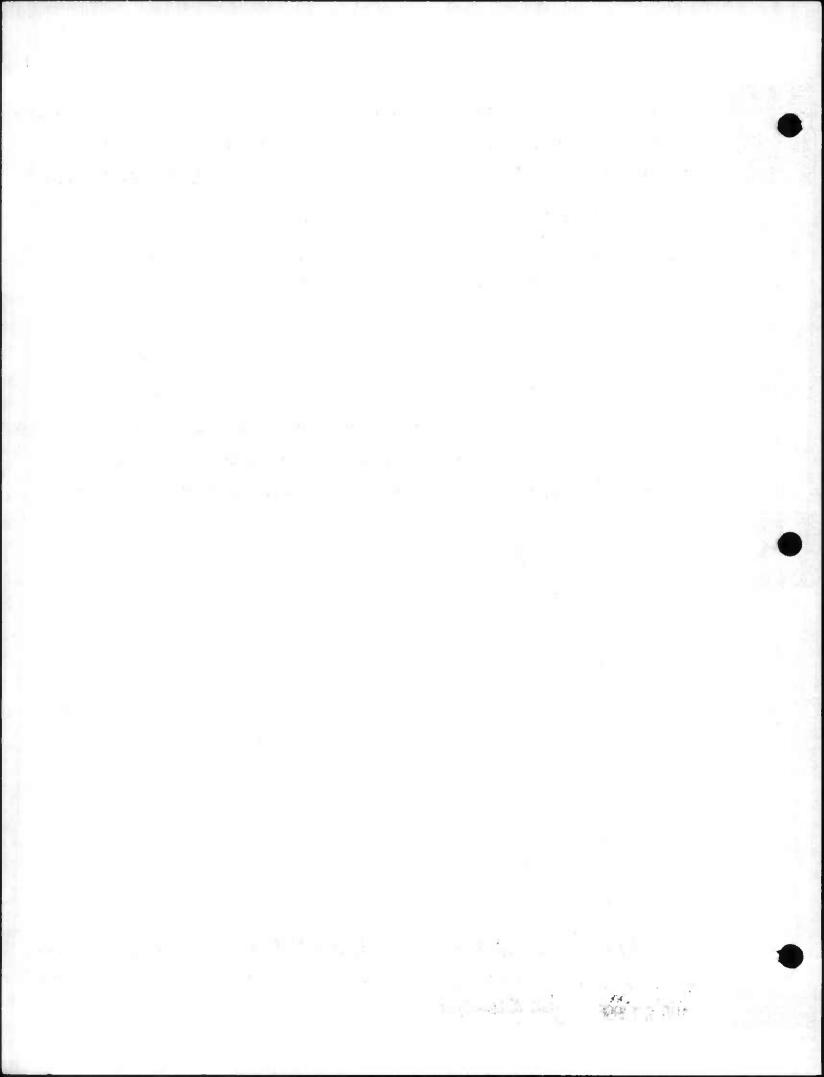
			Ce	ertificate of Death	Reg. No.	
	Physici /Medic		1. Decedent's Name (First, Middle, Last) John Gibbt Cadn		Date of Deeth Month Lost 26	3. Time of Death 1976 0:20 AM
	Examir Funeral Director		4a. Facility Name (If not institution, give street end number) Carroll County General Hospit 5. Sociel Security Number 6. Sex 1 N 2 F 7. Age (In yrs. last birthday) 215-44-8088	al Westm	inster Ca	rroll County 9. Birthplace (Stete or Foreign County) New York
	fand w		Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or I	Location		10d. Inside City Limits
	Mary H sh	tor	MD Carroll	Sykesvill	.e	1 XYes 2 □ No
	th with the 23e or 28	al Director	10e. Street and Number 7200 Third Avenue	10f. Zip Code 21784	10g. Citizen of U.S	f What Country?
21215-0020	d within 72 hours effer death with the Maryland plene. I then "natural", or Itema 23a or 28a-f show the Modical Examiner must be notified at the Modical Examiner must be notified at	by Funeral	11. Maritel Status 1 Never Married 2 Narried 3 Widowed 4 Divorced 12. Wes Decedent Ever in U,S. Armed Forces? 1 Never Married 2 Narried it Yes, Give Year or Dates:	. Was Decedent of Hispenic Origin? (S If Yes, specify Cuban, Mexican, Puer 1 ☐ Yes 2 【XNo Specify:	Specify Yes or No- to Rican, etc.) 14. Re BI	aca - American Indian, lack, White, etc. ify: White
5-0	72 h	Completed	15. Decedent's Education 16a. Dec (Specify only highest grade completed) (Giv	edent's Usual Occupation re kind of work done during most of wo DO NOT use retired)	16b. Kind of	Business/Industry
121	within ene. then "	mpl	Elementary/Secondary (0-12) College (1-4or 5+)	Professor		ation
d 2	e filed al Hygie other vent, i	Be Co	17. Fether's Neme (First, Middle, Last)		me (First, Middle, Melden Sume	
/lar	should be nd Mental marked o	To B	Reed W. Cady	Hazel	l Guile	
Maryland	and a m		19a. Informant's Name/Relationship (Type, Print) 19b. Mai	lling Address (Street end Number or R	ural Route Number, City or Tow	m, Stete, Zip Code)
	1 an Heeld arm 2 ther		Mrs. Virginia N. Cady (Wife) 7200	Third Ave (C-12)		MD 21784 n - City or Town, State
Baltimore,			1 ☐ Burial 2 XCremation 3 ☐ Removel from State cametery, co	emetory or other plece)		
altir	교 된 본 본 분			Cremation Serv.		tead, MD
Ö	Depa Impo		Brian L. Huest	HAIGHT FUNERAL HO Sykesville, MD 21		
			23a. Part1. Enter the disease, or complications that caused the death. Do not es shock, or heart fallure. List only one ceuse on each line.			Approximate intervel Between
	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in deeth)	Almic Embol	t r	Onset and Death
Box 68760,	eath certificate be executed attending physician and 1 for use es the burial-transit	n/Medical Examiner	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or as a conservation of the condition of the c	Mation equence of: Hery Dislace		Fire glass
. B	0 0 0	Physician/	Part II. Other significant conditions contributing to death but not resulting in the	underlying cause given in Part f.	23b. Did tobacco use c	contribute to the cause of death?
s, P.O.	v requires that the death ce been signed by the attendi should be detached for use	by Phy	Chanic Obstructive Polmon	an Disease	1 Yes 2 No	3 Probably 4 ☐ Unknown
of Vital Records,	N 00 00	Completed	Cerebral Vasculer Acciden	1+	24a. Was an autopsy performed?	24b. Were sutopsy findings evallable prior to completion of cause of death?
al F	Page Page				1 ☐ Yes 2 ☑ No	1 ☐ Yes 2 ☑ No
#	Physician: The this certificate and director, pag	o Be	25. Wes case referred to medical examiner? 1 Yes 2 No Hospital: 1 Inpatient 2 FR/Outpat/	Other	ath (Check only one)	
		п: То	27. Manner of Death 28a. Date of Injury 28b. Time	of 28c. Injury at	Home 5 ☐ Residenca 6 ☐ O 28d. Describe how Injury occur	
ion	Attending or death. sector: After by the fune	atlo	1 ☑ Natural 5 ☐ Pending (Month, Day Yeer) Injury 2 ☐ Accident investigation	M 1 Yes 2 No		
Division	를 들는 이	Certification:	3 ☐ Sulcide 6 ☐ Could not be determined 28e. Placa of Injury - At home, farm, s building, etc. (Specify)	treet, factory, office	28f. Location (Street end Nun City or Town, State)	mber or Rurel Route Number,
	To the Hospital	edical	29a. Certifier 1 ✓ Certifying Physician: To the best of my knowledge, dea (Check only one) 2 ☐ Medical Examinar: On the basis of examination and/or in any manner stated.	th occurred at the time, date and place nvestigation, in my opinion, death occ-	e, and due to the cause(s) and rurred at the time, dete end place	manner as stated. e, end due to the cause(s)
	o the o the omple	Med	and manner stated. 29b. Signature and title	29c. License number	29d. Dete sign	ned (Month, Dey, Year)
		1	I ///// no	D33184	Augus	t 26, 1996
	D Y		30 Name and addies of person who completed cause of deeth (Item 23a) (Type), Print)	D1 D1	10 1 10
{(Jonathan D. Kushney	Business Centr	- hung Klis	M3Town, INI
	Sta	te	31. Date filed (Month Den Year)			

6 25351

						Cei	rtificate	of I	Death			Reg. No.			
			1. Decedent's Nama (First, Middla, La	st)							2. Data of De	ath		3. Ti	ma of Death
	Physic		Thelma	Virginia		Г	allaP	a 1	11		Month A 11 O	24, 1	Year 1996	1	:00am
	/Medi		4a. Facility Nama (If not institution, giv			L	иттаг	_,		wn. or L	Aug.				. ooan
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	Funeral			ex □M2X0F /.Ag		st birthday) Yrs.		ays	Hours	Min.	8. Data of Bir (Month, Da	th ly, Year)	9. Birth	placa (S ntry)	itata or Foraign
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	and **		10a. Stete 10b, County		10c. City.	Town or Lo	cation							10d Inci	Ide City Limits
	e p	5	Maryland Howar	d	, con any,			11111	nbia						Yas 2 No
	Ne N	Sct.	-						1014						100 2/1110
	it s	Director	10e. Street and Number				10f. Zlp Co					10g. Citizan of	What Cou	ntry?	
	23 at		6334 Cedar La					2	21044	ŀ			USA		
	72 hours effer deeth with the Meryland naturel, or items 23s or 28s-f show ures Examiner must be notified at	Funeral	11. Marital Status	12. Was Decedent Armed Forcas? 1 \(\text{Yes} \) 2 \(\text{Y}	Evar in U,S	. 13.	Wes Decedan	t of H	ispanic Ori	gin? (Sp	ecity Yes or No Rican, atc.)	14. Ra	ce - Ameri		an,
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			23a. Part1. Entar the disease, or com- shock, or haart failure. List only	olications that caused	the deeth.	Do not ant	ar tha moda o	f dyln	g, such es	cardiac	or raspiratory a	rrast,	1	Approx	ximata
ŧ.	Physician		shook, of flaat failule. List only	ona causa on aach ii	110.								1	Onset	end Death
	/Medical		Immediata Cause (Final	· Met	ant	- Li	Car	~/	0.	~ /	11.0	000	1	7.	m on A
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387	phy:	edical	resulting in death) Last		Dua to (or a	as e conseq	uance of):						1		
×	certificate be executed ding physician and ise as the burial-transit	Me		d									İ		
Box		lan											1		
P.O.	The law requires thet the death ste has been signed by the etter page 2 should be deteched for i	Physician	Part ii. Other significant conditions of	ontributing to death b	ut not result	ing in the u	ndarlying caus	a giv	an In Part I		23b. Dld	tobacco use co	intribute 1	o the ca	use of death?
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Division of Vital Records,	been si should	Completed										an autopsy	91	/ailabla p	opsy findings prior to
S	s be	ple											C	mpletion death?	n of cause
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Sic	for:	cat	2 ☐ Accident invastigation 3 ☐ Suicide 6 ☐ Could not be				М		Yes 2	NO					
₹	after after Direct In by	=	4 ☐ Homicida datamined	28a. Plece of Injury	ury - At hom c. <i>(Specify)</i>	na, farm, str	eet, factory, of	ffica			28f. Location (City or To	Street and Num wn, Stata)	ber or Rur	a <i>l H</i> outa	Number,
	ital c rs D led I			1000											
	To the Hospital or Attending Physicien: The I Within 24 hours after death. To the Funers! Director: After this certificate he completely filled in by the funers! director, page	edical	29a. Cartifiar 1 Certifying Ph	ysician: To the best of	of my knowi	edge, daath	occurred et t	ha tim	na, date en	d plece,	end dua to tha	causa(s) and m	anner as	steted.	waa(a)
	he H in 24 he F		one)	iner: On the basis of and mannar ste	eted.	ar end/or in	rasugation, in	iny of	pinion, dae	ui occur	red et trie time,	uete ena piece,	end duá i	u tna ca	use(S)
and the same	To the com	Σ	29b. Signeture and title of certifier	0			29c. Li	icense	number	-		29d. Data signe	d (Month,	Day, Ye	ear)
T	1		> CPMeli	ten , M			D	3	49	14	+	Augu	st 2	24.	1996
-4	1		30. Nama and address of person who	completed cause of d	eeth (Item 3	3a) (Tvna	Print)		A						
-			30. Nama and eddress of person who charuments of the second of the secon	10.5865	Rale	ZUF A	Tires	b	laca	0 4	121,	dum.	614,	MD	21045

DHMH 16 Rev 6/95

State Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** Month ANN DAVIS DANDRIDGE August 21, 1996 1:30 A,M /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Rowland Park Place Baltimore If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number If Under 1 Year 7. Age (In yrs. lest birthdey) 9. Birthplace (Stete or Foreign **Funeral** 10 M X F Deys 84 Yrs. Virginia 225-03-4822 Director Dec. 17, 1911 Usuel Residence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or items 23a or 28a-f show traumatic event, the Mooical Examiner must be nothed at MD NA Baltimore Director 1 Yes 2 □ No the 10e. Street end Numbe 10f. Zin Code 10g. Citizen of Whet Country? 830 W. 40th, Apt. 113 21211 U.S.A 12. Wes Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-lt Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 11. Meritei Status filed within 72 hours after Hygiene. 1 Yes Y No It Yes, Give Yeer or Dates: 1 □ Never Married 2 □ Married altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ Specify: White 3 Widowed 4 □ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry permit. Peges 1 end 2 should be filed within 7: Department of Health and Mentel Hygiene. Important: If Item 27 is marked other than "na any Injury or other traumatic event, fra Magas 200.9. (Specify only highest grede completed) Elementery/Secondery (0-12) Cotlege (1-4or 5+) Homemaker Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Be H. Minor Davis Charlotte Lambert 19e. Intorment's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 353 Homeland Southway, 1-B, Baltimore MD ate 20c. Location - City or Town, Steel 1212 Ann Davis- daughter 20e. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 1 ☐ Buriel 2 ★ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Green Mount Crematory 8-22 Baltimore, MD 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Henry W. Jenkins & Sons Co.

4905 York Rd., Baltimore, MD 21212

23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approximate Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Cause (Final 6 YES TERMINAL CHRONIC DBS. 200. VE LING SEME diseese or condition resulting in deeth) Examiner Due to (or es e consequence ot) physician end s the burial-transit certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Box 68760. Physician/Medical Due to (or es e consequence of): 98 ettending I for use es P.O. | Pert ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. signed by t d be detect 1 Yes 2 No 3 Probably 4 Unknown Records, à 24b. Were eutopsy tindings evellable prior to completion of cause of deeth? Completed 24e. Was en eutopsy performed? peed certificate 1 ☐ Yes 2 No 1 ☐ Yes 2 No Division of Vital Hospital or Attending Physician: 25. Wes case referred to medical Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Affer 5 Pending Investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accident d in by the 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, tectory, office building, etc. (Specify) 4 | Homicide 12 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner as steted.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end piece, end due to the cause(s) end menner stated. Medicai 29a, Certifier (Check only one) 29b. Signeture and title of certifile 29c. License number 29d. Dete signed (Month, Dey, Year) Donwo Acoust 21, 1996

Registrar

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State

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31. Dete tiled (Month, Day, Year)

1996

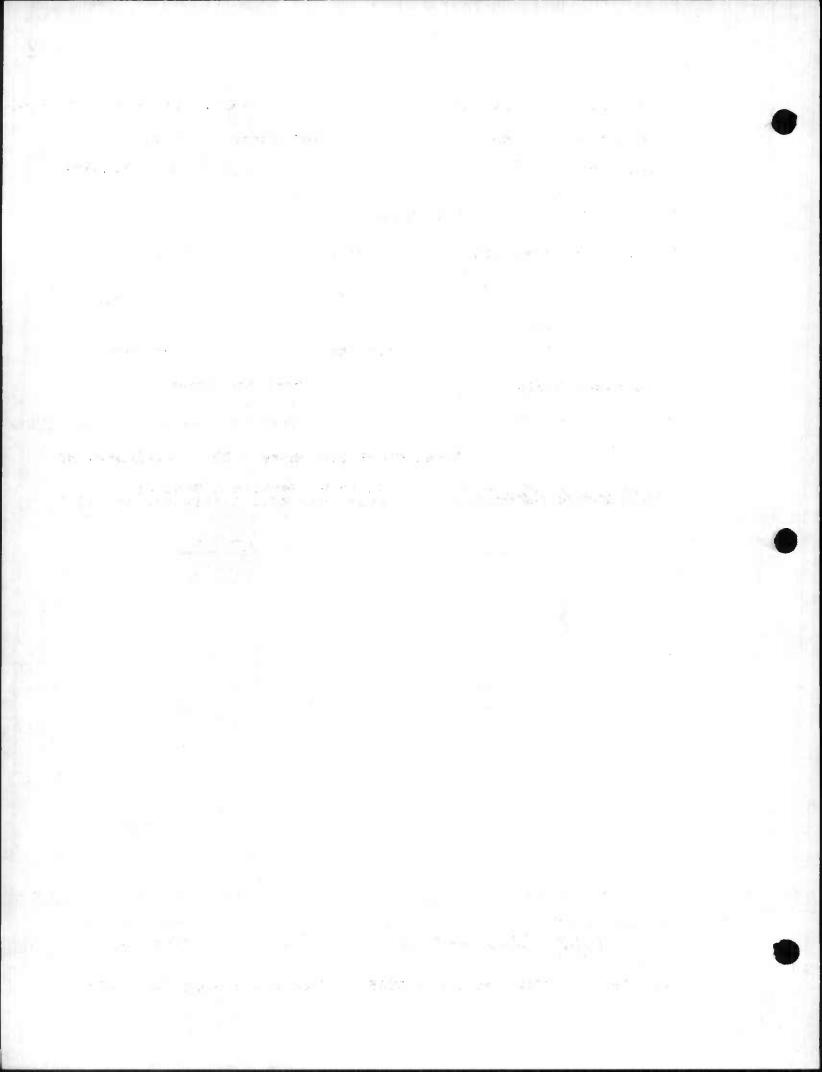
30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

widson-Randall

23b. Did tobacco use contribute to the cause of death?

Charles O'Donovan, MD, 6565 N. Charles, Towson, MD 21204 32. Registrer's Signature

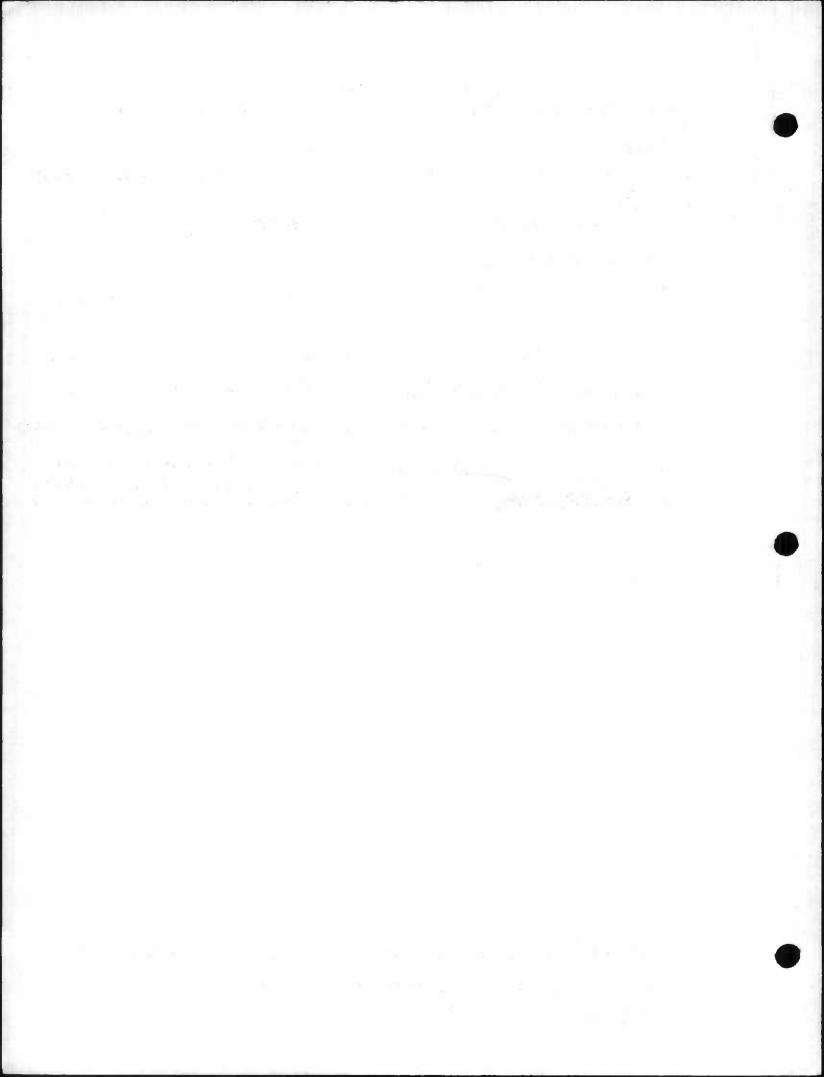
DHMH 16 Rev 6/95



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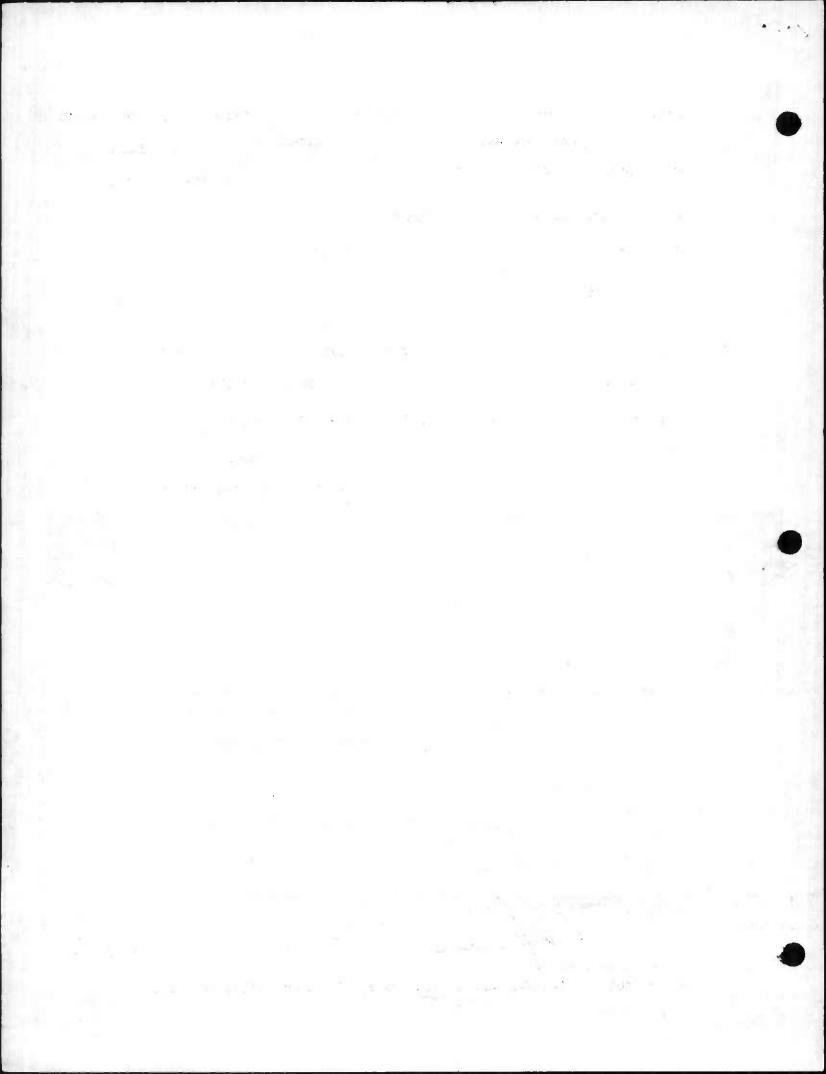
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						Certifica	te of Death		Reg. No.		
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	Examir		4e. Facility Nama (If not institution, gh	1 1	,		D	, or Location of De	eth 4c. Count	y of Death	
			UNIVERSITY		LAND	W. 1 - 4		MORE		ALTII	HORE
	Funeral Director		5. Social Sacurity Number 6. S UNKNOWN Usual Rasidance of Decedant	5ax 100 M 2□ F 7. Ag	(In yrs. lest bir	Yrs. Month:	ar 1 Year If Undar 24 s Days Hours I	Min. 8. Deta of t	Day, Yeard 76	, Country	e (Stete or Foreign
	hend wo		10e. State 10b. County		10c. City, Town	n or Location				10d.	. Inside City Limits
	Mary	to	MARYLAND BALT	IMORE		13	ALTIMOR	E CI	π /		1 Yes 2 No
	r 28s	Director	10e. Street end Number	111012			Cip Coda	(44)	log. Citizen of	Whet Country	?
	h wit		534 ORCHAR	30 STRE	ET		21201	/	u	SA	
	deat	Funeral	11. Marital Status	12. Was Decedent Armed Forces?		13. Was Dec	edant of Hispanic Origin ecify Cuben, Maxican, P	? (Specify Yes or I	No- 14. Ra	ce - American ick, Whita, atc	
5-0020	72 hours after death with the Maryland natural', or Nema 23a or 28a-4 show dical Examiner must be notified at	by	1 Nevar Merried 2 Married 3 Widowed 4 Divorced	1 ☐ Yes 2 🗷 If Yas, Giva Yaar or Datas:	lo		2 No Specify:	autio i nouri, ato.)	Specia		ACK
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ē,	Hear the		20a. Method of Disposition	2,7000	20b. Place of	Disposition (Ny, cremetory or	ame of	Dafa	20c. Location	- City or Town	, Stete
Ë	Page ant o nt: Iff		V Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Special		MT. Z	1 -	HETERY	18-27-9	BALT	LUNDE	- MA
altimo	and and and and and and and and and and		21. Signature of Funeral Service Lice		111112	22. Nama	and Address of Pacility	1001	- PARIL	MEDAL	Home
ä	Page 8		L XA YOU	mal		JOSE	and Address of Pacility PH H, X N. FULTON	BROW N	OK, PUI	EXIA	2/2/7
			23a Part Enter the diseasa, or com shock, or heart failura. List only	plications that caused	the daath. Do r	not entar tha me	oda of dying, such as ca	rdlac or respiratory	arrest,	" A	pproximata
V.	Physician		snock, or near failura. List only	one cause on eech iir	a.					O	itarval Between Insat and Death
ı	/Medicai		Immediata Causa (Final disaasa or condition	TNITE	ACERE	RPAI	HEMORR	ACE			21 hrs
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	and -trans	xam	Sequantially list conditions, if any, leading to immediata causa. Entar Underlying		Dua to (or as a						
60,	icate be executed physician and s the burial-transit		Ceuse (Diseasa or injury	· ACUTE	FR	OMYE	LOCYTIC L	EUKEN	11A		YEAR
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of V	d is	2	1 ☐ Yes 2 ☑ No	Hospital: 1 🔀 Inpatia	nt 2 ER/Ou	tpatient 3 (OOA Othar: 4 Nursi	ng Home 5□ Re	sidance 6 🗆 Ot	her (Specify)	
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sio	Attanding r death. ector: After by the fune	cati	2 Accident investigation 3 Sulcida 8 Could not be			М	1 Yas 2 No				
Division	De St	Certification:	4 ☐ Homicida detarmined		iry - At homa, fe . <i>(Specify)</i>	rm, street, facto	ory, office	28f. Location City or	n (Street and Num Fown, Stata)	ber or Rural R	louta Number,
	Hospitai 24 hours a Funeral L (taly filled		29a. Certifier 152 Certifying Ph	welsten. To the best of	f mu kaassaadadaa	double course	d at the time i date and	less and due to the			
	the Hospital thin 24 hours of the Funeral I mpletaly filled	edicai		ninar: On the besis of and manner ste	axamination and	d/or invastigation	d at tha tima, data and p on, in my opinion, daath	occurred at tha tim	a, data and placa	, and dua to th	ia causa(s)
	To the Hospital or within 24 hours after To the Funeral Dir completaly filled in	Me	29b. Signature end titla of certifier	The transfer of	-	2	9c. License number		29d. Data sign	ed (Month, Da	y, Year)
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	,		30. Neme end addrass of person who	complated causa of d	eath (Item 23a)	(Type, Print)	104716	•	ungue	11 66,	1116
			MADELAINE R	SALDIVAR	MD U	niv of 1	PO9756 WARYLANDI	MEDICAL	(FATTER	BALT	TIMORE MD
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	Registr	ar	AUG 2 7 1996	7		7					



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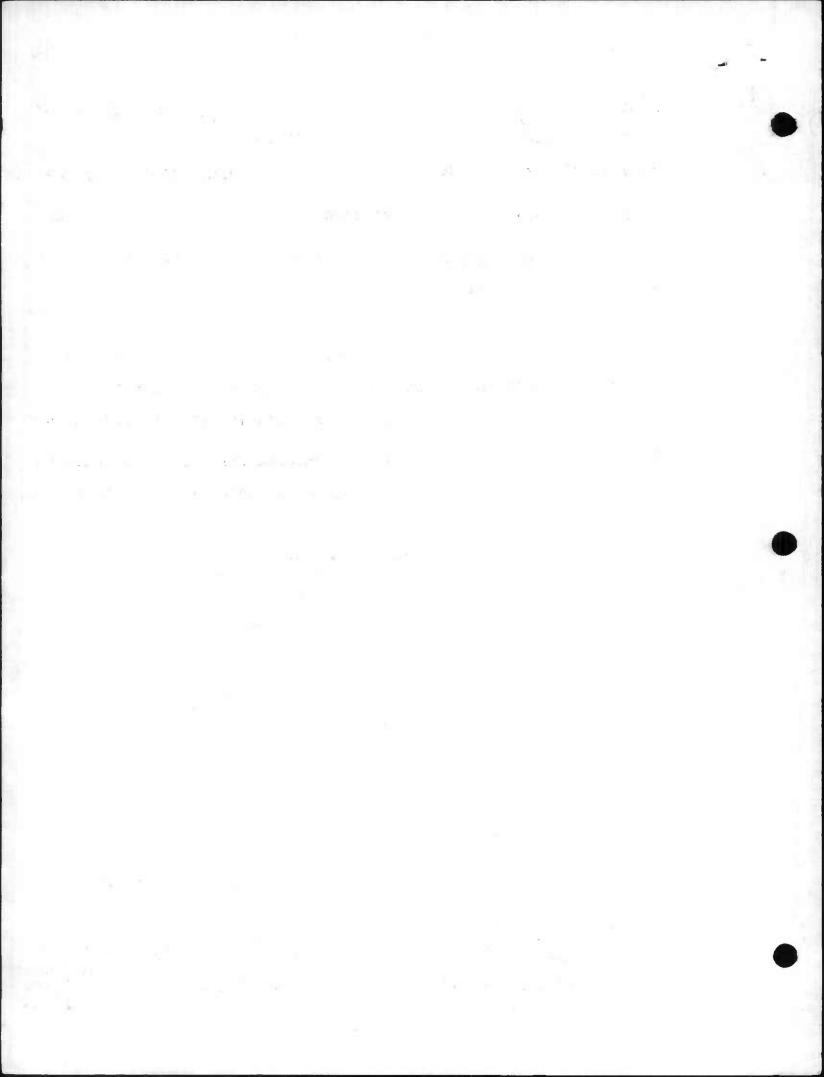
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by Funeral Director	Md. 10e. Street end Num 2117 Oa 11. Marital Status	Baltimo	re	100.0	ity, Town or Lo	nostion						
by	2117 Oal				Edgeme						10	od. Inside City I 1 ☐ Yes 2
þ	11. Marital Status	1 1\u.				10f. Zip Co	ode 21219			10g. Citizen of	Whet Count	ry?
P			12. Was Daced	dant Ever in I	J.S. 13.			nic Orlain? (S	nacify Yes or No	USA 14 Ba	ce - Amarica	n Indien
	3 Widowed 4		Armed Ford 1 Tas 2 If Yes, Give Yeer or De	No No		If Yes, specity 1 ☐ Yes 2 ☐		Mexican, Puer pecify:	pecify Yes or No o Rican, etc.)		eck, White, e	tc.
eted	(Specif	15. Decedent's Ed	fucation de completed)		16e. Dece	dent's Usual C kind of work of DO NOT use	Occupetion	n na most of wa	rkina	16b. Kind of E	Business/Indi	ustry
Completed	Elementery/Second		College (1-	4or 5+)	I .	oo NOT use uck Dri		ig inost or wo	An g	Self-e	employe	ed
To Be (17. Father's Neme (F Joseph)								ne (First, Middla, ablocki	Maiden Sume	me)	
	19e. intorment's Nen Marie D		Турө, Print) Wife	2	19b. Meilir 2117				ere Md.		n, Stete, Zip (Code)
	20e. Method of Dispo	Cremetion 3		tato	Plece of Dispo cemetery, crer ly Rosa	osition (Name metory or othe	of		Date 8-23	20c. Location Dundal		m, State
	21. Signature of Fund				0		y Fu	neral I	Home Of			
	23a. Part1. Eafer the shock, or heart	M. C. M	Distriction that on	used the dee	th Do not ont	1110 So	ller	s Point	Rd. 21	222		Approximete Intervel Betwee Onset end Dee
edic	Sequentially list cond if any, leading to immasse. Enter Underly Cause (Diseese or in that initiated events resulting in death) Le		b	Due to (or es e conseq or es e conseq or es e conseq	quence ot):						
Physician/M	S-411 Oh I 107		d									
by Phys	Pert II. Other signification Congestiv			th but not ras	sulting in the ur	nderlying ceus	se given in	Pert I.		obacco use co Yes 2□ No		
Completed b	Atherosc1	erosis								en eutopsy rmed?	avai	a autopsy findi leble prior to pletion of ceus eeth?
	Diabetes								101	res 2⊠No	10	Yes 2□ No
	25. Wes cese reterred exeminer?		Hospitel:				Other		th (Check only o			
tion: To		5 Pending invastigation	28e. Dete of (Month,		28b. Time of Injury		Injury et Work?	4 ☐ Nursing H	ome 5 Residence 128d. Describe h			
Certification:	2 ☐ Accident 3 ☐ Suicide 4 ☐ Homicide	6 Could not be determined	28e. Piece o	t Injury - At h , etc. (Specia	ome, ferm, stre fy)			2010	28f. Location (S City or Tox		ber or Rural	Route Number
	29a. Certifier (Check only one)	Certifying Phy	valcian: To the basiner: On the basiner	is of exemine	owiedge, deeth	occurred et ti restigetion, in	he time, d	ete end plece n, deeth occu	end dua to tha cred et the time,	ceuse(s) end m dete end piece,	ennar as ste and due to t	ted. he ceuse(s)
-	29b. Signeture and titl	le ot certifier	11/1	/		29c. Li	censa nur	mber		29d. Dete signe	ed (Month, D	ay, Year)
	•	()	yan	ha-			DI	832	6	81	20/	76
3	30. Neme end address	s ot person who	11			·			Marylar			



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene

	~		Certificate of Death		Reg. No.		
	Physic	ian	1. Decedent's Name (First, Middle, Last)	2. Data of Da		Year	Time of Death
	/Medi	cal	Walter W. Eaddy	Augu	T 21	96	1450
7	Exami	ner		wn, or Location of Deat CIMORE	h 4c. County	n/a	
ı	Funeral Director		5. Social Security Number 219-78-3979 6. Sex 19 % 2 F 38 Yrs. 6. Sex Months Days Hours	Min. (Month, Da	rth ay, Year) 9,1958	9. Birthplace (Country) BALTI	State or Foreign
	and **		Usual Residence of Decedant 10a. State 10b. County 10c. City, Town or Location			10d In	side City Limits
	th with the Marylar 23a or 28a-f ahow ust be notified at	Director	MD n/a BALTIMORE			1[□ YXX X □ No
-0020	with the	百	10e. Street and Number 10f. Zlp Code		10g. Citizen of		, mp.c
	deeth me 23	Funeral	4407 HADDON AVENUE 21207 11. Marital Status 12. Was Decedent Ever In U.S. Armed Forces? 13. Was Decedent of Hispanic Original Free Process of Section 1. Mexican Me	gin? (Specify Yes or No	UNITE	e - American Inc	ATES
21215-0020	72 hours after deeth with the Maryland natural', or items 23s or 28s-f show fred Examinet must be notified at	by	Armed Forces? 1 \(\) \		Specif	ck, Whita, atc. y:	DIACK
5-0		Completed	15. Decedent's Education (Specify only highest grada completed) 16a. Decedent's Usual Occupation (Give kind of work done during most	t of working	16b. Kind of B	usiness/Industry	BLACK
121	within ene.	mple	Elamantary/Secondary (0-12) College (1-4or 5+) life. DO NOT use retired)	O WORKING			2
9	filed v Hygie frher t	ပိ	8 th - LABORER 17. Father's Name (First, Middle, Last) 18. Motha	ar's Name (First, Middle		employe	:d
Baltimore, Maryland	Aentel Ked o	To Be			OUISE N		
	2 should and Men ie marke aumatic		19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Address (Street and Number 19b)				
e,	1 and leeith m 27 ther tr			EIGHTS AVI			
nore	permit. Pages 1 and 2 should be filed within Department of Heelith and Mentel Hygiene. Important: If Item 27 is marked other than any injury or other traumatic event, the Means.		20a. Method of Disposition 1 □ Parial 2 □ Cremetion 3 □ Removal from Sale 4 □ Donation 5 □ Other (Specify) 20b. Place of Disposition (Name of cernetery, crematory or other place) VOSHELL MEMORI	Date [AL GARD.	8-26	City or Town, S	
altir	mit. Poartme sortan rinjur		4 □Donation 5 □ Other (Specify) VOSHELL MEMORI 21. Signature of Funeral Service Licensee 22. Name and Addrass of Facility		0-20	DUNDAL	K, MD
Ö	Depariment of the population o		Maloria Maloria Days WM. C. M	MARCHFH	1101 E	E. NORT	H AVE.
			Part. Enter the disease, or complications that couned the death. Do not enter the mode of dying, such as shock, or heart failure. List only one cause on much line.	cardiac or respiratory a	arrest,	inten	oximata val Between
	Physician /Medical		Immediate Cause (Finel			Onse	et and Death
	Examiner		disease or condition resulting in death) a. Keppi Valery	re		un	Kusun
8	n =	Je.	Due to (or as a consequence of).	0		i hu.	Kusun Kusun Kusun
	cate be executed physician and s the burial-transit	Examiner	0.			- con	keekun
68760,	be ex ician burial	alE	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events			Un	Known
687	rtificate ng phys es the	Aedical	resulting in death) Last				Known
Box	th cert tendin or use	an/N	d. fremia			Mh	KNOW
P.O. E	the et the of thed fo	Physician/	Part II. Other elignificant conditions contributing to death but not resulting in the underlying cause given in Part I.	. 23b. Did	tobacco uss co	ntributs to the o	ause of death?
9.	Attending Physician: The law requires that tha death certificate be execut rideath. •ctor: After this certificata has been signed by the ettending physician and by the funeral director, pega 2 should be deteched for use es the burial-tran	by Ph	Leukopema	10	Yss 2□ No	3 Probably	Unknown
ords	en sig		Cancia	24a. Was	an autopsy ormed?	24b. Were au available	topsy findings
ecc	has be	Completed	SEPSO)			completi of death	prior to on of cause ?
E H	cata h	Co	2 ect volyte Imbalance	10	Yas 2 No	1 □ Yes	No No
Zi.	certifi	o Be	axaminer/	of Death (Check only			V
o	a Physer this eral d	n: To	27. Manner of Death 28a. Date of Injury 28b. Tima of 28c. Injury at	rsing Homa 5 ☐ Rasi 28d. Dascribe	how injury occur		
ion	auth. or: Afte	atlo	2 Accident investigation M 1 ☐ Yes 2 ☐ N	No			
Division of Vital Records,	Lacks Hospital or Attending Physician: The is within 24 hours effer death. To the Funeral Director: After this certificate he completely filled in by the funeral director, pega	Certification:	3 Sulcide 6 Could not be determined 28e. Place of injury - At home, ferm, street, factory, office building, etc. (Specify)	28f. Location (City or To	(Street and Numb wn, State)	ber or Rural Rous	te Number,
_	Hospital or 124 hours efte Funeral Dir letely filled in	Medical (29a. Certifier (Check only one) 12 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end and mannar stated.	d place, and due to the th occurred at the time,	cause(s) and made and place,	anner as stated. and due to the c	ause(s)
0	within To the	Me	29b. Signature and this of certifier 29c. License number		29d. Date signe	d (Month, Day,	rear)
			M.D. Ph.D. D235	-83	Angus	21	,96
			30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)	1:000	1 26	00 Lib	rty Hold
	Sta	te	31. Date filed (Month Day, Year) & A. Aegistrar's Signatures	x (a) (an	ter A	ve. Ba	er Hd
	_ 518		ALII 27 1996 Suna Dundan Mondalla				4121>

DHMH 16 Rsv 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. PER NEO FILM 9-743 1/31/97 t.t State of Maryland / Department of Health and Mental Hygiene DR. SMIALEK Certificate of Death 1. Decedent's Nama (First Middle Lest) 2. Data of Daath 3. Tima of Death **Physician** Month Vaar Р. ENSMINGER 21, 1996 August 11:35 pm /Medical 4e. Facility Nama (If not institution, give street and number) 4b. City. Town, or Location of Daeth 4c. County of Deeth Examiner Franklin Square Hospital Baltimore Baltimore 7. Aga (In yrs. last birthday) if Undar 1 Year | If Under 24 Hrs. | 8. Deta of Birth (Month, Day, (Month, Day, 5. Social Sacurity Numbar Birthplaca (State or Foraign Country) **Funeral** Deys 1 ₹M 2 □ F Months 71 Yrs Director 212-20-7485 April 17,1925 Pennsylvania Usual Rasidance of Decedant the Maryland 10a Stata 10h County 10c. City, Town or Location show 10d. Inside City Limits Examiner must be notified at Harford Director Maryland 1 X Yas 2 No Bel Air 10e. Street and Number 10f. Zip Code 10g Citizan of What Country? 238 222 F. Crocker Drive 21014 U.S.A. Funeral Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - Amarican Indien, Black, Whita, atc. filed within 72 hours after 1 Navar Married 2 M Married ò 1 ☐ Yas 2 No þ 3 ☐ Widowed 4 ☐ Divorced Specify: White "natural", al Hygiene.
d other then "natural evant, the Medical F Completed 16a. Dacedant's Usuel Occupation (Giva kind of work done during most of working life. DO NOT usa retired) 15. Decedent's Education 16b. Kind of Businass/Industry (Spacify only highast grade complated) Elementary/Secondary (0-12) Collaga (1-4or 5+) Steel Salesman 12th grade Self-Employed 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middla, Maidan Surneme) Be Pages 1 end 2 should be 1 nent of Health end Mental marked Harry Ensminger Rose Thomas 2 19a. Informant's Name/Ralationship (Typa, Print) 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, Steta, Zip Coda) .00 Health e Fay Ensminger (wife) 222 F. Crocker Drive, Bel Air, Maryland 21014 itam 2. 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of cematary, crematory or other place) 20c. Location - City or Town, Stata Dete 1X Burial 2 ☐ Cremation 3 ☐ Ramoval from Steta = 8 permit. Page Department of Important: If any Injury or 4 ☐ Donation 5 ☐ Othar (Specify) Highview Memorial Gardens 8/24/96 Fallston, Maryland 21. Signetura of Funaral Sarvice Licensaa 22. Nama end Address of Fecility Schimunek Funeral Home of Bel Air, Inc. 610 W. MacPhail Rd., Bel Air, MD 23a. Part 1. Entar tha disaasa, or complications that caused tha daath. Do not antar tha mode of dying, such as cardiac or raspiretory arrast, shock, or haart failura. List only ona causa on aach lina. Approximata intarval Betw Onsat and Daath **Physician** /Medical immadiate Ceusa (Final Hypotonsion INTRAABDOMINAL HEMORRHAGE one day disaasa or condition rasulting in deeth) Examiner Dua to (or as a consequence of): LACERATION OF SPLEEN Examiner inating Intravascular Coagulation one day The law requires that the daath certificete be axecuted Sequentially list conditions, if any, laading to immadiata causa. Entar Underlying Cause (Disaasa or Injury that Initiated avants rasulting In deeth) Last Dua to (or es e consequance of): atic cancer SURGICAL RESECTION OF CARCINOMA OF BILE DUCT Physiclan/Medical the Dua to (or as e consequence of) S 65 use jo Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? yd ber 1 Yes 2 No 3 Probably 4 Unknown þ 99 24b. Wara autopsy findings evallabla prior to completion of cause of death? Completed 24a. Was an eutopsy performed? peen page 2 certificate 1 Yas 2₺ No 1 ☐ Yes 2 ☐ No Attending Physician: director Be 25. Was case rafarrad to medical 26. Placa of Daath (Check only one) examinar? Hospital: 1 Inpatient 2 □ ER/Outpatient 3 □ DOA Othar: 4 Nursing Homa 5 Residence 6 Other (Specify) 2 1 Yes 2 No this funeral 27. Mannar of Death Certification: 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Describe how Injury occurred After 5 Panding Invastigation Natural 1 TYes 2 K No AUGUST 20, 1996 12:45 +PM SPLEEN TORN DURING SURGERY 2 X Accidant the Director 6 Could not be determined 3 Suicida 28a. Place of Injury - At home, farm, straat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete)FRANKLIN SQUARE HOSPITAL In by 4 | Homicide HOSPITAL OPERATING ROOM 9000 FRANKLIN SQUARE DRIVE, BALTO. CO. 29a. Cartifian Certifying Physicien: To the best of my knowledge, death occurred et the time, date and place, and due to the ceuse(s) and manner as stated.

Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner stated. Medical To the 29b. Signetura and titla of certifian 29c. Licansa number 29d. Dete signed (Month, Day, Year)

21215-0020

Baltimore, Maryland

Box 68760,

P.O.

Records,

Division of Vital

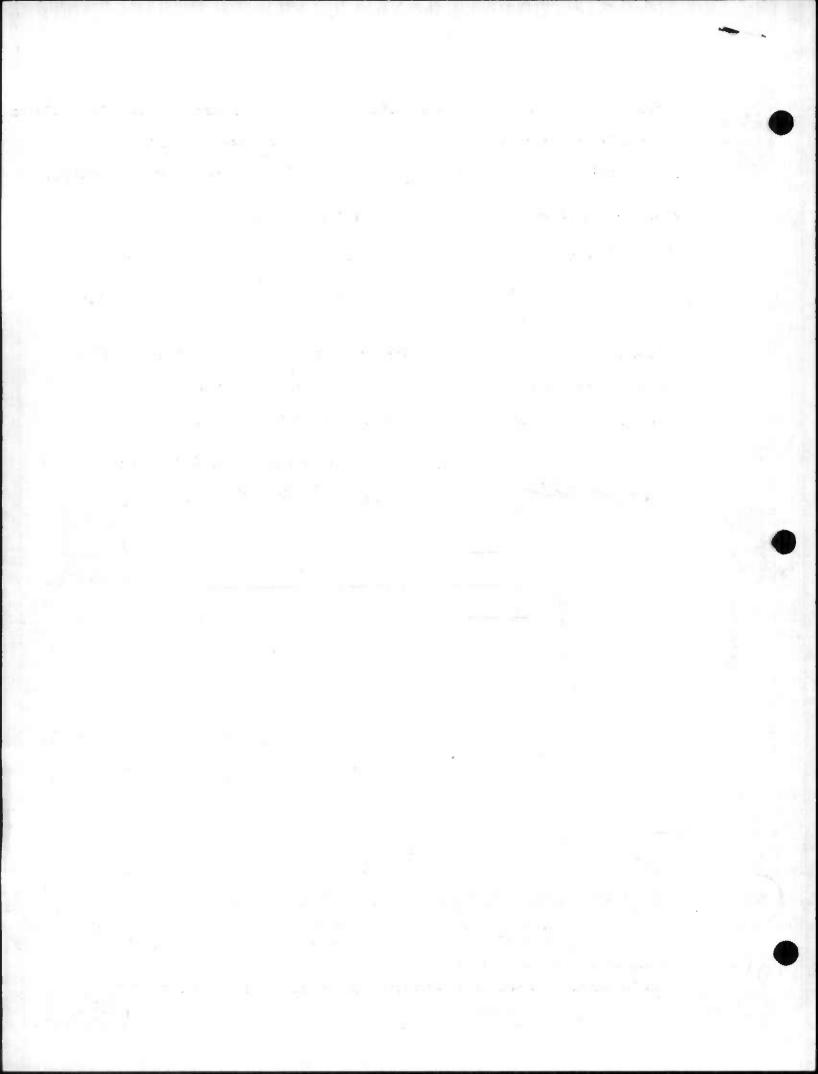
30. Neme end addrass of person who completed causa of deeth (Item 23e) (Type, Print)

AUG 2 7 199

Dr. M. Emadadul Haque 9000 Franklin Square Drive Baltimore, MD 21237 Register's Signature 31. Dete filed (Month, Day, Year)

RD1907

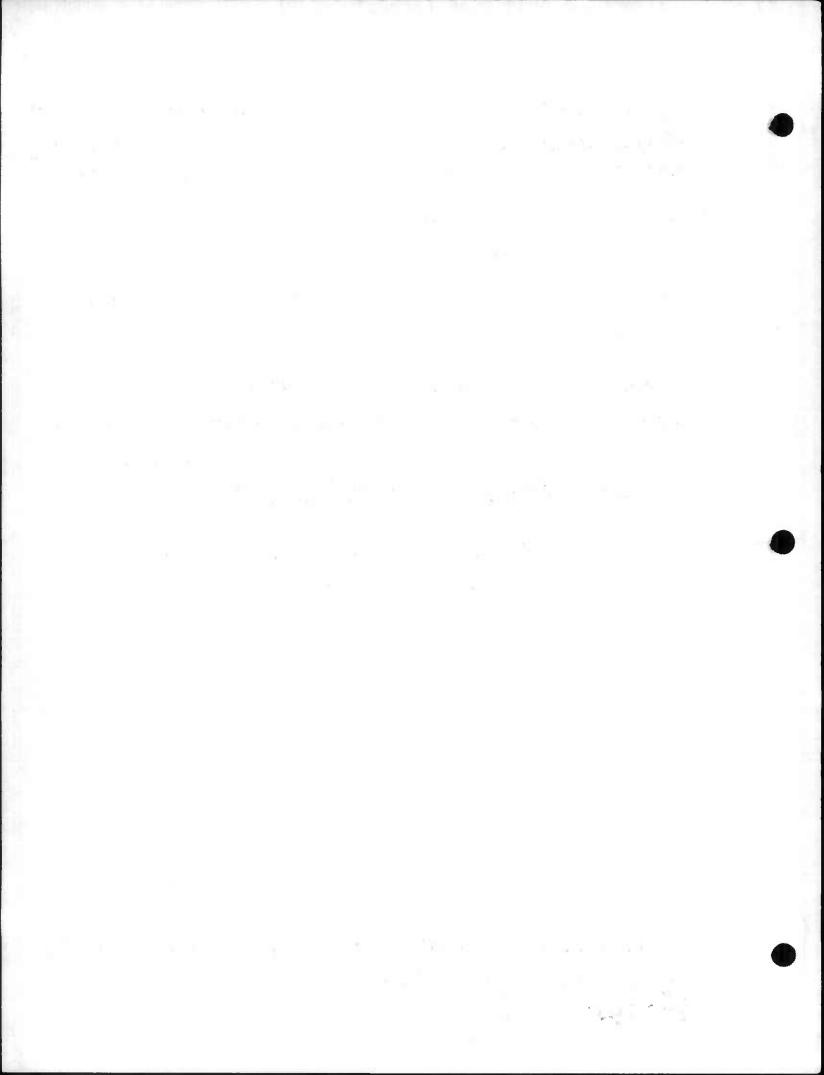
State Registrar



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		Certificate of Death Reg. No.										
D 1		Decedent's Name (First, Middle, Last) Month										
Physic /Medi		EAR L Sid	man	N.			Augus		1996	1 33 am		
Exami		4a. Facility Neme (If not institution,				4b. City, Town,	or Location of De					
		Mercy Nos	Dital.			Balt	mae	130	Itimi	ne City		
Funeral		5. Sociel Security Number 6.	Sex 7. Age	(In yrs. lest birthde)	/) If Under 1 Months I		Hrs. 8. Dete of I	Birth Dev Year)	9. Birthpl	ace (State or Foreign		
Director		217-38-8363	12 M 2□ F	52 Yrs.	Months	Deys Hours F	SEPT.	24,1943	Mar	71 and		
P.		Usuel Residence of Decedent										
show	L.	10e. Stete 10b. County		10c. City, Town or I					10	od. inside City Limits		
Self self	octo	Maryland		Balti				,		1√ Yes 2□No		
di di	Director	10e. Street and Number			10f. Zlp C	ode		10g. Citizen of	What Count	ry?		
ath v	Funeral	716 North Washi				21201		US				
er de	une	11. Mantai Status	12. Was Decedent E Armed Forces?		 Was Deceder if Yes, specify 	nt of Hispenic Origin Cuban, Mexican, P	? (Specify Yes or luerto Rican, etc.)		ce - America ck, White, e			
filed within 72 hours effer death with the Maryland Hyglene. ther than "natural", or items 23a or 28a-f show ord, the Medical Examinet must be notified at	by F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	If Yes, Give	lo	1 ☐ Yes 2 🖟	No Specify:		Specif	y Whi	to		
hour Jean	D D		Year or Detes:	160 000	adaatla Maria I	On a serious		10h Kind of B				
"nad	Be Completed	15. Decedent's (Specify only highest of		16a. Dec (Giv	edent's Usuei (occupation done during most of retired)	working	16b. Kind of B	usiness/ind	ustry		
the sa	E C	Elementary/Secondary (0-12)	Coilege (1-4or 5	+)	ture Fr			Retai	l Sale	2		
Hygin Hygin	ŭ	17. Father's Name (First, Middle, La	st)	FIC	ture ir		Neme (First, Midd	tle, Meiden Sumer		,		
merked o	Be	Earl	*	an Sr.		Fran			emper			
d Me	To	19a. informant's Name/Reletionship			ling Address /	Street and Number o				Codol		
7 le trau		Helen E. LaMar				okwood Ro						
Health em 27		20e. Method of Disposition	313661	20b. Plece of Dist	position (Neme	of	Date	20c. Location				
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ritme ritani		4 Donetion 5 Other (Special State of Fundamental St		Metro Ci			8/2//9	6 Baltimo	ore, Ma	ryland		
permit. Pages 1 end 2 should be filed within 72 hours efter death with the Marylan Department of Heath and Mental Hydiene. Department of Heath and Mental Hydiene. Department if them 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Experience must be notified at once.		21. Signature di Pubblia sacvice Lio	*A		STALLIN	Address of Fecility GS FUNERA	L HOME P	.A.				
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		23a. Part1. Enter the disease, or co shock, or heart feilure. List on	mplicetion if it caused ly one cause on each lin	the deeth. Do not ele.	nter the mode	of dying, such es car	diac or respiretory	errest,		Approximete interval Between Onset end Deeth		
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	7		0	Due to (or es a cons	equence of):		/ '					
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cate r, pa							11	☐ Yes 2☐ No	1 [Yes 2 No		
r this certificate hes eral director, page 2	Be	25. Was case referred to medical examiner?	Hospital:			Other	Deeth (Check on					
al di	7°	1 Yes 2 No	Inpatie			4 - Nutsii		esidence 6 Ott		')		
transmissing ripsrcan; free law requires the trie been to death. The farm this certificate has been signed by the ettend by the farmeral director, page 2 should be detached for us	lo	1 Neturei 5 ☐ Pending	28a. Dete of injur (Month, De)	y Year) 28b. Time Injury		Work?	28d. Descrit	be how injury occu	rred			
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\$ P 8		29b. Signature end title of certifier	- A	ma	290. [icense number		29d. Dete signe		-		
. (stacy wi	5045	11111	\mathcal{D}	12414		Hugus.	+ 26	,1996		
H		30. Neme end address of person wh	o completed cause of de	eth (item 23a) (Type	e, Print)	0		•				
1		retacy wo	ous III	ency E	CSDH	W						
Sta		31. Date filed (Month, Day, Year)	32. Registra	r's Signetur	•							
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	OD ATTENDIAL DUVELCIAM. The last consider the death confidence he months and

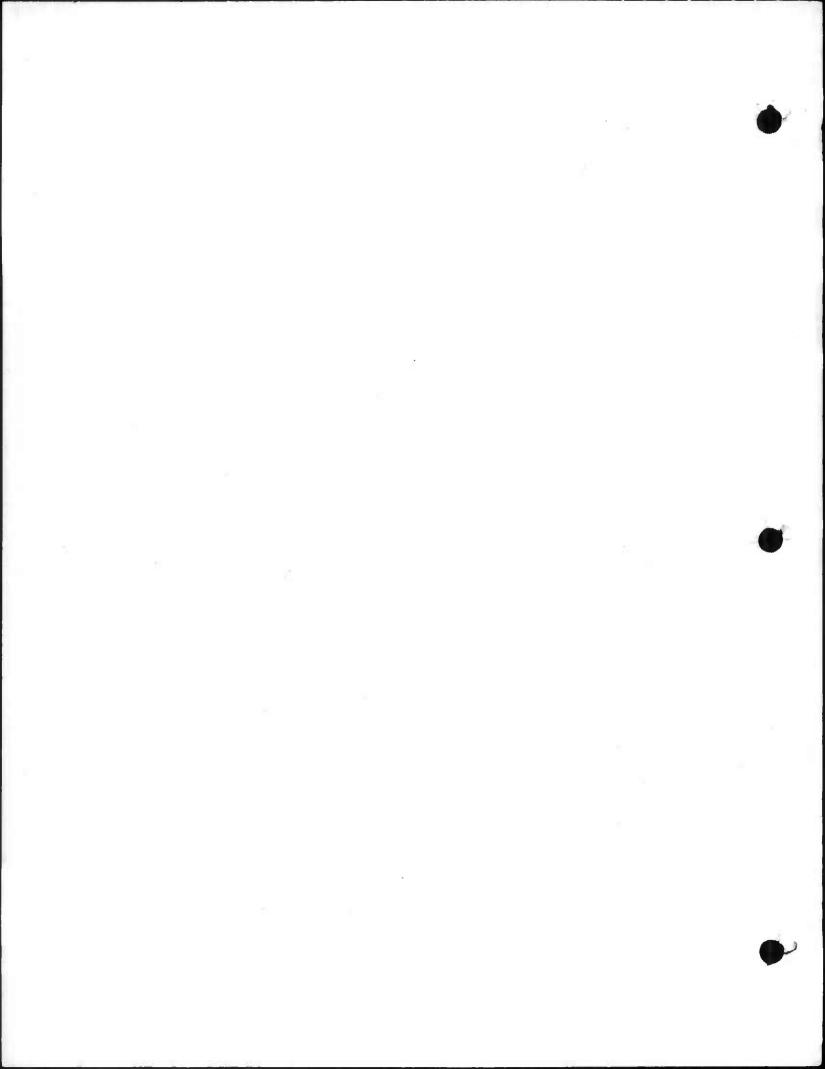
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF HEALTH	AND MEN	NTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, La ESTE III	NMI	FORD)		DATE OF DEATH DA	v year		
	4. SOCIAL SECURITY NUMBER 218-14-7330 a	1 - M 2 -XFX	(In yrs. last birthday) _ 72 YRS.	MONTHS DAYS HOURS	MINE.	OATE OF BIRTH (Month, Day, Year) 10V. 14, 1	.923	RTHPLACE (State or Foreign Unity) CAROLINA	
TOR	9a. FACILITY NAME (If not institution, git LORIEN RESIDENCE OF DECEDENT	NURSING HOME		96. CITY, TOWN OR LOCAT BALTIMO		ТҮ	9c. COUNTY O	r death n/a	
DIRECTOR	10e. STATE 10b. COU		10c. CITY	TOWN OR LOCATION BALTIMO	DRE		10d. INSIDE CITY LIMITS? 1 XYES 2 NO		
FUNERAL	100. STREET AND NUMBER 5452 BUCKNEL	L ROAD		101. ZIP COD	21206		10g. CITIZEN OF WHAT COUNTRY? UNITED STATES		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EYER IF FORCES? 1 YES	2 NO	13. WAS DECENDENT If yes, specify Cubi 1 YES 2 NO X X	nn, Maxican, Pu	RIGIN? (Specify Yea erto Rican, atc.)	В	ACE — American Indian, lack, Whita, etc.	
COMPLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 12 th	College (1-4 or 5+)	e completed) (Give kind of work done during most of working				HOPKI		
BE COM	17. FATHER'S NAME (First, Middle, Last) JOSHEY WILLI	AMS				JOHNS First, Middle, Meiden S FUTRE	Sumame)	110011	
5	DENISE W.	Number, City or Yown, State, Zip Code) ALTIMORE, MD 21206							
	20e. METHOD OF DISPOSITION 1								
	Paloris V	Vakorey)	Davis	WM. C. M	1ARCHFH	1101		TH AVENUE	
	23. PART I. Enter the diseases, of shock, or heert failure immediate Cause (Finel disease or condition resulting in death)	a. Respire	ach line.	aleve	ing, such aa	cardisc or reapir	mtory erreat,	Approximate Interval Between Onset and Death	
CATION	Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events.) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFI	that Initiated events resulting in death) LAST	d							
MEDICAL	PART II. Other significent condit	lons contributing to death b	out not resulting in	the underlying ceuse	given in Pert	1. 24a. WAS AN A PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	DID TOBACCO USE CON				CERTAIN [1 YES 2 NO	
PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Outp		OTHER:					
B	1 Natural 5 Pending 2 Accident Investigatio	(Month, Day, Year)	- At home, term, st	M 1 YES 2	NO	DESCRIBE HOW IN	۲		
COMPLETED	4 Homicide determined	building, atc. (Spec	NA			City or Town, State)	A		
- 1		YSICIAN: To the best of my know INER: On the basis of examination		in my opinion, death occur	red at the tima,		due to the ceus		
IO BE	30. NAME AND ADDRESS OF PERSON	Russi	MO	DE	SOTS	5	P Avg	123,1996	
	10805 th cic	32. ROGISTRAB'S SIGN	Rd Sul	46 901 (S	dens	a m	2104	Ч.	
	AUG 27 1996	Julia Davids							

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State of Maryland / Department of Health and Mental Hygiene

25359

						Certific	ate of	Death		Reg. No.		20000
П	Dhimin		1. Decedant's Nama (First, Middle, La						2. Data of D		Voor	3. Tima of Death
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	Exami		4a. Facility Nama (If not institution, give					01-1	or Location of Dea	th 4c. County		o
		Ш	NORTH ARUNDI					J	SURNIE	ANNE		INDEL
	Funeral Director		The state of the s	Sax 7. Aga 1 □ M 2√□ F 7	(In yrs. last bir	Yrs. It Un Monti		Hours N	Ain. (Month, D	irth Pay, Year) 12, 1917	9. Birthpla Countr OH I	aca (Stata or Foraign y) O
	fand w		10a. Stata 10b. County		10c. City, Town	n or Location					100	d. Inside City Limits
	Mary Fled	ģ	MARYLAND ANNE A	ARUNDEL	LIN	THICUM						1 ☐ Yes 2Ã No
	r 28a	Director	10e. Street and Number			10f.	Zip Coda			10g. Citizen of	What Countr	γ?
	h wit		436 SHIPLEY ROAD				210	190		11.5	S.A.	
	dea	Funeral	11. Marital Status	12. Was Decedant E	var In U,S.	13. Was Da			(Specify Yas or Nuarto Rican, atc.)		ce - Amarica ck, Whita, at	
21215-0020	should be filed within 72 hours after death with the Maryland of Mental Hygiana. marked other than "natural", or items 23a or 28a-f show imate event, the Medical Exemples must be notified at	þ	1 Nevar Married 2 Married 3 Widowed 4 Divorced	1 Yas 2 No If Yas, Giva Yaar or Datas:	0			Specify:	Janto Filoan, ato.)	Specif		
2	natu rdice	Completed	15. Decedent's E (Specify only highast gro		16a.	Decedant's U (Giva kind of	sual Occup work dona	oation during most of d)	working	16b. Kind of B	usinass/indu	istry
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0	filed withi Hygiana. other than	S	17. Fathar's Nama (First, Middla, Last	NONE	TOPE	THALMO	LUGIS	18. Mothara	Nama (First, Middle	OPHTHAI		Y
Maryland	Mental Mental arked o	To Be	RUPERT N. FOX					BERTI		RICHA	,	
ary		-	19a. Informent's Name/Ralationship (Type, Print)	19b	. Mailing Addr	aas (Street	and Number o	Rural Routa Num	ber, City or Town	, Stata, Zip C	Code)
			JAMES R. FLECHNER	R (SON)	43	6 SHIP	LEY R	OAD, LI	NTHICUM,	MD 210	90	
Ore	pes 1 and r of Haaith If Item 27 or other to		20a. Mathod of Disposition 1 □ Burial 2 ☒ Cramation 3 □	70	20b. Piace of cematar	Disposition (i	Vama of or other pla	ce)	Data	20c. Location	- City or Tow	n, Stata
Ĕ	Pages nert of ant: If it ury or o		4 Donation 5 Other (Special			EAKE C			8/26/96	BELTSVI	LLE,	MARYLAND
Baltimore,	permit. Pag Department Important: any injury o		21. Signalive of Funeral Service Lice	nsee		22. Nama	and Addra	ss of Facility	SINGLETON			
• •	20229			1		1 SEC	OND A					AND 21061
- 6			23a. Part I. Enter the disaasa, or com	pidations that causad tona causa on aach line	tha daath. Do r							Approximata Intarvai Batween
ì	Physician			^	,						9	Onsat and Death
	/Medical Examiner		immediata diseasa or condition rasulting in daath)	a. Peritor	real c	ance	1, 4	Hage	JV			
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68760	icata be axecuted physician and s tha bunal-transit	edical	Causa (Disease or Injury that initiated events rasulting in death) Last Dua to (or as a consequence of):									
×	law requires that the death cartificate be associted as been signed by the attending physician and 1.2 should be datached for use as the bunel-transit	₹	· Hypoxemic Respiratory failure									
. 60	death a atte	by Physician	Part II. Other significant conditions of	contributing to death but	not rasulting in	the underlyin	a causa aiv	/an in Part I.	23b. Did	i tobacco use co	entribute to t	the cause of death?
J.	by the	hys	Part II. Other eignificant conditions contributing to death but not resulting in the underlying causa givan in Part I. Transitional concerns bladder Hypertension							1 Yes 25 No 3 Probably 4		
	es the	by	Trans, Imax	ancer or	DICCO							
Hecords,	v requires that tha de been signed by tha s should be datached	Completed	Hypertension						24a. Wa	s an autopsy formed?	com	a autopsy findings lable prior to pletion of cause
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VITa	ician: Thi cartificata rector, pag		25. Was casa rafarrad to medical							Yas 200 No	10	Yas 2□No
		o Be	axaminar?	Hospital:	t 2 ER/Ou	tneticet 2	DOA Oth	100	Daath <i>(Check</i> on <i>ly</i> g Homa 5 ☐ Ras		on (Consitu	
ō	£ £ E		27. Mannar of Deeth	28a. Data of Injury	28b. T	ima of	28c. Injur		1	how injury occur		
0	Attending at death. ector: Attai	atio	1 Natural 5 Panding 2 Accident Invastigation	(Month, Day	Year) In	njury M		Yas 2 □ No				
DIVISION		Certification:	3 ☐ Suicide 6 ☐ Could not b 4 ☐ Homicide detarmined	28a. Place of Injur	y - At homa, fa	rm, straat, fac	lory, office		28f. Location	(Street and Numi	ber or Rural	Routa Number,
5	spital or A cours after veral Directified in b			January, Co.	(opeany)	_						
1	the Hospital In 24 hours The Funeral Pletsky filled	edical	29a. Certifiar (Check only one) Check only one) Certifying Ph	nysician: To the best of ninar: On the basis of a and mannar state	examination and	, daath occurr 1/or invastigati	ed at tha tir on, in my o	ma, data and pi opinion, daath o	ace, and dua to the courred at tha time	a cause(s) end m , data and place,	annar as sta and dua to t	ted. ha cause(s)
	# 12 B	Σ	29b. Signature and titla of certifiar	111. 40.			29c. Licens	~ 4		29d. Data signe	1 _	ay, Year)
1	<u> </u>		yount-u	well will	7		D42	388	MD	Hugus	4 95	5, 1996
	0)		30. Name and addrass of person who			Type, Print)				1		Diaci
	Sta	ite	31. Data filed (Month, Dey, Year)	32 Registrar	's Signatura			JU.Je 6	05, 6/1	DWNIE	1	
	Registr		AUG 27 199	16	Davidson	Randell	2					

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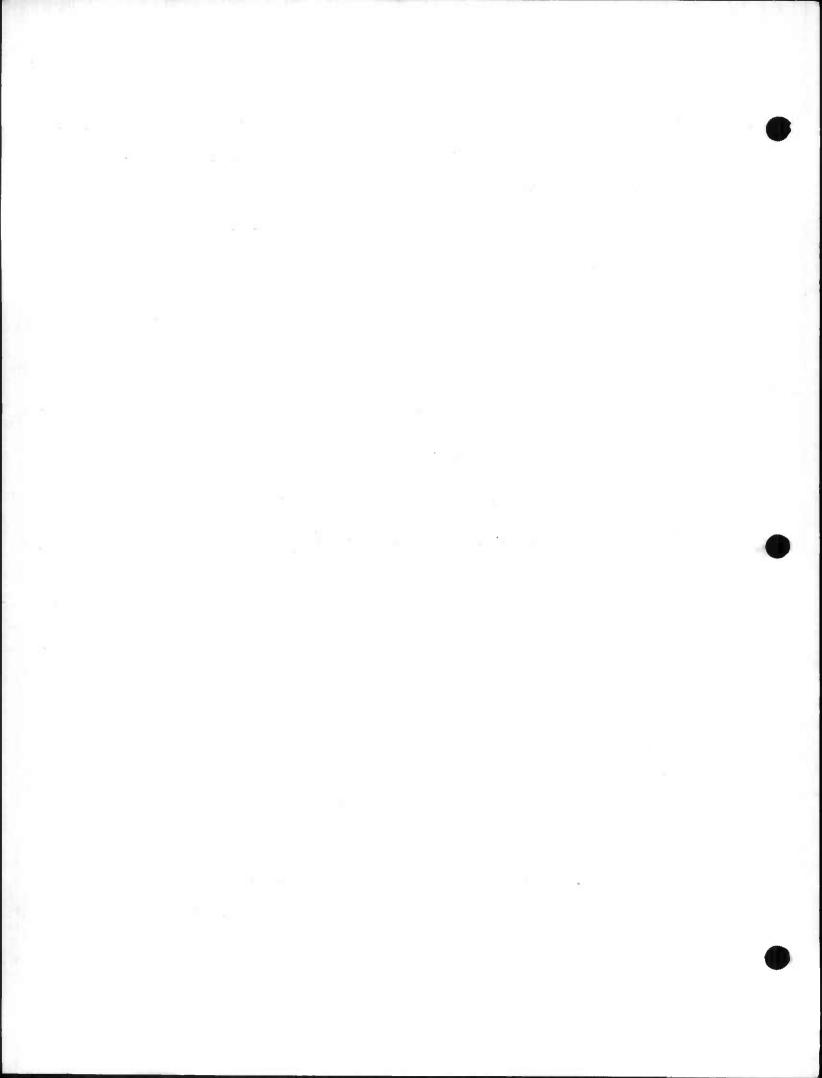
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Physician / Peparment or neutral and Neutral or Neutral or 1864 show / Peparment or neutral and Neutral or neutral or 1864 show or 1864	4a. Facility Neme (If not institution, gived 4749 BYRON ROAD 5. Social Security Number 6. S	DCRIS re street end number) Sex 7. Age	G	SARY			2. Dete of De Month AUGUST	Dev	Yeer		of Death
Department of realization and wenter rygene. To Be Completed by Funeral Director To Be Completed by Funeral Director To Be Completed by Funeral Director	4. Facility Neme (If not institution, giv. 4749 BYRON ROAD 5. Social Security Number 217–20–1780 Usuel Residence of Decedent 10a. Stete 10b. County	re street end number) Sex 7. Age	G	SARY			AUGUST	21,199	6	A.E.	
Important: If them 27 is marked other than "naturelt, or items 23a or 28a-f show out to a continuous continuou	4749 BYRON ROAD 5. Social Security Number 6. S 217–20–1780 Usuel Residence of Decedent 10a. Stete 10b. County	Sex 7. Age									Opm
any injury or other traumatic event, the Medical Examiner must be notified at once. To Be Completed by Funeral Director To Be Completed by Funeral Director	217-20-1780 Usuel Residence of Decedent 10a. Stete 10b. County	C C					Location of Deeth	111111111111111111111111111111111111111	of Death	E	
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Department or negative and when the state of them 23 and any injury or other traumatic event, the Medical Exemination any injury or other traumatic event, the Medical Exemination and any injury or other traumatic event, the Medical Exemination and a process. To Be Completed by Funeral Di	MARILAND BALIIM	ORE	10c. City, Tow	n or Location	BALT	TIMORE			10		City Limits
mportant: if tem 27 is marked other than "netural", or items any injury or other traumatic event, the Modest Exertine many injury in	10e. Street end Number 4749 BYRON ROAD			10f.	Zip Code 212	208		10g. Citizen of USA	Whet Coun	try?	
Important: If then 27 is marked other than any injury or other traumatic event, the last of the last o	11. Meritei Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Decedent E Armed Forces? 1 Yes 2 N If Yes, Give Yeer or Detes:	Ever in U,S.	If Yes, s	specify Cu	Hispenic Origin? (S ben, Mexican, Puer Specify:	pecify Yes or No to Rican, etc.)	14. Rac Ble Specifi	ce - America ck, White, o		
Important: If then 27 is marked other than any injury or other traumatic event, the last of the last o	15. Decedent's Ed (Specify only highest gra	ducation ade completed)	16a	. Decedent's L	Isuel Occu	upetion e during most of wo	rkina	16b. Kind of B	usiness/Ind	Justry	
Department or results and western and western and western and western and supportant; if them 27 is marked out any injury or other treumatic even once.	Eiementery/Secondery (0-12)	College (1-4or 5	+)	life. DO NO	T use retir	ed) XECUTIVE			E A H		
Associated and incompany of the service of the serv	17. Fether's Neme (First, Middle, Last,)				18. Mother's Ne	me (First, Middle,	Melden Sumen	ne)	24	
Associated and incompany of the service of the serv	SAMUEL	GU	DIS				YETTA		SCHUM	ANSK	Y
Associated and incompany of the service of the serv	19a. informant's Neme/Reletionship (MR. MELVIN GAR				,	ot and Number or ReDAD BALTI			, Stete, Zip	Code)	
ysician ledical aminer	20a. Method of Disposition **Disposition 3 Cremetion 3 Dother (Specification)		20b. Plece o cemete FORBAN	of Disposition (ary, cremetory ND (SKLA	Neme of or other pl R FAN	MILY CIRC	LE) 8-22	20c. Location -1996-R	City or To	wn, Stata	MD
ysician ledical aminer	21. Signeture of Funerai Service Licer	L Levin	son		Sol	ress of Fecility Levinson isterstow			1e. M	ח 21	208
n end iel-transit Examiner	23a. Part1. Enter the diseese, or com shock, or heart feilure. List only tmmediete Cause (Finel diseese or condition resulting in deeth)	picetions that caused one ceuse on each iln				Ing, such as cardie	c or respiratory a	rrest,		Approxintntervei II	Between
n end iel-transit Exami		. BREAS	Due to (or es e		of): ME	77			1	2 4	(R)
# 5 I= 17	Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or injury that injiteted events	D	Due to (or es a						i i	8	
Med Med	that initiated events resulting in deeth) Lest	d	Due to (or es e	consequence	of):				i		
the attend hed for us ysiclary	Part tt, Other significant conditions o	ontributing to death bu	it not resulting i	n the underlyin	no causa o	riven in Part i	23b. Did	lobacco use co	ntribute to	the caus	e of death
be detached for us by Physician					.g 02000 g		10	- V			Unknow
2 should								en eutopsy rmed?	eva cor	ere eutops alieble pri mpletion d deeth?	sy findings or to of cause
page 2							10	res 25No	10	Yes 2	!□ No
and the	25. Wes case referred to medical examiner?					26. Place of De	ath (Check only o	ona)			
9 5	1 ☐ Yes 2 No	Hospitei: 1 ☐ inpatie	nt 2 ER/O	utpetient 3	DOA O	ther: 4 Nursing I	lome 51 Resid	dence 8 🗆 Ott	ner (Specif)	v)	
After the funera	27. Menner of Deeth 1 Netural 5 Pending (Month, Dey Year) 2 Accident Investigation 28a. Dete of Injury (Month, Dey Year) 28b. Time of Injury Work? 1 Yes 2 No.						28d. Describe how Injury occurred				
	4 Homicide determined	building, etc	. (Specify)				City or Tov				um <i>ber</i> ,
edica	29e. Certifier 1 Certifying Ph (Check only 2 Medicat Examone)	ysician: To the best o niner: On the basis of end menner ste	examination en	e, deeth occurr nd/or investiget	ed at the tion, in my	time, dete end piece opinion, deeth occu	e, end due to the irred et the time,	cause(s) end m dete and piece,	anner as st and due to	ated. the caus	e(s)
2 2 2	29b. Signeture and title of certifier G. F. C	LMD				27730		29d. Dete signe	/ /)
3	30. Name and eddress of person who	completed cause of de	eath (item 23e)	(Type, Print)	01	T. BAR.	70 40	2120	4		

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DIVISION	

	FOR 1 - STATE REGISTRAR	STATE OF MARY		TMENT OF H		ENTAL HYGIEN REG. NO	E						
	1. DECEDENT'S NAME (First, Middle, Last) CARLYN K.	GOETZ	7			2. DATE OF DEATH DATE OF DAT		3. TIME OF DEATH 96 4:30 P. M					
	4, SOCIAL SECURITY NUMBER 216-01-2883	1 □ M 2 🂢 F	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.			SIRTHPLACE (State or Foreign Jountry) ARYLAND					
стов	98. FACILITY NAME (If not institution, give 7219 PARK HEIGH'		05		ALTIMORE	TH	9c. COUNTY	OF OEATH					
DIREC	10a. STATE 10b. COUNT	N/A	10c. CIT	Y, TOWN OR LOCAT	BALTIN	1ORE		10d. INSIDE CITY LIMITS? 1 Y YES 2 NO					
ERAL	100. STREET AND NUMBER 7219 PARK HEIGHTS	S AVE. #305	<u>,</u>	101	ZIP CODE	208		OF WHAT COUNTRY?					
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR	2 X NO	If yes, sp	ENDENT OF HISPANIC ecify Cuben, Maxicen, 2 NO Specify:	ORIGIN? (Specify Yes	or No— 14.	RACE — American Indian, Black, White, etc. Specify: WHITE					
LETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		(Give kind of life. Do NOT u			16b. KIND OF BU							
COMPL	12TH 17. FATHER'S NAME (First, Middle, Last)		BOOKKE	EPER	18. MOTHER'S NAME	E (First, Middle, Meiden	Surname)	TATE					
TO BE	BENJAMIN 190. INFORMANT'S NAME (Type/Print) SIDNEY GOETZ — HI	KATZ ISBAND			and Number or Rural Ro			ORE, MD 21208					
must be	20s. METHOO OF DISPOSITION Street Committee												
examiner	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY Sol Levinson & Bros., Ir 8900 Reisterstown Road Pikesville, MD 212												
nt, the medical	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, ehock, or haert failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Appn interval to the disease or condition resulting in death)												
ry, or other traumatic event, CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF):												
any inju	PART II, Other significent condition	ens contributing to deeth	but not resulting	in the underlying	g cause given in P	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO					
23 s	II DID TORACCO LISE CONTRIBITE TO CALISE OF DEATH VES IT NOVZI LINICEDTAIN IT I												
ō <u>≻</u>	1 TYES 2 NO 27. MANNER OF CEATH	t Inpatient 2 ER/Ou 250. DATE OF INJURY (Month, Day, Year,	DRY AT DRK?	Other (Specify) 28d. OESCRIBE HOW	INJURY OCCUR	EO							
is mari	M 1 YES 2 NO 2 Accident Investigation 28s PLACE OF INJUSY — 8t home form street factory office. 28s PLACE OF INJUSY — 8t home form street factory office.												
If Item 2	290. CERTIFIER CCHRIFYING PHY	SICIAN: To the best of my kind											
BE	29b. SIGNATURE AND TITLE OF CERTIFI	ER OA	eus	on, in my opinion, a	29c. LICENSE NUME			GNED (Month, Day, Year)					
٥	30. NAME AND AODRESS OF PERSON W DR. KENDALL FAUL 31. DATE FILEO (Month, Day, Var)		DULANEY V		., TOWSON	, MD 212	204						
	AUG 27 1996	- Andalatan											



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

25362

Physician
/Medical
Examiner

GRIFFIN

2. Dete of Deeth

3. Time of Deeth 2337

10d. Inside City Limits

1 √Yes 2 No

28a-f show naunt be notified at 6 Nerns 23a be filed within 72 hours after ŏ "natural",

21215-0020 and Mental Hygiane. Baltimore, Maryland traumatic permit. Pages 1 and 2 sh Department of Haalth and Important: If Item 27 is m any injury or other traum

Physician /Medical Examiner

The law requires that the death certificate be executed burial-transi physician the USB BS detached page 2 should be Attending Physician: this After t the Hor: 9 4 6

Be

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Certification:

Medical

P.O. Box 68760,

Division of Vital Records,

 Decedent's Name (First, Middle, Last)
 KEVIN D. Dey 0 AUGUST 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth BALTIMORE PENNSYLVANIA AVE & BAKER ST. n/a 7. Age (In yrs. lest birthdey) 25 yrs If Under 1 Yeer if Under 24 Hrs.
Months Days Hours Min. 5. Sociel Security Number 9. Birthplece (State or Foreign Country) BALTIMORE, MD 8. Date of Birth Month, Dev. Y **Funeral** Months 7,1971 MK: 1 XX 2 F Yrs Director Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location Director MD BALTIMORE n/a 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1232 DARLEY **AVENUE** 21218 STATES UNITED Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes ≥ 2 (1) Yoo If Yes, Give Year or Dates: 14. Raca - American Indien, Black, White, etc. 11. Meritei Stetus Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married , 2 Married 1 ☐ Yes 2 ☐ XIX Specify: BI ACK þ Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 9 th unemployed LABORER 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be ZACHARY WALKER BEATRICE GRIFFIN 19e. informant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) HELEN MADDEN DARLEY AVE, BLTO., MARYLAND 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete X Burlei 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetlon 5 ☐ Other (Specify) PARK KING MEMORIAL 8-24 RANDALLSTOWN, MD 21. Signature of Funeral Service 22. Name end Address of Fecility WM.C. MARCHFH.-1101 E. NORTH **AVENUE** Pert1. Enter the disease, or complication: If at caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one ceutar on each line. immediate Cause (Final disease or condition resulting in death) Examiner Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events Due to (or es e consequence of): Physician/Medicai thet initiated events resulting in deeth) Lest Due to (or es e consequence of): Part ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert i. þ Completed 24e. Wes en eutopsy

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24b. Were autopsy findings evelleble prior to completion of cause of deeth?

Approximete intervel Betw Onset end Death

28. Piece of Deeth (Check only one)

2 No

25. Wes case referred to medical examiner?

Val Yes 2 No 27. Manner of Deeth 1 Neturel
2 Accident
3 Suicide

4 - Homicide

5 Pending Investigation 6 Could not be determined

Dete of Injury (Month, Day Year) 8/20/96 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

Hospitel:

28b. Time of injury 230014MR

1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 28c. Injury et Work? 1 TYes

Other: 4 Nursing Home 5 Residence 6 Nother (Specify) SCENE 28d. Describe how injury occurred veltich Location (Street end Number or Rural Route Number, City or Town, Stete) fennsylvania a

29a. Certifier (Check only one)

Batton ore, May 14. roalwa 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, end due to the cause(s) and menner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piace, and due to the cause(s) and menner stated.

29b. Signeture end title of certifier

29c. License number O.C.M.E

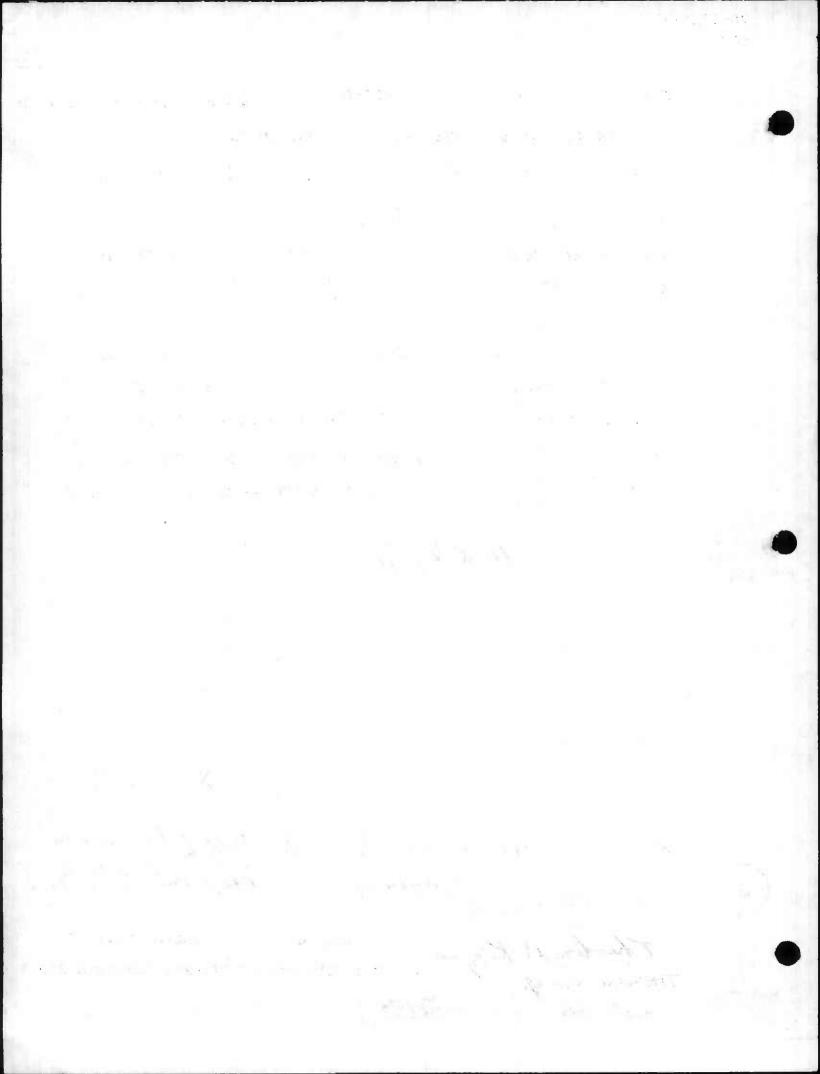
29d. Dete signed (Month, Dey, Year) AUGUST 21, 1996

30. Name and address of person who completed cause of path (Item 23e) Trp. Pripenn Street, Baltimore, Maryland 21201 THEODORE MIKINE

State Registrar

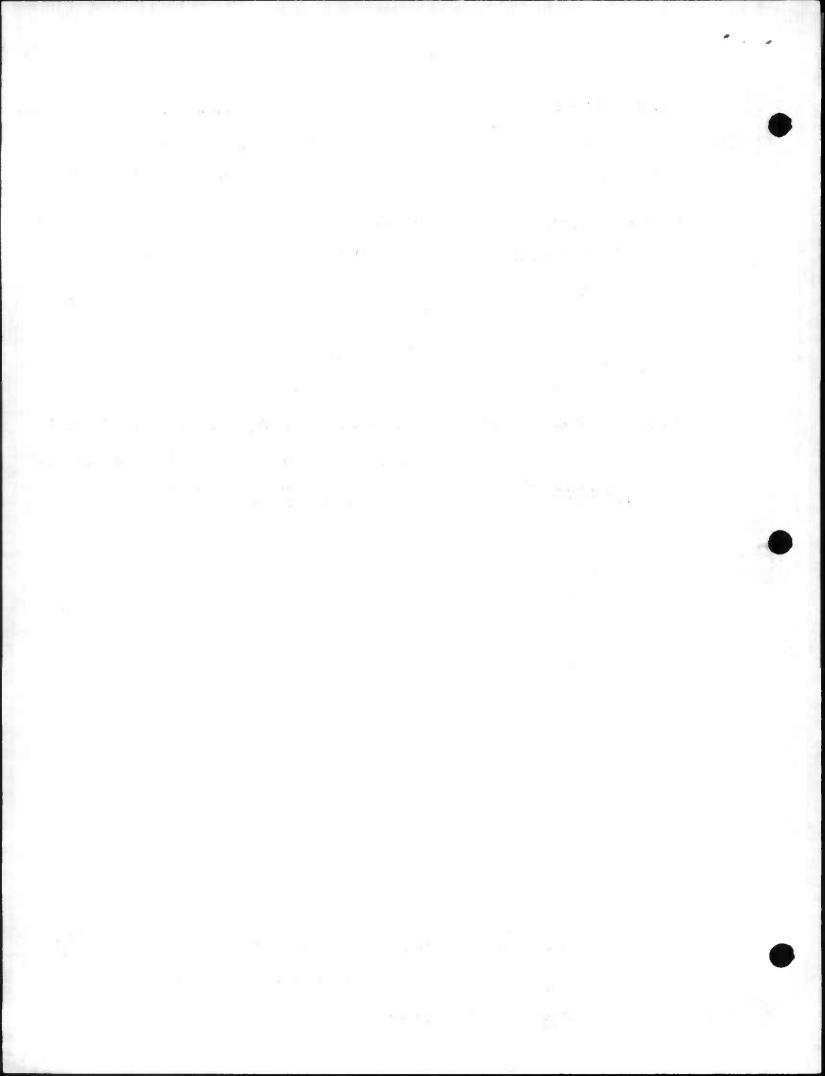
31. Dete filed (Month, Day, Year) AUG 27 1996





25363 State of Maryland / Department of Health and Mental Hygiene

						Ce	rtificat	e of	Death			Reg. No.			
	Physic	ian	1. Decedant's Nama (First, Middla, Lu								2. Data of De		Vaar	3. Tima of	Death
	/Medi		GEORGE M. GALLION								August	20, 19	96	6:15	p.m.
):-	Exami	ner	4a. Facility Nama (If not Institution, git		or)						ocation of Deat				
			1622 A Michelle (//a /a	titati i b	If Undar		Fores.			Har	ord		
	Funeral Director			. M	Aga (In yrs. last	Yrs.	Months	Days	Hours	Min.	8. Data of Bir Month, Da Jan	th (V) Year) (0, 1919	9. Birthp Coun Mary	laca (Stata o trx) (Land	or Foreign
o e po	a a a		10a. Stata 10b. County		10c. City, To								1	0d. Insida Cl	
N a	- Sel	cto	Maryland Harford		Fore	st H.	ill							1 🗆 Yas	2 X No
di di	23a or 28a-f show	Dire	10e. Street and Number				10f. Zip					10g. Citizen of	What Coun	try?	
ded	23	eral	1622 A Michelle C		A Francis III O	140	210					U.S.A.			
5-0020	ral', or items	by Funeral Director	11. Marital Status 1 □ Navar Married 2 ☒ Married 3 □ Widowed 4 □ Divorced	12. Was Daceder Armed Forces 1 🗓 Yas 2 [If Yas, Giva Yaar or Datas	s?		was Deced				ecify Yas or No Rican, atc.)	Specil	ca - Amaric ick, Whita,		
5 0	2 4	etec	15. Decedant's E (Spacify only highast gr		10	6a. Dece	dant's Usua	l Occup	ation during mos	t of work	ina	16b. Kind of B	Susinass/Inc	lustry	
2121 Within	P P P	Completed	12th grade	Collega (1-4o	r 5+)		kind of wor		1)		9	Deca	0//:-		
64 2	Hygie Tr. E	ပိ	17. Fathar's Nama (First, Middla, Last)		True	k Dri	ver	10 Mothe	rio Name	/First Alidelle	Post Maidan Sumar		e	
Maryland	end Mental Hygi is marked other sumatic evant, i	To Be	Clarence Gallion	,							nknown	Maidan Sumar	iia <i>j</i>		
aryla	end Me s mari	F	19a. Informant's Name/Raiationship	Type, Print)	1	9b. Mailir	no Addrass	(Street				er, City or Town	State Zin	Code)	
M Sp			Annemarie Gallion	(Wife)								st Hill		-	7
ore,			20a. Method of Disposition		20b. Place	of Dispo	sition (Nam	a of	(0.0		Data	20c. Location			
Baltimore			1 ☑ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Special 21. Signatura of Funaral Sarvica Liger	y)		ney	Valle	y Me	em. Ga			Timon			and
m §	Depa impo any ir		1/11/12			S	chimu	nek	Fune	ral 1	Home of	Bel Ai	r, In	C.	
			23e. Part1. Enter tha disaase, or com shock, or haart failura. List only	pilcations that caus	ad the death. D	o not ant	ar tha mode	of dyln	g, such as	cerdiac	or raspiratory a	Air, M	a. 2	1014 Approximate Interval Bety	a
E betroed	hysician and physician and see the parial-transit	Examiner	Immediata Ceusa (Final disaasa or condition rasulting in death) Sequentially list conditions, if any, laading to Immadiata causa. Entar Underlying Cause (Diseasa or injury	a. Com b. £2	Due to (or as Due to (or as	al	100	de te	mic	Co-di	ardio ardio	re myo	path	3	7
ords, P.O. Box 68760 requires that the death certificate be	din Se	Physician/Medical	Part II. Other significant conditions of	d	Due to (or as	050	lly	lusa giv		and		obacco usa co		Sers of the cause of	of death?
Thet	ed by detac		drabells,	peripl	Meres	UZI	xul	ar	die	fuse	1 72	Yes 2□ No	3 Prob	ably 4 🗆 t	Unknown
Records,	s been signed its should be det	Completed by	gangiene	, du	nic e	bst	rud	we	2 lu	gdi		an autopsy med?	ava	ra autopsy fi iliabla prior to npletion of ca leath?	0
I Rec	s certificate has director, page 2	E C									10	as 20 No	1□	Yas 2	No
Vital	certificate rector, par	Be	25. Was casa rafarred to medical axaminer?						28. Place	of Death	(Check only o	na)			
of Vita		2	1 □ Yas 2 No	Hospital: 1 ☐ Inpat		Outpatien		_	4 LI NU	rsing Ho	na 5 Rask	dance 6 □Oth	nar (Specify)	
		ion:	27. Manner of Deeth Naturai 5 ☐ Pending	28a. Deta of In (Month, D	ay Year) 28b	. Tima of Injury		Bc. Injun Work			28d. Dascribe I	now Injury occur	red		
Vision	for: the	ertification:	2 ☐ Accident invastigation 3 ☐ Suicide 6 ☐ Could not be		alian Athana	faire str	M		Yas 2□I		not I continue (Daniel and Advant			
Division of Attending		Certil	4 Homicida datarmined	building, a	njury - At homa, atc. <i>(Specify)</i>	iami, su	аат, тастогу,	Office		•	City or Tov	Street end Numi vn, Stata)	per or nurar	Houra Numi	per,
The Hosp	the Fund	edicai	one) 2 Madical Exam	yelcian: To the best liner: On the basis and manner s	of axamination a	ge, deeth and/or Inv	occurred a vastigation,	t the tim	a, deta and pinion, daat	d placa, a	and dua to tha ed at tha tima,	causa(s) and m data and piace,	annar as sta and due to	ated. tha causa(s)	
9		M	29b. Signatura and titla of certifiar Washington Was	n Gru	M	0	29c.	License 3	number +36	64	1	Applied	Z ((996	>
_\	\mathcal{G}		30. Name and address of person who	completed cause of	daath (Itam 23a	i) (Type, I	Print)	ber	da	h,	Mari	Jan	1		
	Sta Registr	re.	31. Data filed (Month, Day, Year) AUG 2 7 1996	10. 1	trac's Signature	indelle	2					20			
	40.0		MUU & 1 1331	· ·	- 1					-			_		



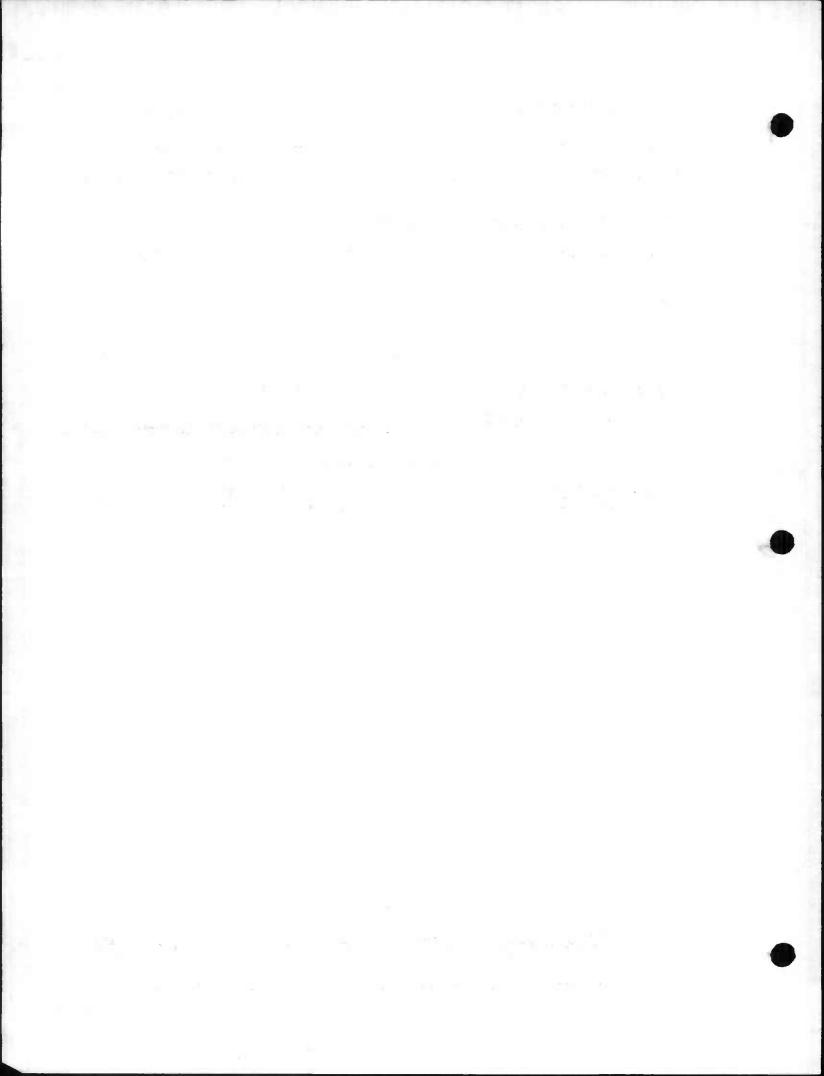
State of Maryland / Department of Health and Mental Hygiene 96

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					Cer	lilicate of	Deam		Reg. No.		
Н	Dhusia	1	1. Decedent's Neme (First, Middle, Last)	1				2. Dete of D Month	Day Day	Veer	3. Time of Death
	Physic /Medi		John 1-	Gassi	ty			Angus	- 1	1996	6:30 Pii
	Exami		4a. Facility Neme (If not Institution, give	street end number)			4b. City, Tov	vn, or Location of Dea		y of Death	1
			742 Broadwa	ater Way			Gibso	o Fsland	Anne	Arun	de
1	Funeral		5. Sociel Security Number 6. Sec	7. Age (in yrs.	last birthday)	If Under 1 Yea	r If Under 2	24 Hrs. 8. Dete of B		9. Birthole	ece (Stete or Foreign
	Director		019-18-7491	M 2□F 72	Yrs.	Months Days	Hours	Min. (Month, D	7 1923	Countr	SACHUSETTS
-			Usual Residence of Decedent	, , ,				DLC Z	1 1525	11/100	SHOTIOSETTS
	ye w		10a. Stete 10b. County	10c. Cit	y, Town or Loc	cation				10	d. Inside City Limits
	the Maryler 28s-f show	o	MARYLAND ANNE ARU	NDEI	CIRCON	ISLAND					1 ☐ Yes 2 No
	the 28 and	8	10e. Street end Number	NULL	GIDSON	10f. Zip Code			10g. Citizen of	What County	n/2
	with w	ā	742 BROADWATER WAY			210)EG			Willet Couliti	, ,
	72 hours efter deeth with the Marylend natural', or lierns 23a or 28a-f show deel Examinet must be incolled at	Funeral Director		10.11.	0 100				USA		
	efter dee or hems	S		Wes Decedent Ever in U Armed Forces?	,S. 13. V	Vas Decedent of Yes, specify Cu	Hispenic Orig ben, Mexican,	gin? (Specify Yes or N , Puerto Rican, etc.)	14. Hed Bla	ce - America ick, White, et	
20	9 9	×	1 Never Married 2 Married	1 X Yes 2 No If Yes, Give	1	☐ Yes 2 No	Specify:		Specif	y: WHITE	F
00	in in	d b	3 Widowed 4 Divorced	Yeer or Detes: WW 1 1						7. 1111212	
21215-0020	n 72 hours "natural",	Completed by	15. Decedent's Edu (Specify only highest grade	cation e completed)	(Give I	ent's Usual Occu	e durina most	of working	16b. Kind of B	usiness/Indu	ustry
2	filed within Hygiene. ther than "	npi	Elementery/Secondery (0-12)	College (1-4or 5+)	life. D	OO NOT use retir	ed)				
	should be filed withing Mental Hygiene. marked other than imatic event, pre Mental Men	Ö	12	6	MANAGE	EMENT CO	ŅSULTA	NT	BUS	INESS	MANAGEMENT
P	d off	Be	17. Fether's Neme (First, Middle, Last)					r's Name (First, Middl		ne)	
/la	Mental Mental arked o	10	W. ARTHUR GARR	ΙΤΥ				MARY KENNE	DY		
Maryland	2 should and Men is marks		19e. Informant's Name/Reletionship (Ty	pe, Print)	19b. Mellin	g Address (Stree	et and Numbe	r or Rural Route Num	ber, City or Town,	, Stete, Zip (Code)
	and 2 and 2 and 2 and 1		RACHAEL GARRITY	/ wife	7/12	BROADWA	TED MA	Y GIBSON	TOLAND A	MADVIA	ND 210EC
e,	Heelth Heelth tem 27		20e. Method of Disposition		leca of Dispos	sition (Neme of letory or other pl	LILK WA	Dete	ISLAND N		
9	Peges ent of nt: If Its ry or o		1 XBurial 2 ☐ Cremetion 3 ☐R	emover irom State				0 /00 /4 00			
Ë	tant duny		4 □ Donation 5 □ Other (Specify)			Cemete	9			ster M	lassachuset
Baltimore,	permit. Peges 1 and 2 should be filed within 72 hours effer deeth with the Maryle Department of Heelth and Mental Hygiene. Important: if fern 27 is marked other than "natural", or items 28a or 28a-1 show any injury or other traumatic event, the Medical Examinet must be notified at once.		21. Signature of Funeral Service Lights		\$ T	Neme and Addi	ress of Fecility	AL HOME P.	Α		
	00 = a 0		Hitaryet: 28th	IN inds Jr.	31	11 MOUN	TAIN R	D. PASADEN	IA MARYLA	AND 21	122
	5		23a. Pert1. Enter the diseese, or complishock, or heert feilure. List only or	cations that caused the deet	n. Do not ente	or the mode of dy	ing, such as	cardiac or respiratory	arrest,		Approximete Intervel Between
	Physician		shook, of floor foliate. List only of	to Called the GOOT HITE.							Onset end Deeth
9	/Medical		Immediate Cause (Final	Moda	1-1:	- Adam		of the Loi	176-	1	
	Examiner		disease or condition resulting in deeth)	11/19			Carcinon	" OL LY6 COL	00		
3		9		Due to (o	r es a consequ	Jenca or):	. 1	Lyng Nool	Bol. 1	1	8
	betra Insit	Examiner	C 1).	MIT		N 949 C	A35711600] le jaga	152	8mos-
	axac and el-tra	Exa	f eny, leeding to immediate	D09 to (0	r es a consequ	dence or):		, ,		1	
68760,	certificate be executed ding physician and ise as the buriel-transit		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events								
58	Phy s the	n/Medical	resulting in deeth) Last	Due to (o	r es e consequ	ience of):				1	
XO	nding pluse as	M									
B		iar			-						
o.	the d	Physicia	Pert If. Other significant conditions con	tributing to death but not res	ulting in the un	derlying cause g	iven in Pert I.	23b. Did	d tobacco use co	intributs to t	the cause of death?
σ.	that the death ned by the etter detached for							19	Yes 2□ No	3 Probe	ably 4 Unknown
Ś	8 5 5	by							1		
Records,	require been si should	Completed						24a. We	s an autopsy formed?	avei	re autopsy findings ilebie prior fo
9	a s S	pie								of de	pletion of cause eath?
Œ	The law ate has b page 2 s	Eo						100	Yes 2□No	10	Yes No
Vital		BeC	25. Wes case referred to medical				DE Diese	of Deeth (Check only			100 \$62110
5	Physician: this certific	To B	examiner?	ospital:	ER/Outpatient	3□ DOA O	thor	11	sidence 6 Oth	han (Canada)	
0	£ 5 8		27. Menner of Deeth		28b. Time of				how injury occur		
5	offing TAfter Fune	Por	1. Neturel 5 ☐ Pending	28e. Dete of Injury (Month, Dey Year)	Injury	M 1E	ork? ⊒Yes 2∐N	and the second	,,,		
CO	deat deat tor:	Ca	3 ☐ Suicide 6 ☐ Could not be	200 Diago of Injury As he	4		711	7.	(Street end Numb	har as Burni	Pouts Number
Division	Sire A	Certification:	4 ☐ Homicide determined	28e. Pleca of Injury - At he building, etc. (Specify	riie, ierni, sire /}	et, rectory, office			own, Stete)	Jer or noral	riodia ridilibar,
4	A S E N								3777		
(W23	edicai	(Check only 2 Medical Examin	ician: To the best of my known of the basis of examine	wledge, deeth lon end/or inw	occurred et the t estigetion, in my	time, dete and opinion, deeti	d plece, and due to the h occurred et the time	e cause(s) and me , date and piece,	enner as star end due to t	ited. the cause(s)
1	412	Med	one)	end menner stated.							
	5 1 5 00 00 00 00 00 00 00 00 00 00 00 00 0		29b. Signeture and title of certifier	11/	3/	29c. Licer	nse number	13-1	29d. Dete signe	a (Month, D	ay, Year)
			Musel	1/11/1	for	- /	1311	5)	44441	17	(1)976
	10		30 Neme and address of person who co	mpletee cause of deeth (Item	23a) (Type, F	rint)	1 61		1	. /	
			MUSSEMALDO, LU	camp Who	05.6	ran +	8,5LWO	n Alon	SUMOST	hd.	2104
	Sta	te	31. Dete filed (Month, Day, Year)	2 Polistre Posicia	190		1	1)	,	13	,
	Desilve	160	ALIC OF TOUR	- The state of the							

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						Cei	tificate	of	Death			Reg. No.		
	0.50		1. Decedent's Nama (First, Middla, La	st)							2. Data of De	eath	Tu/s/	3. Tima of Death
	Physic		ADA LENTON T	ALBOTT GAL	LOWAY						Month August	21, 1	.996	9:40 PM
	/Medi Exami		4a. Facility Nama (If not Institution, give		201111		· · -		4b. City, To	own, or Lo	cation of Deat		unty of Death	
			11231 York Road	1					Coole		edital	Do1	+-	C
	Funeral		5. Social Security Number 6. 5	Sax 7. Ag	a (In yrs. last	birthday)	If Under 1		If Unda	24 Hrs.	ille 8. Data of Bi	th Dal	9. Birth	County pplace (Stata or Foreign untry)
	Director	п	219-10-1601	1□M 2 <u>M</u> F	88	Yrs.	Months	Days	Hours	Min.	May 5,			yland
	9		Usual Rasidance of Decadant								- 11 m	1700	LICIT	yıtanı
	r 28a-f show	_	10a. Stata 10b. County		10c. City, T	own or Lo	cation							10d. inside City Limits
	o Me	cto	Maryland Baltimor	e County	Cocke	eysvi	11e							1 ☐ Yas 2 No
	9 P	Director	10e. Street and Number	_			10f. Zip C	oda				10g. Citizar	of What Co	untry?
	72 hours after death with the Meryland natural, or Hems 23a or 28a-f show dical Examinet must be notified at		11231 York Road	d			2	10.	30			U	ISA	
	r dea	Funeral	11. Marital Status	12. Was Decedant Armed Forcas?	Evar in U,S.	13. V	Vas Deceda í Yas, specif	nt of	Hispanic Or pan, Maxica	igin? (Spo	ecify Yas or No Rican, atc.)	o- 14.	Race - Amar Black, White	
20	or h		1 ☐ Navar Married 2 ☐ Marriad	1 ☐ Yas 2 🔯 I	No		I Yas 25					So		
00	ural',	d by	3 XWidowed 4 ☐ Divorced	Yaar or Datas:				7	-,,				Wh	ite
21215-0020	d within 72 hours after death with jiene. r then "natural", or items 23s or the Medical Evanticer must be the Medical Evanticer must be	Completed	15. Dacedant's E (Specify only highast gro	ducetion ada com <i>plated)</i>	1	(Giva	lant's Usuai kind of work	dona	during mos	st of work	ing	16b. Kind	of Businass/I	ndustry
12	within ene.	шb	Eiamantary/Secondary (0-12)	Collaga (1-4or 5			OO NOT usa	retire	90)				D 11	
2	e filed all Hygie other t	ပိ	8th 17. Fathar's Nama (First, Middle, Last	1		Homer	naker		10 Moth	orla Name	a (First, Middle		Reside	ence
ano	S is S	Be											nama)	
Z	should be and Mental I marked or urnatic eve	To	John Lenton Ta				and the same of th				ce Kit			
Maryland	N 00 00 0		19a. informant's Name/Raiationship (Mrs. Nancy Lee C.	Daugh	ter						al Routa Numb			
	Health Health em 27		20a. Mathod of Disposition	latterbuck	20h Piace	11231	York	R	oad,	Cocke	ysvill Data	e, Mar	yland	21030
altimore,	8 = 5		1 N Buriai 2 ☐ Cramation 3 ☐		cema	alary, cran	latory or oth	ar pie	100)	i				
ij	permit. Pe Departmer Important: any Injury pnce.		4 □ Donation 5 □ Other (Specif	,	Weis						3/24/96	White	Hall.	Maryland
Bai	Depa Impo		21. Signature of Funeral Service Lider	Janan			Nama and				Home			
	40200		Martin D. La	rson								Mary	land 2	21212
			23a. Part1. Entar tha disaasa, or com shock, or haart failura. List only	plications that caused ona causa on each life	tha daath. I	o not anti	ar tha moda	of dy	ing, such as	cerdiac	or raspiratory a	irrast,		Intarvai Between
	Physician				/		1.		1		_			Onset and Death
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		_	rasulary at dadity		Dua to (or as	a conseq	uance of):							
_	be sit	Examiner		b. —										
	and Ftran	хап	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying		Dua to (or as	a conseq	uance of):							
68760,	be esi ician buria		Cause (Disaasa or injury	C										
387	eath certificate be executed attending physician and I for use as the burial-transit	edical	that initiated avants rasulting in death) Last		Dua to (or as	a consequ	uance of):							
×	ding Se as	2		d										
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P.O.	requires thet the death seen signed by the atter hould be deteched for t	ysi	Part II. Other significant conditions of	ontributing to death be	ut not rasultin	g in tha ur	ndarlying ceu	sa gi	van in Part	l.	23b. Did		/	to the causs of death?
	ed by dete										10	Yes 201	No 3∏Pr	obably 4 Unknow
ds	sign d be	d by									24a Was	an autopsy	24b V	Vara autopsy findings
ŏ	need node	ete									perfe	ormed?	a	valiable prior to ompletion of cause
š	8 8 0	Completed											0	f death?
e	F se g	ပိ									10	Yas 201	lo 1	□ Yas 2 No
<u> </u>	Physician: The I rihis certificate he ral director, page	Be	25. Was cesa rafarred to madical axaminar?	Unanital.				10		a of Death	(Chack only	ona)		
of	Physic this c	2	1 Yas 2 No	Hospital: 1 Inpatia		Outpatien				ursing Ho		idance 8		ify)
Ľ.	After funen	on	27. Manner of Death 1 Natural 5 □ Panding	28a. Data of Injui (Month, Day	ry Year) 281	b. Tima of Injury		. Inju			28d. Dascribe	how injury o	ocurred	
Sic	Attending or deeth. ector: After by the fune	cati	2 Accident investigation 3 Suicide 8 Could not be				М	1 [Yas 2					
Division of Vital Records,	or Attending letter death. Director: Atterd in by the fune.	Certification:	4 Homicida datarmined	28a. Piace of inju		, farm, stra	aat, factory, o	office			281. Location (City or To	Street and N wn, Stata)	um <i>ber</i> or Ru	ral Routa Number,
	ASE!													
1	1121	edical	29a. Cartifiar (Check only one) 1 Certifying Ph	ysician: To the best of ninar: On the basis of	axamination	iga, daath and/or inv	occurrad at astigation, in	tha ti	ima, data ar opinion, da	nd place, a ath occurr	and dua to tha ad at tha tima,	data and pla	d mannar as ice, and dua	stated. to tha causa(s)
((Car	Ne Ne	29b. Signature and title gl. certifier	and mannar sta	11 0 0.		200 1	ican	sa number			29d Date of	gnad (Month	Day Yaari
1	E 14 8	-	1 /20	Lana	m	0			916	1-		A l	2.2 / 0	/
			1 1	1) [7/4	6		8/.	41	مع
	7		30. Nama and addrass of person who	•			·					U		
			J. Alan Baldanza				ad, C	ocl	keysvi	lle,	Mary1	and 21	030	
	Sta		31. Data filed (Month, Day, Year) AUG 27 199	32. Registra	ar's Signatura	90	2.00							
	Registr	ar	400 61 133	D Jana	Davidson	1-12n								

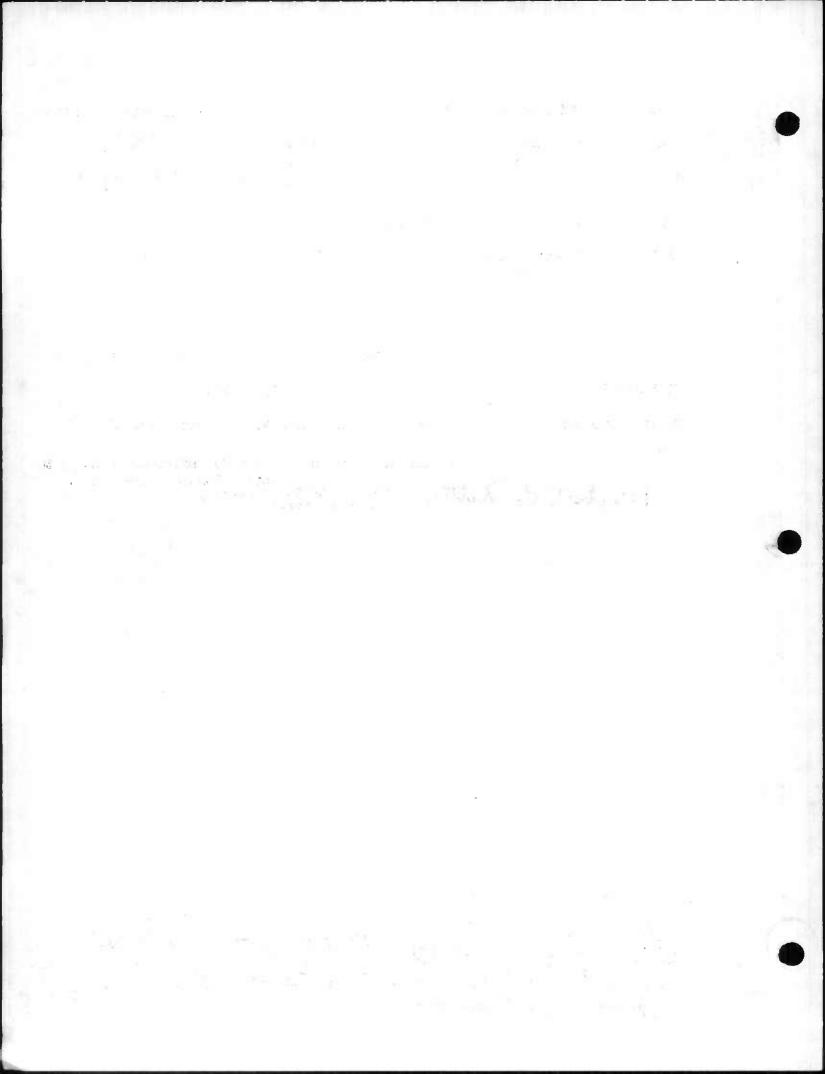


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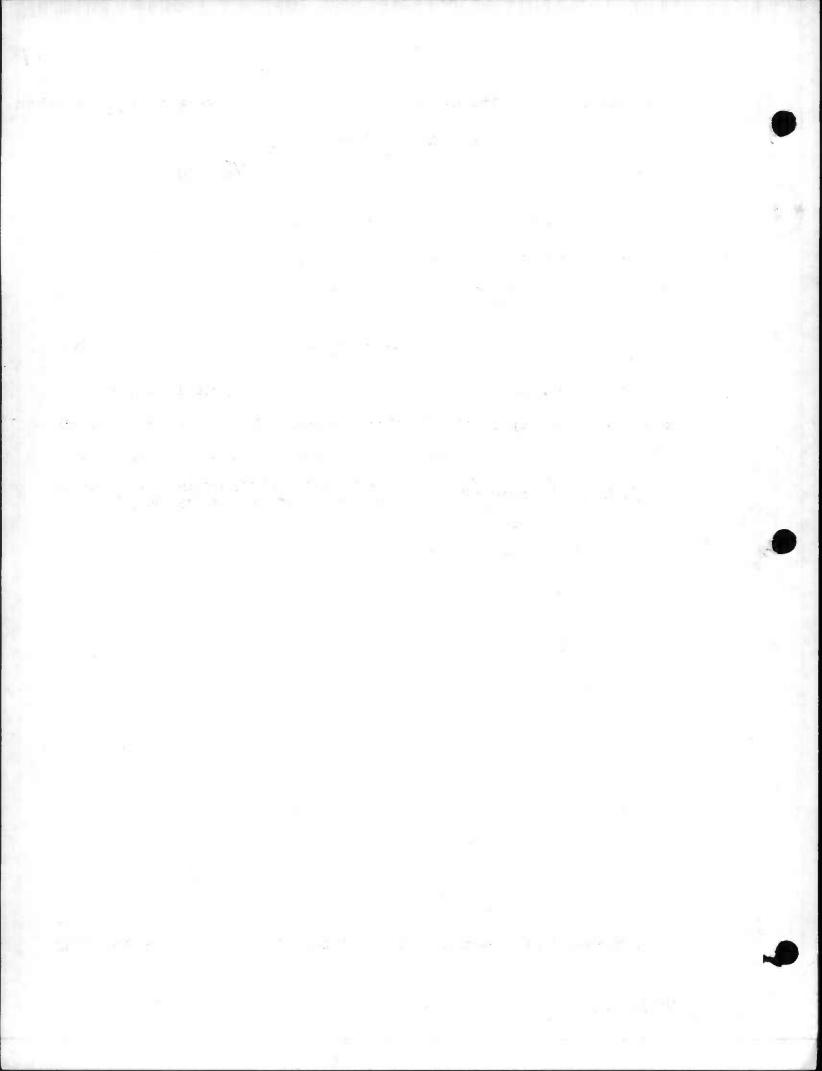
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					Cer	tificate of	Death		F	leg. No.			
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Exami	iei			,							,		
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Funeral			1 □ M 2 F		**	Months Days	Hours	Min.	8. Data of Birth (Month, Da)	, Year)	9. Birthp	piaca (Stata or F	oraign
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and *		10a. Stata 10b. Co		10c. City, To	own or Lo	cation					1	0d. Insida City I	Limite
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No with	급	10e. Street and Number	_			10f. Zip Coda				log. Citizan of	What Coun	itry?	
after death with the Maryland or items 23a or 28a-f show other count be nour ed at	Funeral Director	2506 West La	fayette Ave	enue			21216				JSA		
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nd Mental Hygiene. marked other than matic event, the M	Be (17. Fathar's Nama (First, Mid	dla, Last)				18. Mothar	r's Nama	(First, Middla,				
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s me		19a. Informant's Name/Raiat	ionship (Typa, Print)	cousin 1	9b. Mailin	g Addrass (Straat		~ ~ ~			Stata, Zip	Coda)	
27 is or trau		Martina Luto			506	West Laf	avotto	2 N 2 E	O Pa	1+imore	o MD	21216	
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nysician		onoun, or maint ranges.	List only one cause on a	acor inta.	/						i	Onset and Dea	an ath
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es di			Lasty	UMC	0	YSKH	XIh	MI	A			UIMIN	ules
lor u	ian					/ /					1	7.7.7	
signed by the e	Physiciar	Part II. Other significant con-	ditions contributing to de	eath but not rasulting	in tha un	dadying causa giv	/an in Part I.		23b. Did to	bacco use co	ntribute to	the cause of d	leath?
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for: the	cat	Z (astigation				Yas 2□N						
Direct Direct I In by	Certification:	4 ☐ Homicida dat	arminad Zoa. Placa	of injury - At homa, ng, atc. (Specify)	farm, stra	at, factory, offica		2	8f. Location (S) City or Town		ar or Aurai	i Routa Numbar	,
ed led l													
within 24 hours of To the Funeral Completely filled	edicai	29a. Cartifiar 12 Certi	lying Physician: To tha cal Examiner: On the ba	best of my knowledge	ga, daath	occurred at the tin	na, data and	placa, a	nd dua to tha co	ausa(s) and ma	annar as str	atad.	
hin 24 the Fi	8	one)	and man	nar statad.	INO/OF INV	astigation, in my o	pinion, daatn	Occurre	o at tha tima, o	ata ano piaca,	and dua to	tna causa(s)	
To the comple	Σ	29b. Signatura and titia of car	ifiary			29c. Licans	a number		. 5	9d. Date signe	d (Modern, G	gly, Year)	
^		41. 1.	le -	11 11-		1)2	150	5	5	XD.	411	>	
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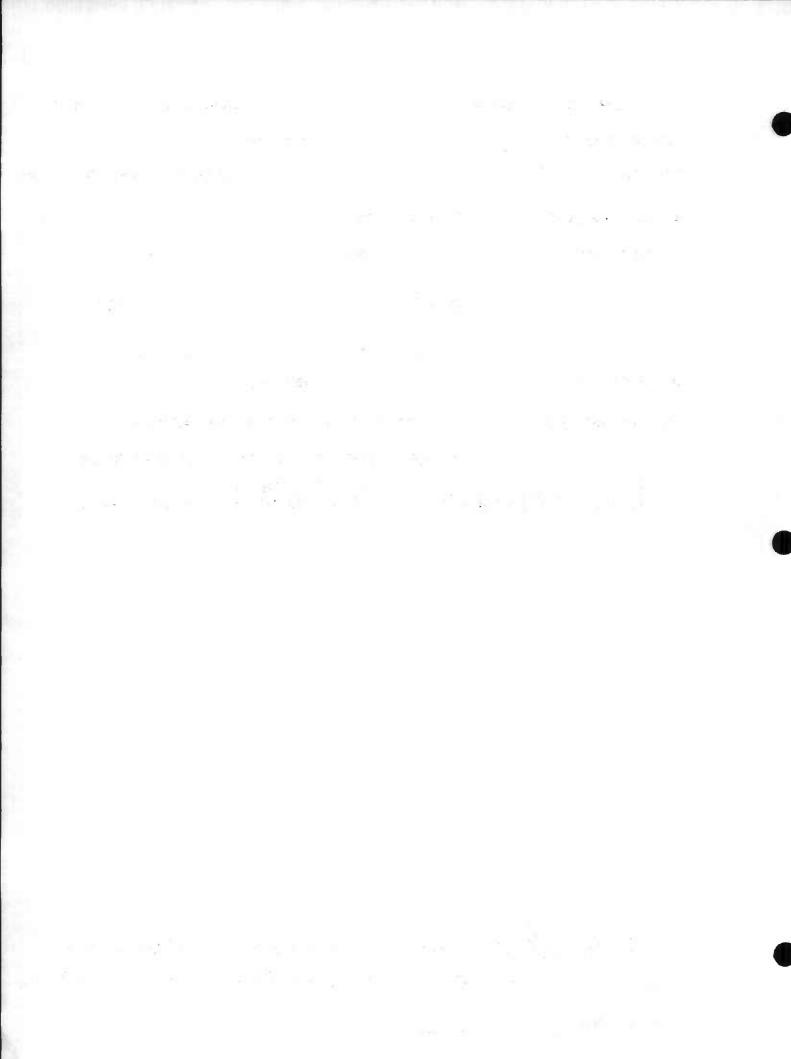
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/Medica		william	Hulbo	WC.			Brod .	24	1996	10:40 an
Examine	er	4e. Fecility Nama (If not institution, gr	A 10	1	1 L 4b. C	ity, Town, or Loca	tion of Deeth	4c. County	of Death	
		Lorien-Fr		Jursing 1	Tome B		nore	Bal	14. Ci	+4
Funeral		5. Sociel Sacurity Number 6.	Sex 7. Age (In yrs.	last birthday) IT (Undar 24 Hrs. 8	Date of Birth Day, Ye	ar)	9. Birthpleca	a (State or Foreign
Director		Usuel Residence of Decedent	35	113.		1	DC-26,4	60	M	D
1 6 11		10e. State 10b. County	10c. Cit	y, Town or Location	1				. 10d.	Inside City Limits
the day	ţò	MD Carr	011	Hamo	stea	d				1 Yes 2 No
ver death with 17 Aggue Harra 23a or 28a-1 aho ner must be notified at	Director	10e. Street end Number		10	5 tea		10g.	Citizen of V	Whet Country	?
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deat C.ms	Funeral	11. Marital Stetus	12. Was Decadent Evar in U.	S. 13. Was [Decedent of Hispan specify Cuben, M	nic Origin? (Speci	fy Yas or No-	14. Rac	e - American	
S 50	by Fu	1 Navar Merried 2 Married 3 Widowed 4 Divorcad	Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detas:		as 2 No Sp		can, etc.)		ck, White, etc.	
72 hours hatural', Scal Exa	Completed	15. Decedent's E	ducation	16e. Decadent's	Usuel Occupation		16t	. Kind of Bu	usiness/Indusi	try
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d Mental marked o matic eve	0	Martin Hu	lback			Mar	garet E	rown	lev	
ama is ma		19e. Informant's Name/Reletionship		19b. Meiling Ad	dress (Street and t					de)
Health em 27 other tri		Rev. David He	avel (Brothe	r) 2075	Jasont	own Ro	ad. Wes	tmin	ster.	MD 211
885		20a. Method of Disposition	20b. P	lece of Disposition ametery, cremator	(Name of or other placa)				City or Town,	
Int: If		1 ☐ Purial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Speci		ingfield		7 8/2	26/96 S	ykesv:	ille, I	MD
porty porty y inj		21. Signetura of Funerel Service Lice	nsee		ne end Address of	Fecility			•	
98 5 9		brian &	Haight	HA	IGHT FUNE	ERAL HOM	E & CHAP	EL (P	.O. Box	x 195)
VI STATE		23a. Pert1. Enter the diseese, or conshock, or heart failure. List only	plications that caused the deet	n. Do not enter the	mode of dying, su	ich as cardiec or r	34 (410) aspiretory errest,	-795-	1400 Ar	proximete
hysician		snock, or neart failure. List only	ona cause on eech lina.						Int Or	tervel Between nset end Death
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sician and buriel-transit	edical Examiner	Sequantially list conditions.	0.	r es e consequence	1					
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signed by the ettendired by the ettendired by the detection of the better by the best of t	Physician/M		d							
he et fe	SIC	Pert II. Other significant conditions	contributing to death but not resu	liting In tha underly	ing cause given In	Pert I.	23b. Dld tobac	co use cor	ntribute to the	e cause of death?
d by t	5						1 🗆 Yas	20 No	3 Probabl	ly 4 🗆 Unknown
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2 should	Completed						24e. Wes an ai		aveilet	eutopsy findings ble prior to
hes be	Die								of deep	etion of cause
page	Ó						1 ☐ Yes	2 1 No	1 □ Y8	
certificate irector, pag		25. Wes casa referred to medical			26.	Place of Deeth (0	Check only one)			
or death. ector: After this certificate has been signed by the ettending physician and by the funeral director, page 2 should be deteched for use as the buriel-transit fifraetor. To Be Completed by Dhusiolassitalization	0	examiner? 1 Yes 2 No	Hospital: 1 ☐ Inpatient 2 ☐	ER/Outpetient 3[Other	Nursing Home		6 □Othe	er (Specify)	
neral	Ė	27. Menner of Death 1. Neturel 5 □ Pending	28e. Dete of Injury (Month, Day Year)	28b. Time of Injury	28c. Injury et Work?		d. Describe how i			
Ar: Ar	a l	2 ☐ Accident investigetio	n na	DA M	1 ☐ Yes	2 🗆 No		VG.		
is after death. al Director: After the funeral of the funeral formula funeral formula funeral formula funeral formula funeral		3 ☐ Suicide 6 ☐ Could not be determined	28e. Plece of Injury - At ho building, etc. (Specify	me, ferm, street, fa	ctory, office	28f	Location (Street City or Town, St	and Number	er or Rural Ro	oute Number,
led in				11/4	+		M			
within 24 hours after death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page Medical Certification: To Reform	a dica	29a. Certifier 1 ☐ Certifying Pr (Check only one) 2 ☐ Medical Exam	yelcian: To the best of my knowniner: On the basis of exeminet end menner steted.	vledge, deeth occu Ion end/or investiga	rred et the time, de ation, in my opinion	ete end plece, end n, deeth occurred	due to the ceuse et the time, dete	e(s) end me end piece, e	nner es steted and due to the	d. cause(e)
ro the		29b. Signetura and titla of certifiar			29c. Licansa num	nber	29d.	Date signed	d (Month, Day	, Year)
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		30. Neme and eddress of person who			,,,,,					ιψ
V		Thomas Rus			ORD AU	R.	CTIMORE	M.	7	
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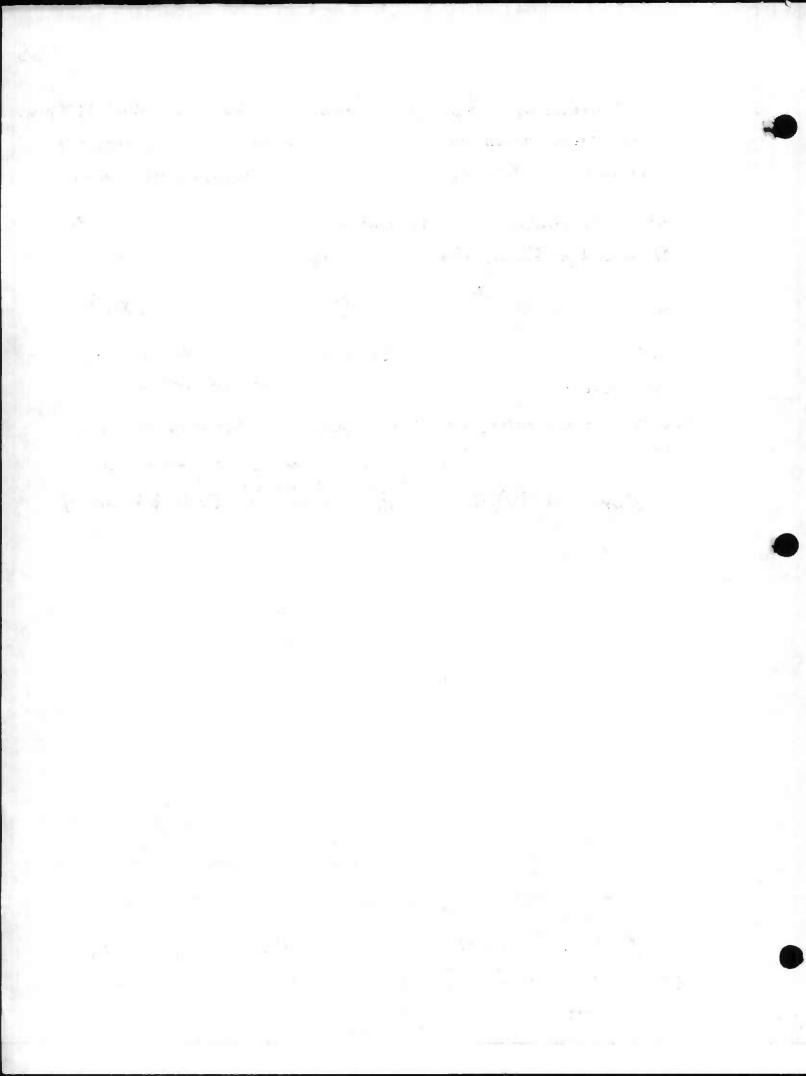
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								Ce	rtificat	e of	Death	7		Reg.	No.		
	Physic /Medi			JOHN CH	ARLES HYLE		D.						2. Data of Month AUGUS		^D 1996	Year	3. Tima of Death
1	Exami	ner	4e. Facility Neme (n, giva street and no	umber)				E	ALTIMO	DRE CO	ocation of Di		4c. County		
	Funeral Director		5. Sociel Security 1 164–16–2141	1	6. Sex 1 M 2 □ F	7. Ag	e (In yrs. la:	st birthday) Yrs.	Months	1 Year Days	If Under Hours	Min.	8. Dete of (Month, JUNE 2	Birth Day, Ye 3, 19	920	9. Birthp Coun BALTIN	olaca <i>(Stat</i> a o <i>r Foraig</i> n htry) MORE , MARYLAND
	72 hours after death with the Maryland natural, or items 23e or 28e-1 show are a Everyner trust to northog at	Director	Usuel Rasidance of 10a. Stata MARYLAND	10b. County BALTIMO	RE			Town or Lo								1	0d. Inside City Limits 1 ☐ Yas 2 ☐ No
	with th		10e. Street end Nu						10f. Zlp							What Coun	itry?
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21215-0020	s within 72 hours after death with the Maryla liene. I then "netural", or items 23a or 28a-4 show Tra Modical Examiner must be notified at	by	1 Nevar Mar		Armed Field 1 2 Yes If Yas, G Year or I	2□N iva	WW II KOREA		if Yas, spe 1□ Yes		an, Maxica Specify		ecify Yes or Rican, atc.)		Specif	ck, Whita,	
15-0	n 72 hours "netural",	letec	(Spe	15. Decedant cify only highas	s Education of grade completed)		16a. Dece (Give	dent's Usua kind of wo DO NOT u	al Occup rk dona	ation duning mos	st of work	ing	16b	. Kind of B	usinass/Inc	Justry
212	filed within Hygiene. Ither than "	Completed	Elamantary/Sec 12	ondary (0-12)	Collega 8	(1-4or 5	+)	MEDICAL			2)			SEI	JF-BMP1	LOYED	
Maryland	s 1 and 2 should be filled if Health and Mental Hygic tem 27 is marked other other traumatic avant, II	To Be C	17. Father's Nema JOHN JOSEF		Last)							er's Name	a (First, Mid				
Man	l 2 sho		19a. Informant's N										al Routa Nu				Code)
	ges 1 and 2 t of Health If item 27 i or other tru		MILDRED G. 20a. Mathod of Dis	sposition	WIFE)		20b. Pia	ce of Dispo	sition /Nar	na of		T I TMO	RE, MAF	1		O - City or To	own, Stata
Baltimore,	00-			☐ Cramation 5 ☐ Other (S)	3 Removal from	Stata		ROSARY				24, 1	996			E, MARY	
3alti	permit. Pag Department Important: If any Injury o		21. Signature of Fe	unaral Sarvice I	Licensea	1			2. Nama ar LASSAHI								94 1.1
	8 5 2 0 5		· Co	thor	7000	2	Ω		7401 BI	ELAIR	ROAD	BALT	IMORE,	MARYL	AND 2	1236-46	
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caminer		me (If not institution,	give street and num	bar)				r Location of Daath	4c. Count	y of Death	11.11
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Examiner must be notified at by Funeral Director	10a. State	10b. County		10c. City, T	Town or Location	n				1	0d. Inside City Limit
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Funeral Director	10e. Street and	d Number				of, Zip Coda			10g. Citizen of	What Coun	itry?
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ToB	Wilson	Covingt	ton				N	Mattie F	Redfor	d	
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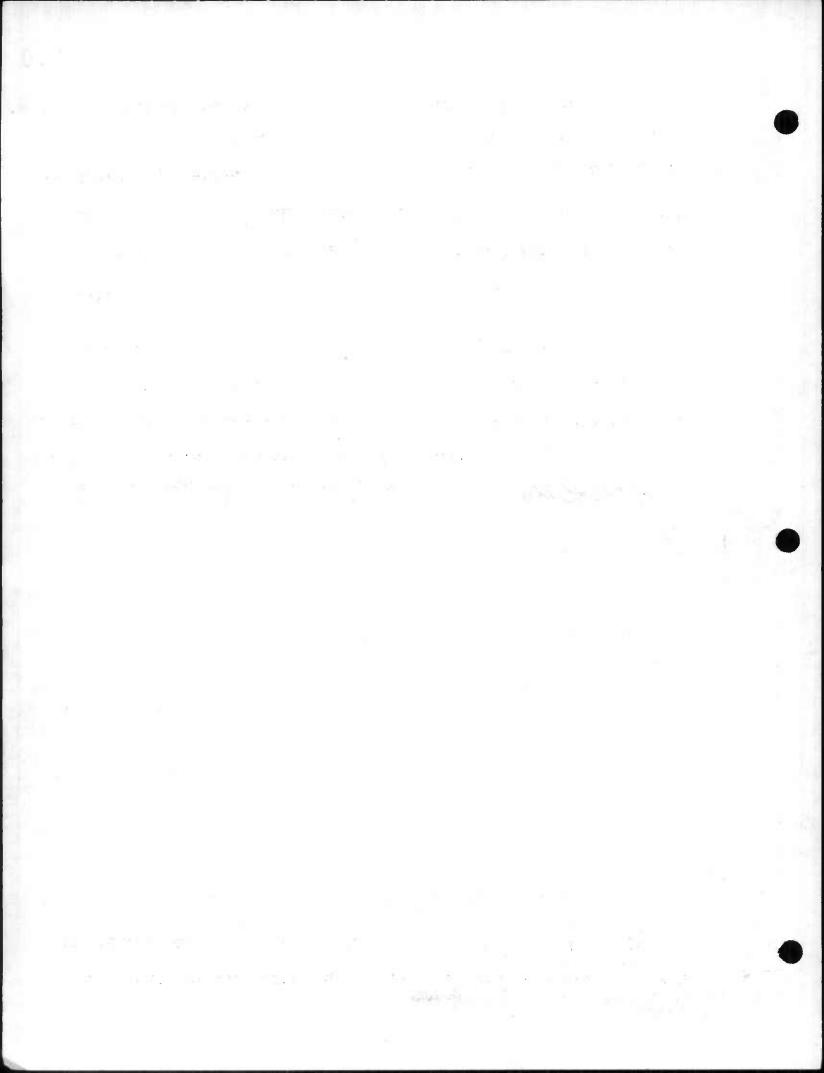


State of Maryland / Department of Health and Mental Hygiene

25370

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	Physic /Med		1. Decedent's Nama	s.	HEB		III					2. Dete of Dea Month AUGUST	Dey	Yeer 996	3. Time of Death 8:10 P.1
	Exami	ner	4a. Fecility Name (If I	ROLAND	AVEN				4			ocation of Death	4c. Count	of Deeth	
	Funeral Director		5. Sociel Sacurity Nur 218-22-2 Usual Residence of D	2882	Sax MM 2□F	7. Age (In yr 81	rs. lest birthda Yrs.	y) If Und Month	lar 1 Year s Deys	If Undar 2 Hours	4 Hrs. Min.	8. Date of Birth (Month, Day 06-08-	, Year) -1915		lace (State or Foreign try) RYLAND
	with the Maryland a or 28a-f ahow be not fied at	ctor	MD •	10b. County	'A	10c. (City, Town or		IMORI	ci	TY			1	0d. Inside City Limits XXYes 2□No
	23a or 28	Funeral Director	10e. Street end Numl 4401 ROI		ENUE,	APT.	509	10f. 2	ip Code 21	210		1	U.S		try?
020	72 hours efter death with the Maryland natural, or items 23s or 28s-f show and Examiner must be notified at	by	11. Maritel Stetus 1 ☐ Never Married 3 ☐ Widowed 4		12. Was Dec Armed Fo 1 Tyes If Yes, Gi Year or D	No No	U,S. 1:	If Yas, sp	edent of Hi ecify Cube	spanic Orig n, Maxican, Specify:	in? (Spe Puerto	ecify Yes or No- Rican, etc.)		ca - Americ ck, White, o	
21215-0020	within ene. then "	Completed	(Specify	5. Decedent's E only highest gr dery (0-12)	ducation ade completed) College (1-4or 5+)	16a. Dec (Gi life	cedent's Us ve kind of v DO NOT		ation luning most	of work	ing	16b. Kind of B	usiness/inc	
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	l an Heath		NANCY L.	HEBB	(Type, Print)		440	ROI	LAND				9,BAL	TO.,	MD.21210
Baltimore,	eges ant of t: If It		20e. Method of Dispo XIXBuriel 2 4 Donetlon 5	Cremetion 3 ☐ ☐Other (Speci	fy)	State	Pleca of Dis cametery, cr	RIDGI	other place	ETER			20c. Location		wn, State , MD - 21208
Ba	permit. F Departme Importan any injur		23a. Pert1. Enter the shock, or heart	J. Le	ity		4	HENI 1905	YORK	ROA	KIN D, E	SALTIMO	RE, MA		ANY ND,21212
	Physician /Medical Examiner		Immediate Ceuse (Fi diseesa or condition resulting in deeth)		ө b	Non	(or es e cons	dyh	2	Ly	-ph	oma			Intervel Between Onset end Deeth
ox 68760,	certificate be executed iding physician end ise es the buriel-transit	√Medical Examiner	Sequentially list cond if eny, leeding to Imm causa. Enter Underly Cause (Disease or in thet initieted events rasulting In daeth) Les	ing ury	c		(or es e cons								
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of Vital Record	hes by	Completed										24e. Was a perforr	n eutopsy ned?	ava	ra eutopsy findings ileble prior to npletion of causa eeth?
ta	definer: The I	Be Co	25. Wes case referred	to medicat						26 Place o	of Dooth	1 🗆 Ye	es XX No	1 🗆	lYes 2□ No
ion of V	Phys this ral di	2	exeminer? 1	5 Pending	28a. Dete (Mont		28b. Time Injury		28c. Injury Work	r: 4 □ Nurs	ing Hor	me X5X Reside 28d. Describe ho	nca 6 □Oth)
Division	- Sep 6	Certification:		6 Could not b determined	28e. Piece	of Injury - At I	nome, ferm, s	treet, facto	ry, offica		2	28f. Location (St. City or Town		er or Rurel	Route Number,
	he Hospital in 24 hours he Funeral pletely filled	edical	29e. Certifier (Check only one)	Certifying Ph	niner: On the be	best of my kn esls of examin ner steted.	owledge, dee etion end/or i	th occurred nvestigetion	d et the time n, in my opi	o, date and i	pleca, e occurre	end due to the ce ed et the time, de	euse(s) end me ete end piace,	enner as ste end due to	eted. the cause(s)
	0 0 E	Σ	29b. Signeture and titl	e of certifier	0 0			29	c. License				9d. Date signe		
10			30. Neme end eddress	of person who	completed caus	e of deeth (Ite	m 23a) (Type	, Print)	DYO	854			AUGUS'	r 23	, 1996
1995	20		DAVID A	. RISE	BERG, N	1.D.,3	01 SA		PAUL	PLA	CE,	BALTIM	ORE, M	D. 2	1202
	Sta Registr	te ar	AUG 27 19	196 Year)	1 3 al	Paragraph	Market Street								

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

2. Data of Death

Certificate of Death

25371

3. Tima of Death

	Physici /Medi		MILDRED	M	HOT	TT		AUGUST	23, 1	996 01:50 AM		
>	Examir		4a. Facility Nama (If not institution, g		TER		4b. City, Town, or L					
	Funeral Director			Sax 7. Age (In yr. 1 ☐ M XXF 86		Months Days		(Month, Day	h y, Year) -1910	Birthplaca (Stata or Foreign Country) MARYLAND		
	Maryland a-f show	tor	10a. Stata 10b. County N/		City, Town o	r Location BALTIMORI	E CITY			10d. Insida City Limits		
	h with the 23a or 28 at be not	al Director	10e. Street and Number 3604 GREENMO	UNT AVENUE		10f. Zip Coda	21218		10g. Citizan of V			
020	72 hours after death with the Maryland natural; or items 23s or 28s-1 show dical Examiner must be notified at	by Funeral	11. Marital Status 1 Nevar Married 2 Married XX Widowed 4 Divorced	12. Was Decedent Evar in Armed Forcas? 1 ☐ Yas ※※ No If Yas, Giva Yaar or Datas:	U,S.	13. Was Decedant of If Yas, specify Cul	ban, Maxican, Puarto	ecify Yas or No- Rican, atc.)		e - American Indian, ck, Whita, etc. :: WHITE		
21215-0020	within ene. than	Completed	15. Decedant's (Specify only highast g Elamantary/Secondary (0-12) 12 YEARS	Education rada complated) Collaga (1-4or 5+)	10	ecedent's Usual Occu Giva kind of work done fa. DO NOT usa ratin HOUSEW	during most of work ed)	ing	16b. Kind of Bu	usinass/Industry HOME		
Maryland ;	be filed that Hyg d other event,	To Be C	17. Fathar's Nama (First, Middla, Last GUY V. BRUS				100	Name (First, Middla, Maiden Sumama) THERINE (UNK.)				
, Man	nd 2 shulth and 27 is m	•	19a. Informant's Name/Ralationship DWIGHT HOTT	(Type, Print) (SON)		talling Addrass (Streat				State, Zip Code) FORGIA, 30338		
Baltimore,	S U		20a. Mathod of Disposition **MBurial 2 Cramation 3 4 Donation 5 Other (Special Content of the Content of	Ramovai from Stata	Place of D cemetary,	isposition (Nama of cramatory or other plate) OLIVET	· .	Data 8-24-		City or Town, Stata DERICK, MD.		
Balt	permit. Page Department o Important: If I any Injury or once.		21. Signatura of Funarai Sarvice Lice	ensee	D SONS	COMPANY RYLAND, 21212						
7	Physician		23a. Part1. Entar tha diseasa, or co shock, or haart failura. List onl	y ona causa on aach lina.		antar tha moda of dy				Approximata Intarval Between Onsat and Death		
	Examiner	P.	disease or condition resulting in death)	a. PANCREAT Dua to	1-11-1	ANCER		10		FEW WEEKS		
0,	tificate be axecuted ig physician and as the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediata causa. Enter Underlying Causa (Disaasa or injury	bDua to	(or as a cor	nsequence of):						
Box 68760,	death certificate be axecuted e attending physician and of for use as the burial-transit	sician/Medical	Causa (Disaasa or injury that initiated evants rasulting in daath) Last	CDua to ((or as a con	sequance of):						
O s fel A TIPPER GASTROTNTESTINAL BLEEDING								ntribute to the cause of death? 3 Probably 4 Unknown				
of Vital Records,	been should	Completed b							an autopsy med?	24b. Wara autopsy findings available prior to completion of causa of death?		
TO SET OF					1 ☐ Yas 2 ☐ No 1 ☐ Yas 2 ☐ No							
25. Was casa rafarred to medical axaminar? 1						or (Engelts)						
Hospitai: 1 XInpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 27. Mannar of Death 28a. Data of Injury. 28b. Tima of 28c. Injury at 28d. Dascribe how injury occurred												

Certification:

Medical

1 Natural

2 Accidant

3 Suicida

29a. Certifiar (Check only one)

4 - Homicida

State

30. Nama and addrags of person who complated causa of death (Itam 23a) (Type, Print)

5 Pending invastigation

6 Could not be datarmined

Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. Licanse number

28c. Injury at Work?

D 41410

1 Yas 2 No

29d. Data signed (Month, Day, Year)

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

JOGINDER P. MEHTA, M.D., 7620 YORK ROAD TOWSON, MARYLAND 21204

28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify)

29b. Signatura and titla of certifiar

1. Decedent's Nama (First, Middle, Last)



· Registrar

a principle

State of Maryland / Department of Health and N

Mental	Hygiene	96	2	5	3	7	2

					Certifica	ate of Death		Reg. No.						
f	of many	П	1. Decedent's Name (First, Middla, La	ist)			2. Date of Dea			ime of Death				
1	Physic		GEORGE	WARREN	L	IARRIDAY	AUGUST	22 1	Yaar 1996 2:	10A.M.				
1	/ /Medi Exami		4a. Facility Name (If not institution, giv		Γ.		or Location of Death		y of Death/	IUA.M.				
1	LAGIIII	ICI		The second secon		DATT	TMODE		11/0					
Н	Funeral		SHOCK TRAUMA C. 5. Social Security Number 6.5	ENTER 7. Age (In vrs	last birthday) If Un-	dar 1 Yaar If Undar 24	IMORE Hrs. 8 Date of Birt	h	O Birthplace (Stata or Foreign				
	Funeral Director			1 C M 2 □ F 4	Yrs. Month		Ain(Month, Da	v. Year)	Country)	stata of Foraign				
		1	Usual Residence of Decedent	70			JUNE !	2/131	Mar	4 Mix				
	yen & m		10a. State 10b. County	10c. C	ity, Town or Location				10d. Ins	ide City Limits				
	the Meryler 28a-f show	ō	Maxulan	113	BALA	NOLE			1 7	THES 2 No				
	28a	Director	10e. Street and Number	1		Zip Code		10a Citizon of	What Country?					
	with with		2242 / (4)	Brook A			7	rog. Onzen of	-20					
	after death w or Itams 23a	Funeral	11. Marital Status			212/7	//S	0	512					
	ltarr Pref	5	1 Never Married 2 Married	12. Was Decedent Evar in U Armad Forces?	if Yes, s	cedent of Hispanic Origin' pecify Cuban, Mexicen, P	r (Specify Yes or No- uerto Ricen, etc.)	Bia	ca - Americen Indi ick, White, etc.	an,				
21215-0020	72 hours after death with the Merylend natural; or itams 23a or 28a-f show disal Examer must be notified at	by F	3 Widowed 4 Dervorced	If Yes, Give Year or Dates:	1 ☐ Yes	2 No Spacify:		Specif	15.12/					
Ö	"natural",	B	15. Decedent's Ed		16a. Decedent's U	aual Occupation		46h Kind of D	DIAC	6				
15	in 72	Jet	(Specify only highast gra	ida completed)	(Giva kind of	work dona during most of usa ratirad)	working	160, Kind of B	Business/Industry					
12	within ene. than "	Completed	Elementery/Secondary (0-12)	College (1-4or 5+)	Auto	MECHA	NC	TEXA	900					
	2 should be filed with and Mental Hygiene. Is marked other than surretic event, the M		17. Fether's Name (First, Middla, Last))	110.0	//	Name (First, Middla,	Maiden Sumer	mel					
an	ad be	Be c	/ / / / / / / / / / / / / / / / / / / /	MRIDAY		Ma	LO DVE F	Ke	H					
7	and Mental se marked of sumatic even	2	19a. Informant's Name/Relationship (405 14 111 14 14	//	1pica	,	-	21113				
Maryland			Mo	1 al a san ho	Add 7 5	ess (Street end Number o	RAUKE Number	r, City or Town	, Stata, Zip Coda)	NdI/				
	m 2		20a. Method of Disposition	many i	Place of Disposition (A	ions of	0100.	300	BAMAN	CE, MA				
Ö	ges If it		1 DBurial 2 Cremation 3	Ramovai from State	cematary, cramatory of	r othar placa)	8-26-9	20c. Location	- City or Town, Sta	h,				
tir	nit. Perantmen ortant: Injury		4 Donation 5 Other (Spacifi	v) W	BODLAUN		1	WOOD	CAUN,	ned				
Baltimore,	permit. Peges 1 Department of I Important: If ite any injury or ot once.		21. Signature of Funeral Sarvica Licer	isee //		and Address of Facility	LSAINH	W. HA	YES F.	5.				
ш	20 E a a		Sporah	W. Traylo		TROPE MA	ry land	0121	15-					
			23a. Part1. Enter the disease, or com shock, or heart failure. List only	plications that coused the dea			diac or respiratory an	rest,	Appro	ximate				
V.	Physician			one ease on east mic.						al Between t and Death				
	/Medical		Immediete Cause (Finel disease or condition	Gun Sl	at ladiu	-118 01	Leas							
	Examiner		resulting in death)	0	or es a consequence d	nn.	75							
	D #	ner				,.								
	certificate be executed ding physician end ise es the burial-transit	//Medical Examiner		Sequentially list conditions.	b. — Due to (or es a consequence o	of):							
ó	an e						Sequentially list conditions, if any, leading to immediate cause. Enter Underlying			,				
68760,	nte be				Cause (Disease or Injury that Initieted events resulting in death) Last	C Due to (c	or as a consequence o	f):						
99	certifica nding ph use es t	Jed	resulting at death) East											
ŏ				d										
0	death	Physicia	Part II. Other significant conditions co	ontributing to death but not res	uiting in the underlying	Course siven in Bart I	noh Dida	-h	maniferate de dise es	anno of death 0				
O.	y th	hys		or and a distance of the control of	oning in the underlying	g cause given in Fait i.			ontribute to the ca					
S, D	thet ned b	by P					_ 1	2 No	3 Probably	4 Unknown				
rds	requires ween sign hould be						24a. Was a	an autonsy	24b. Were auto	opsy findings				
Record	20 00	Completed					perfor	med?	available p					
Re	e lav	E D							of deeth?					
=	: The I cate he						1 /2 Y	es 2 No	1 ŞrYes	2 No				
Vital	Physician: Th this certificate ral director, par	B	25. Wes cese referred to medical examiner?	I le easte (Death (Check only or	na)						
of	Physic this c	2	X 163 2 140		ER/Outpatient 3□		g Home 5 Resid	ence 6 Oth	ner (Specify)					
<u> </u>		on:	27. Manner of Death 1 □ Naturel 5 □ Pending	28e. Date of Injury (Month, Day Year)	28b. Time of Injury	28c. Injury at Work?	28d. Describe h	ow injury occur	red					
sio	Attending or death. actor: After by the fune	cati	2 ☐ Accident investigation	0 21 1000	9:30P. M	1□ Yes 2√ No	SUBJECT	JBJECT SHOT						
		Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Plece of Injury - At he building, etc. (Spacif	ome, farm, street, factory)	ory, office	28f. Location (S City or Tow	on (Street and Number or Rural Routa Number, Town, Stata)						
	rs effer rs effer red in	S							ORTH AV	E				
	Hospital 24 hours Funeral stely filled	edical	29a. Certifier 1 Certifying Phy	ysician: To the best of my kno	STREET wiedge, death occurre	d at the time, date and pla	ace, and due to the c	ause(s) and ma	anner as stated.					
		B	one) AC Medical Exam	Iner: On the basis of exemina and manner stated.	don and/or investigation	zn, in my opinion, death o	curred at the time, d	ate and piece,	erita ane to the ca	use(s)				
	To the within To the comple	Σ	29b. Signature and title of certifier	NII	2	9c. License number	2	9d. Data signe	d (Month, Day, Ye	er)				
	7	-		Mont		O.C.M.E.	A	UGUST	22,199	6				
	(()	Ì	30. Name and address of person who o	completed cause of deeth (Item	1 23a) (Type, Print)									
	()		David R	Fowler	111 Per	nn Street,	Baltimo	re, Ma	aryland	21201				
	Sta	te	31. Dete filed Monte Pay Years	A Standing to the Control of the Con	in Adventual Com									
	Registr	-	AUG & I ISSO	d'all	City, Bullmothistellanet									

or the supplement of Mary Markey Today There is necessary the property of the The same of the same of the same of the same of

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** AUGUST 1996 BARBARA HAM 3:00 A.M. /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 827 NORTH WOODINGTON ROAD BALTIMORE BALTIMORE If Undar 1 Yeer If Undar 24 Hrs. 8. Deta of Birth (Month, Day, Year) 5. Sociel Security Number 7. Aga (In yrs. last birthday) Birthplece (Stata or Foreign Country) **Funeral** 212-60-6950 1 M 2 XF Months Yrs. Director AUGUST 31, 1951 MARYLAND Usual Rasidance of Decedent the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryla Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or itema 23a or 28a4 show any injury or other traumatic event, the Modical Examiner must be notified at 1 X Yas 2 □ No Director MARYLAND BALTIMORE BALTIMORE CITY 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 827 NORTH WOODINGTON ROAD 21229 Funeral USA. 12. Wes Dacedant Ever in U,S. Armed Forces? Was Dacedant of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 1 Never Merried 2 Married 1 ☐ Yas 2 🕱 No If Yas, Giva Yaar or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 X No Specify: þ 3 ☐ Widowed 4 ☐ Divorced BLACK Completed 16a. Decedant's Usual Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elamantary/Secondery (0-12) Collega (1-4or 5+) GED NURSING ASSISTANT NURSING HOME 17. Father's Nama (First, Middle, Last) 18. Mothar's Nema (First, Middla, Malden Sumame) PARTLOW 2 MICHAEL NELLIE STEWART 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 827 N. WOODINGTON RD. BALTIHORE, MD. 21229

20c. Location - City or Town, Stata MACK HAM 20a. Method of Disposition
1 A Burial 2 □ Cramation 3 □ Ramoval from State Dete 4 ☐ Donation 5 ☐ Othar (Spacify) BALTIHORE, MD. CEMETERY BROWN JR. FUNERAL HOME, P.A. FULTON AVE., BALTIMORE, MD. 21217 disease or complications that caused the death. Do not antar the mode of dying, such as cardiec or respiretory errest, failure. List only one cause on each line. **Physician** /Medical Immediana Cusa (Final diseese or condition resulting in daath) Examiner Dua to (or as a consequence of): Examiner sician and burial-transit Sequentially list conditions, if any, laading to immadieta cause. Entar Underlying Cause (Diseasa or Injury that Initieted evants rasulting in daeth) Last Due to (or as a consequence of): physician s the burial Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of) Cell Carcinona Rnal Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by should be datac 2 No 3 Probably 4 Unknown 1 Yes ò 24b. Ware autopsy findings evellable prior to completion of cause of deeth? 24a. Was an autopsy performed? Completed 1 ☐ Yes 2 ANO 1 Yes 2 No cartificata To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this cardifica complataly filled in by the funeral director? 25. Was case referred to medical axaminar? 26. Placa of Death (Check only one) Hospital: Othar: 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Othar (Specify) 10 1 Yas 2N No 1 Inpatiant 2 ER/Outpatient 3 DOA 27. Mannar of Deaft 28d. Basclibe how Injury occurred Certification: 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 5 Pending invastigation Netural 2 Accident 1 Yas 2 No 3 Suicida 6 Could not be 28a. Place of Injury - At homa, farm, street, fectory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicide 29a. Cartifian 🔀 Certifying Physician: To tha best of my knowledga, daath occurred at tha time, deta end place, and dua to tha cause(s) and menner as stated. Medical 2 Medical Examiner: On the basis of axamination end/or invastigation, in my opinion, death occurred at the time, dete end place, and due to the cause(s) and manner stated. 29b. Signatura and title of certiflar 29c. License number 29d. Data signed (Month, Day, Year) and address of person who complated causa of deeth (Itam 23a) (Type, Print)

300

32. Ragistrar's Signature

Julia Laydon

Hynover

State Registrar

31. Date filed (Month, Day, Year)

AUG 2 7 1996

TANNERS STATES THE STATES TO SECOND

State of Maryland / Department of Health and Mental Hygiene 9,5

6 25374

				Certificate of Death	Reg. N	0.
	Dhamba		Decedent's Neme (First, Middla, Last)		2. Date of Deeth	3. Time of Death
	Physic /Medi		Kenneth H. Hieble	SR.	Month Di	1 96 7:30 P.A
	Exami		4a. Fecility Name (If not institution, give street end number)	4b. City, Town, or L	ocation of Death 4	c. County of Death
			JOHNS HOPKINS BAYVIEW MED.		41.0	N/A
	Funeral Director		5. Social Security Number 6. Sex 10 M 2 F 7. Aga (In yrs. last in 7. Aga (In y	hirthdey) If Under 1 Year If Under 24 Hrs. Months Days Houra Min.	8. Deta of Birth (Month, Dey, Year JAN 16 19	
	pue *		Usual Residence of Decedent 10a. State 10b. County 10c. City. To	own or Location		10d. fnside City Limits
	f sho	5				1 □ Yes 2\(\tilde{\ti}
	the the	Director	MD RALTIMORE DUN 10e. Street end Number	DALK 10f. Zip Code	10n C	itizen of What Country?
	3a or		3407 COURT WAY	21222		USA
	death mms 2	Funeral	11. Maritel Status 12. Was Decedent Ever In U.S.	13. Was Decedant of Hispanic Origin? (Sp. If Yes, specify Cuben, Maxican, Puerto	pecify Yas or No-	14. Race - Amarican Indian,
0200-61212	n 72 hours effer death with the Maryland "natural", or frams 23s or 28s-f show adical Examinet must be notified at	þ	1 Never Merried 2 Married 1 Never Merried 3 Married 2 Married 1 Never Merried 3 Married 3 Married 3 Married 4 Married	If Yes, specify Cuben, Maxican, Puerto	o Rican, etc.)	Black, White, etc. Specify: WHITE
, O	72 ho	Completed	15. Decedent's Education (Specify only highest grade completed)	ia. Decedent's Usual Occupation (Give kind of work done during most of work	16b. I	Kind of Business/Industry
7	5 .	nple	Elementery/Secondery (0-12) College (1-4or 5+)	life. DO NOT usa retired)		
	TO DO S	Co	1	CLERK	C	FFICE SUPPLIES
au c	S S S	Be	17. Father's Name (First, Middle, Last)	18. Mother's Nam	ne (First, Middle, Meide	n Sumeme)
Š	d 2 should be th and Mentel 7 Is marked o traumatic eve	T _o	HENRY HIEBLER		A ERTEL	
maryland	0 0 0 0			9b. Mailing Address (Street end Number or Ru		
	other tr			3407 COURT WAY, DUNDA of Disposition (Name of		22 _ocation - City or Town, Steta
pailimore,	of the second		1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State cemai	tary, crematory or other pleca)		
			4 □ Donetlon 5 X Other (Specify) NICMENT HOLLY 1 21. Signature of Funeral Service Licensee	HILL MEMORIAL CARDENS 8 22. Name and Address of Fecility	-24-96 BAL	TIMORE, MARYLAND
Da	permit. Departm Importa any inju		Mullip Startes	BRADLEY-ASHTON FUNE	RD., BALTI	INC. MORE, MD 21222
			23a. Part1. Enter the disease, or complications that caused the deeth. Dishock, or heart feilure. List only one cause on each line.	not enter the mode of dylng, such ea cardiac	or raspiratory arrest,	Approximate Interval Between
	/Medical Examiner	Examiner	b. Preumo	age Chronic Obstructive a consequence of): a consequence of):	e Yulmonory	Disease
00 / 00 Y	death certificate be executed e attending physician and of for use as the burlel-transit	Medical	that initiated events	a consequence of):		
200	attendir for use	Physician/				
,	y the	ysi	Pert If. Other signiffcant conditions contributing to death but not resulting	in the underlying causa givan in Part I.		o use contribute to the cause of death?
	that hed b	by Pt	Prostate Cancer		1 Yes	2 No 3 Probably 4 Unknow
or vital necords,	lew requiras that les been signed to a 2 should be det	Completed b			24e. Wes an auto performed?	opay 24b. Were autopsy findinga available prior to completion of cause of death?
	0 - 5	E			1 ☐ Yes 2	No 1 □ Yes 2 □ No
2		Вес	25. Was case referred to medical	26. Piace of Dea	th (Check only one)	
>	5 00	To	axaminer? 1 Yea 2 No Hospitel: 1 Inpatient 2 ER/C	Outpatient 3 DOA Other: 4 Nursing Ho	oma 5 Residance	6 □Othar (Specify)
	Att inding Phi coath. octor: After thi by the funeral		27. Mannar of Death 1. Neturel 5 Pending (Month, Dey Year) 2 Accident Investigation	. Tima of Injury et Work? M 28c. Injury et Work? 1 ☐ Yes 2 ☐ No	28d. Dascribe how inju	ury occurred
DIMISION	- 1	Certification:	3 ☐ Sulcida 6 ☐ Could not be determined 28e. Pieca of Injury - At home, building, etc. (Specify)	farm, street, fectory, offica	28f. Location (Street a City or Town, Stee	and Number or Rural Routa Number, te)
1	n 24 Ibura n 24 Ibura ne Funèrat oletely fille	edicai	29a. Certifler (Check only one) Certifying Physicfan: To the best of my knowledge and menner steted.	ge, deeth occurred et the time, date end place, and/or investigetion, in my opinion, death occur	end due to the ceuse(s red at the time, dete en	s) end menner es steted. nd plece, and due to the ceuse(a)
	within to the comple	Me	29b. Signature and title of certifier	29c. License number	29d. De	ete signed (Month, Day, Year)
			Shalin Jewan	96118	A	aust 21. 1996
*			30. Neme and eddress of person who completed cause of deeth (Item 23e		0	9436 -1,1110
			Shalini Tewari 4940 Ea	stern Avenue John	15 Hookins	Baynew
	Sta		31. Dete filed (Month) Day, 1990 1996 32. Reportrar a Signature	n-Andalla		1

DHMH 16 Rev 6/95

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			Stat			/ Depa		of H	lealth	and M	lental H	ygien	e C		25375
Physic /Medi		1. Decedant'a Nama (First, Mic Stanley	dia, Last) Me1	vin		HOR		3 01 1	Douth		2. Data of D Month	Da	Ry	Yaar 96	3. Time of Death
Examin Funeral Director		4a. Facility Nama (If not instituting Franklin Squ 5. Social Sacurity Number 213-07-7965	ion, giva street an	ital	ga (In yrs. la		If Undar			imore 24 Hrs. Min.	8. Data of E	ath 40	County	more 9. Birthp	laca (Stata or Foraign
		Usual Rasidanca of Decedant 10a. Stata 10b. Coun	,		86	Town or Lo	cation				Nov. 1	1, 1	909].		Od. insida City Limita
5-UUZU 72 hours efter death with the Maryland natural', or items 23a or 28a-1 show dieal Examiner, must be notified at	Funeral Director	Maryland Ba 10e. Street and Number 6808 S. River 11. Marital Status	Drive	ve				2122		ioin? (Soc	ecify Yaa or N	υ.	S.		1 ☐ Yas ŽÕXNo try? an Indian.
15-0020 72 hours efter d *netural; or Nen	by	1 ☐ Nevar Married 2 ☒ Mi 3 ☐ Widowed 4 ☐ Divorce	Arme arried 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yas 2001 s, Giva	2107	1	Yas, spec	ify Cuba	n, Maxica Specify:	n, Puarto	Rican, atc.)		Specify 5	k, Whita, Wh	ite
DEJILIMOYE, MISTYISHIG 21215-0020 permit. Pages 1 and 2 should be filed within 72 hours ef Depertment of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or any injury or other traumatic event, the Medical Examples.	Completed	(Specify only high Elementery/Secondary (0-12 9th Grade	Colie	i <i>ted)</i> ige (1-4or t	Foreman Bethlehem					em S					
Should be fi and Mental I: marked off	To Be	17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) Lydia Unknown 19a. informant's Name/Raiationship (Type, Pnint) 19b. Melling Addrasa (Street and Number or Rural Routa Number, City or Town, Stata,								Code)					
SAILIMOFE, IM bernit. Pages 1 and 2 bepertment of Health a moortant: If Item 27 is nny injury or other tra		Mabel S. Hora 20a. Mathod of Disposition 1 № Burlai 2 □ Cramation 4 □ Donation 5 □ Other	3 Removel f	from Stata	20b. Pia	nce of Dispon matary, cran	sition (Nam natory or of	a of har plac		i	Data	20c. L	ocation -	City or To	wn, Stata
Dalti		21. Signature of Fungal Service		4	Gar		Nama and	d Addra	Fune	eral	Home :	Inc.			aryland d 21236
Physician /Medical		23a. Part1. Entar tha diseasa, shock, or heert feilura. Li			tha death.	Do not ente	ar tha mode	a of dyin	g, such as	cardiac o	or respiratory	arrest,	1142	1	Approximate Interval Between Onset and Death 12 days
Examiner	nlner	disaasa or condition rasulting in death)	0		Dua to (or	aa a conseq		re						1	12 days
BOX 68/60, feeth certificate be axecuted attending physician and for use as the burial-transit	/Medical Examiner	Sequantially list conditions, If any, leading to immediate causa. Enter Underlying Causa (Disease or injury that Initiated evants rasulting in death) Last	c. <u>Ch</u>		obst	aa a consequence	ve pu	lmor	nary	disea	ise				
hat the deeth detached for u	y Physician/Medi	Part II. Other significant condi								ı. Diğer		d tobacc	_		the cause of death?
he lew requires that he has been signed be ege 2 should be dete	Completed by	seizures, Hypothyroidism 24a. Waa an autopsy performed?							ava 100	are autopsy findinga allable prior to apletion of cause death?					
= - # 5	Be	25. Was casa rafarred to medic examinar?						- Louis		e of Deeth	1 [Check only	Yas 2	No.	10	Yas 2□ No
JING Phys After this Tuneral di	Certification: To	3 Suicida 6 Coui	ling (Data of inju	ry y Year) 2	R/Outpatien 28b. Tima of Injury	M 28	Sc. tnjur Wor 1 🗆	4 LIN	No	ma 5 ☐ Ra 28d. Describe	e how inju	iry occurr	ed	
1 2 1		4 ☐ Homicida data	ing Physician: To	ouilding, at	c. (Specify)	na, farm, stre			na, data ar		City or T	own, Stat	(a)		I Route Number,
To the H Completely	Medical	101 1 1	i Examiner: On to and		axamination		astigation,	in my o				a, data an	d place, a	and dua to	
7		Behrava	an	=				R210					¥20	0	,, (, , , ,

State

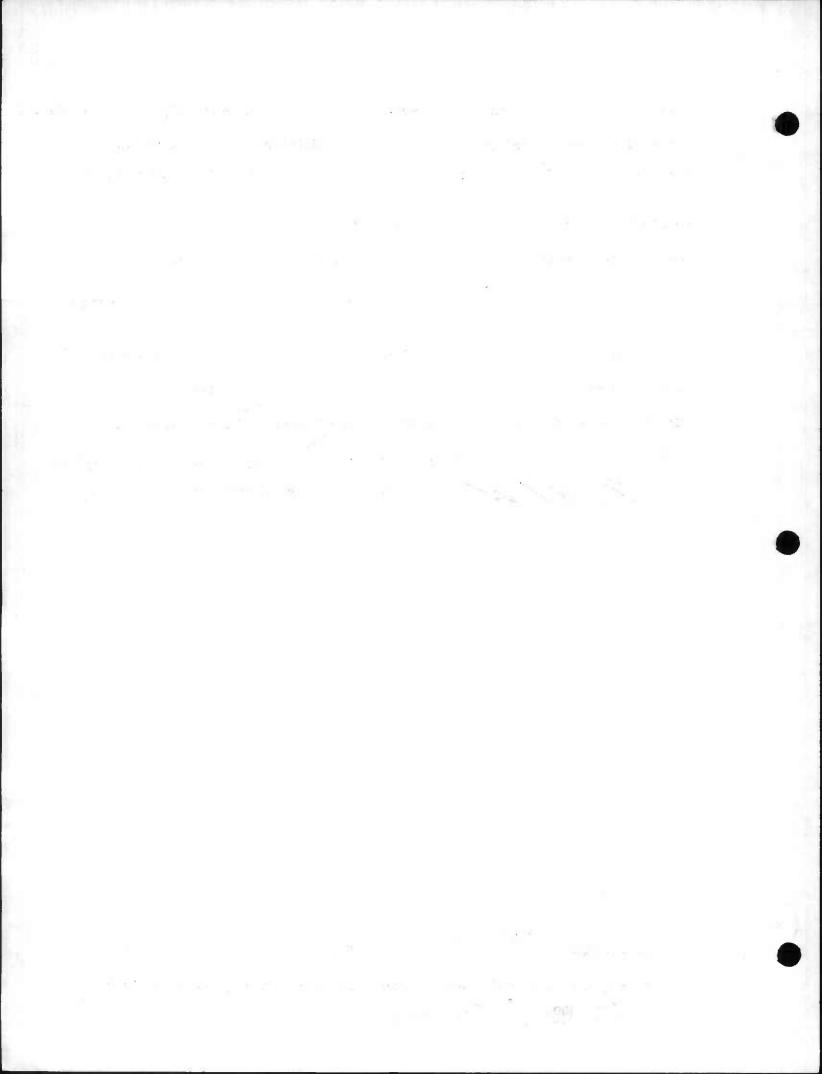
Registrar

Dr. Hooman Behravan 9000 Franklin Square Drive Baltimore, Maryland 21237

31. Data filed (Mopth Day, Year)

32. Registrar's Signatura

30. Name and eddrass of person who completed cause of deeth (Item 23a) (Type, Print)



				State of M	iaryiano			Health and for Death		giene 2 Reg. No.	6 25	0010	
		1, Decedant's Nama	(First, Middla, L	ast)					2. Data of De			Tima oi Death	
Physici		Antonio	F	Alonzo	Jo	nes			August	22°, 199	96° 1	1:30 AM	
/Medic Examir		4a. Facility Nama (If	not institution, gi	iva straat and numbar)			4b. City, Town, or		4c. County	of Daath		
	•	Maryland	Genera	1 Hospital	L			Baltimor	e City	n	/a		
Funeral Director		5. Social Sacurity Nu 213-78-6		Sax 7. A 1	ga (In yrs. le 34		f Undar 1 Ya Ionths Day			th	9. Birthplaca	(State or Foreign	
P .		Usual Rasidance of I			1.0 00								
show	_	10a. Stata MD	10b. County	,	10c. City	, Town or Locat						nside City Limits	
the Maryle 26s-f sho	Scto			n/a		BALTIM						D(Xas 2□ No	
th with t	Funeral Director	8329	MERRYVII	EW DRIVE			10f. Zip Code	21244		UNITED	What Country? STAT	ES	
r dea	- Pur	11. Marital Status		12. Was Decedant Armed Forcas	Evar in U,S	5. 13. Wa:	s Decedant o	f Hispanic Origin? (S uban, Maxican, Puar	specify Yas or No to Rican, atc.)	- 14. Rac	e - Amarican Ir	dian,	
of 2 should be filed within 72 hours after death with the Maryland th and Mental Hygiene. If is marked other than "natural", or Nems 23s or 28s-f show traumstic event, the Maryland Examiner must be in this 1st	by	1 (X) Mevar Marrie 3 ☐ Widowed 4		1 ☐ Yas 2 ☑ If Yas, Giva Yaar or Dalas:	Хo		Yas 200		,	Specif		CK	
72 hours	etec	15. Decedent's Education (Specify only highast grade complated) [Giva kind of work done during most life. DO NOT use retired)						cupation na during most of wo	rking	16b. Kind of B	usinass/Industr	у	
M	Completed	Elamantary/Second	dary (0-12) th	Collaga (1-4or	5+)		NOT usa ret ITOR		UNION			MEMORIAL HOS	
d fall	To Be	17. Father's Nama (F		JONES				18. Mothar's Nar VEL	ma (First, Middla, MA BROV		na)		
2 sh and ls m		19a. Informant'a Nan VIL		(Type, Print) GRAYSON		19b. Malling / 838,9	Address (Stre	RRYVIEW D	RIVE, BA	er, City or Town, ALTIMORE	State, Zip Coo	(244	
0 0 -			Cramation 3	□Ramoval from Stata	CO	ace of Disposition matary, cramate NG MEM	on (Nama of ory or other p OR I AL.	PARK	Data 8-27		City or Town,		
pemit. Page Department of Important: If any Injury or once.		4 Donation 5 Other (Specify) ATING MEMORIAL PARK 0-27 21 Signature of Funeral Service Ucensee 22. Name and Address of Facility WM. C. MARCHFH1101								01 E. NORTH AVENUE			
Physician		2.3 Part1. Entar the ahock, or heart	disaasa, or con failura. List only	nplicationa the cause ona cause of each I	d tha daath. ina.	. Do not antar t	ha moda of c	lying, such as cardiad	or raspiratory a	rrast,	Apr inta One	roximata rval Between set and Death	
/Medical Examiner	Examiner	Immediata Cause (F disaasa or condition rasulting in daath)	inai	Pulmor	nary E	mbolus							
ped list				b	unist	ic Infe	ection						
te be exacul ysicien end ne burial-trar	cal Exar	Causa (Diseasa or Injury	ditions, nadiata ying jury	Acqui	Due to (or	as a consequer munodef	icien	cy Syndron	ne		1		
that the death certificete be executed ed by the attending physicien end deteched for use as the burial-transit	8	that initiated avanta resulting in death) La		d	Dua to (or	as a consequan	ce of):						
death c e attended for us	Physician/M			V.									
the de y the s	ysic	Part II. Other signific	ant conditions	contributing to death b	out not rasui	iting in the unde	rlying causa	givan in Part I.	23b. Dld 1	tobacco use co	ntribute to the	cause of death?	
hat the sed by detection									10	Yes 2 No	3 Probably	√ ∰ Unknow	
w requires that been signed to should be dete	sted by								24a. Was perfo	an autopsy	avaliab	utopsy lindings la prior to tion of cause	
for Attending Physician: The law requires to affect death. Director: After this certificate has been signed in by the funeral director, page 2 should be o	Completed								XX	Yas 2□No	of deat!	s 2 No	
cian: settifice actor, j	Bec	25. Was casa rafarre	d to medical					28. Placa of Dea	ath (Check only o				
E # D	To	axaminar? ▼ 1 ☐ Yaa 2 E N	0	Hospital: Hinpati	ant 2 🗆 E	R/Outpatient	3 DOA	Other: 4 Nursing H	loma 5 ☐ Rasio	dance 8 Oth	ar (Specify)		
ng Ph her th		27. Mannar of Death	5 Panding	26a. Data of Inju (Month, Da	ury sy Year)	28b. Tima of Injury	28c. In	jury at Vork?	28d. Dascribe I	how Injury occur	red		
or Attendir after death. Director: Al	Certification:	2 Accidant 3 Sulcida 4 Homicida	Invastigation 6 Could not to datamined	on 28a. Place of In		na, farm, street,	M 1	☐ Yas 2 ☐ No	28f. Location (S City or Tov	Street and Numb	per or Rural Ro	uta Number,	
ospital or thous after uneral Dir sky filled in	cal Cer	29a. Certifier 4	E-Certifying Pi	hysician: To the best	of my know	rledga, death oc	currad at the	time, date and place	, and due to the	causa(s) and ma	annar as atated		
the state	Medicai	one)		miner: On the basia of and mannar st	a availillati	on and or mivasi	igation, in m	y opinion, daam occu	med at tha tima,	data and place,	and dua to ma	causa(s)	
2 20	2	29b. Signatura and tit	la of certifiar	sperge.	<u>)</u>			232		29d. Data signa August			
=		30. Nama and addras	a of person who	complated cause of c	death (Itam	23a) (Type, Prir	it)	Hospital					

Registrar

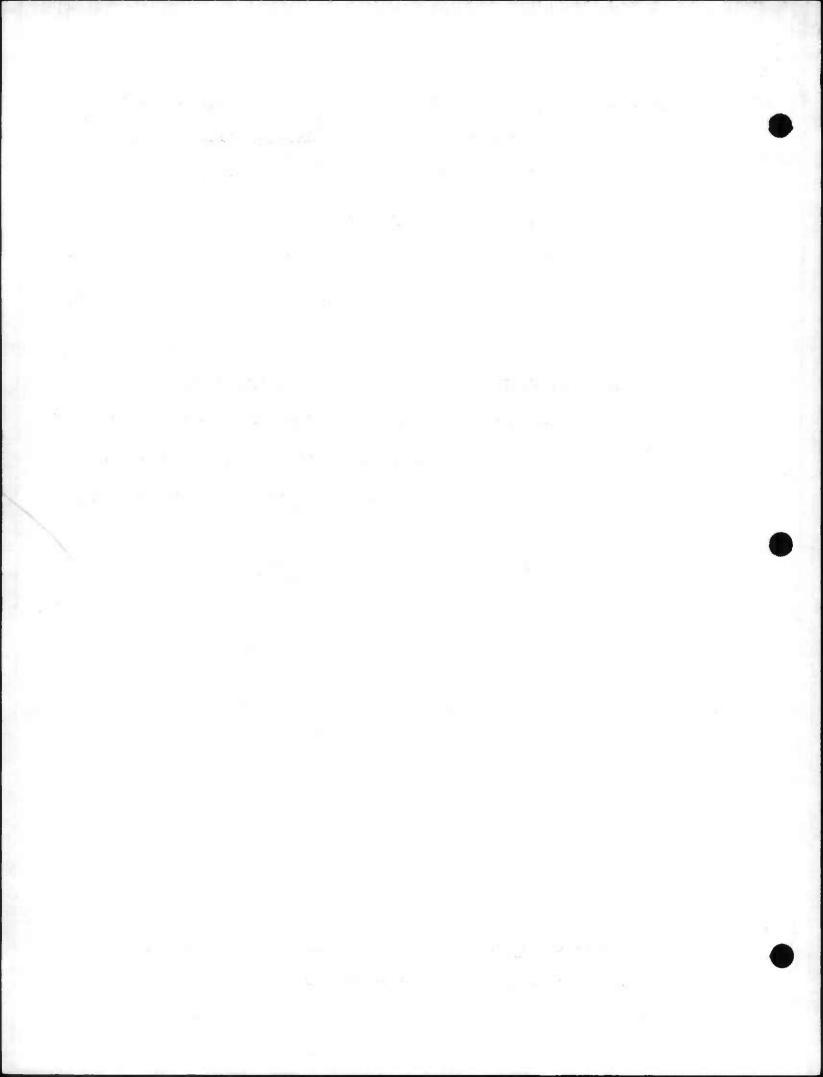
31. Date filed (Month, Day, Year)

8 22 96

32. Registrar's Signature AUG 27 1996

Julia Davidson Pondally

State



THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HO	TO THE FU!	be filed with	IMPORTAL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	STATE OF MARYLAND) / DEPARTME			MENTAL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH 3. TIME O						
	M	Marian S. Jackson				August 25	7:00 A. M			
			lest birthday) IF UN	DER 1 YEAR	IF UNDER 24 HRS.	?. DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign		
		1 □ M 2 💢 F 66	YRS. MONTH		HOURS MIN.	(Month, Day, Year) 11-19-192		aryland		
-	9a. FACILITY NAME (If not institution, give stre		9b. C		R LOCATION OF DE	EATH	9c. COUNTY OF			
2	804 E. Seminary	Ave.		Luth	erville		Baltimo	ore		
	10e. STATE 10b. COUNTY		10c. CITY, TOW	VN OR LOCAT	ON			10d. INSIDE CITY LIMITS?		
5	Maryland Baltim	ore	Luthe	ervill	е		1 TYES 2 NO			
בעעו	100. STREET AND NUMBER 804 E. Semin	nary Ave.		101.	ZIP CODE 21286		100	WHAT COUNTRY?		
NO. 10	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2: IF YES, GIVE WAR OR DATES	V NO	If yee, spe		ilC ORIGIN? (Specify Yas n, Puerlo Ricen, atc.)	or No— 14. RAC Blac Spe	E - American Indian, ck, White, etc. chy: White		
2	15. DECEDENT'S EDUCA		. DECEDENT'S USUA	L OCCUPATIO	N.	16b. KIND OF BUS	INESS/INDUSTRY			
	(Specify only highest grade co	College (1-4 or 5+)	(Give kind of work do life. Do NOT use retire Homemake	ed.)	of working	Oten	Uomo			
		2	пошешаке	#L			Home			
3	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Melden	· ·			
20	James B. Sweene	Y	405 444 9 940 4 0 0 0	500 (0)	Georg	_				
2	Peter H. Jackson	(Son)				Route Number City or Town		nia 22026		
	20e. METHOD OF DISPOSITION		CE AND DATE OF DIS				CATION - City or 1			
	1 Donation 5 Other (Specify)		cremetory or other ple ltop Serv			6-96 TO		aryland 21204		
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. NAME AN	D ADDRESS OF FA	CILITY		irjiana zizo.		
	· Wallace _	S. Brooss				uneral Hom		204		
	23. PART I. Enfer the diseesea, or co ahock, or heart fellure. Li	emplications that caused the lat only one causa on each	death. Do not en line.	iter the mo	de of dying, suc	h ee cerdiac or reepi	ratory erres1,	Approximate Interval Between		
	IMMEDIATE CAUSE (Final disease or condition	1						Onset and Death		
	resulting in death)									
.	DUE TO (OR AS A) CONSEQUENCE OF):									
	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A COM	NSEQUENCE OF):							
3	cause. Enter UNDERLYING CAUSE (Disease or Injury									
	that initiated events	DUE TO (OR AS A COM	NSEQUENCE OF):							
5	reaulting in death) LAST									
2	PART II. Other aignificant conditions	contributing to death but n	ot reaulting in tha	underlying	cause given in			b. WERE AUTOPSY FINDINGS		
5	thank Trick	carren				PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
2								OF DEATH?		
	DID TOBACCO USE CONTRI	IBUTE TO CAUSE OF D	EATH YES	NO [UNCERTAIL	N				
CIVIL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	PLACE OF DEATH (Ch							
		1 Inpatient 2 ER/Outpatien		HER: Nursing Hom	5 - Reeldence	8 Other (Specify)				
	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJ WO	JRY AT RK?	2ad. DESCRIBE HOW II	NJURY OCCURED			
	1 Netural 5 Pending 2 Accident Investigation			M 1 0 1						
3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, etreet, factory, office 28e. LOCATION (Street and Numb City or Town, State)								Route Number,		
	29e. CERTIFIER (Check only	IAN: To the best of my knowledge	e, death occurred at t	the time, date	and place, end due	to the cause(a) end man	iner ee stated.			
5	000)									
	296. SIGNATURE AND TITLE OF CERTIFIER		· · · · ·		29c. LICENSE NUI	MBER	29d. DATE SIGNE	D (Month, Day, Year)		
	Lind	, K.Cpd			22600	7_	928	96		
	30. NAME AND ADDRESS OF PERSON WHO John Eppler,	M.D. 120 Sis	(ITEM 27) (Type, Print) ter Pierr	e Dri	,,		nd 21204			
	31. DATE FILED (Month, Day, Year)	GS. JOHN AR'S SHATTY	- E							
	AUG 2 7 1996									

State of Maryland / Department of Health and Mental Hygiene

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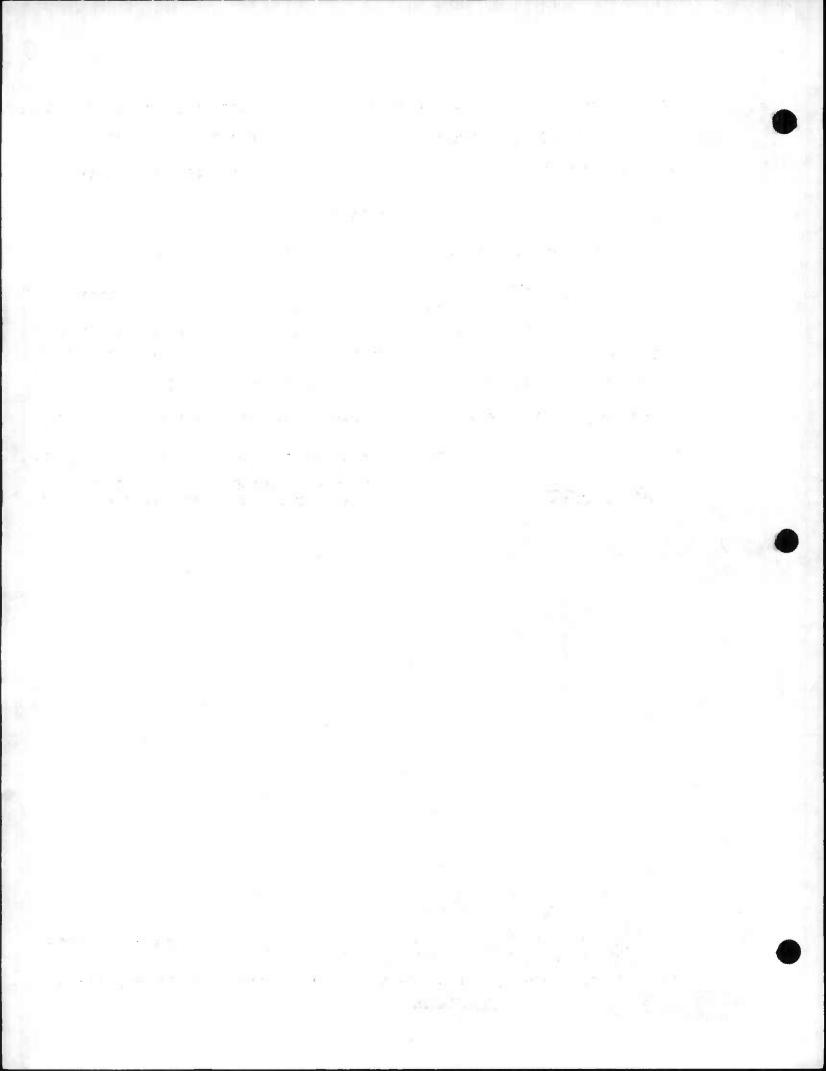
Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth **Physician** Month Yee FREDERICK R. JUERSS AUGUST 10:00 A.M 23, 1996 /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 504 EAST 35th. STREET BALTIMORE N/A If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth
Month, Day, Year) 5. Social Security Number 6. Sex 7. Age (In vrs. last birthday) **Funeral** Birthplace (State or Foreign Country) Months MAM 2 F 215-09-7970 Yrs. Director 02-16-1919 MARYLAND Usual Residence of Decedent the Maryland 10a State r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at 10b. County 10c. City, Town or Location 10d. Inside City Limits MD. N/A BALTIMORE CITY XX Yes 2 No Director 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? with 504 EAST 35th. STREET 21218 U.S.A. death 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 11. Marital Status Pages 1 and 2 should be filed within 72 hours after nent of Haaith and Mental Hygiana. nt: If Item 27 is marked other than "natural", or item 1 Never Married 2 Married XXYes 2 No If Yes, Give 2-1941 Year or Dates: 2-1945 altimore, Maryland 21215-0020 1 Yes No Spacify: Specify: WHITE à ₩Widowed 4 Divorced Completed 15. Decedent's Education 16a. Decedent's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry (Specify only highest grade completed) FRIGERATION AND Elementary/Secondary (0-12) College (1-4or 5+) MECHANIC AIR CONDITIONING 12 YEARS 17 Father's Name (First Middle Lest) 18. Mother's Name (First, Middla, Maidan Surnama) Be FREDERICK C. **JUERSS** GRACE LANKFORD 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Stata, Zip Code) CHARLES F.JUERSS (BROTHER) 16 WENDSLOW ROAD, LUTHERVILLE, MD., 21093 other 20b. Place of Disposition (Nama of cemetary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete XIX Burlal 2 Cremetion 3 Removal from State permit. Page Department of Important: If any Injury or 4 ☐ Donation 5 ☐ Other (Spacify) EBENEZER CH.CEMETERY 8-27-96 LOUDON CO., W.VA. 21. Signature of Funeral Service Licenses 22. Name and Address of Facility
HENRY W. JENKINS AND SONS COMPANY 4905 YORK ROAD, BALTIMORE, MARYLAND, 21212 23a. Part 1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one ceuse on each line. Approximete Interval Betw **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) **Examiner** Due to (or as a consequence of) Examiner sician and burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Couse (Disease or Injury that initiated events resulting in death) Lest Due to (or es a consequence of): be axed inding physician a use as the burial Box 68760 Physician/Medical Due to (or as e consequence of): use as aften P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? the signed by t 1/29 Yes 2 No 3 Probably 4 Unknown Records, by 24b. Were autopsy findings aveilable prior to completion of cause of death? 24a. Was en autopsy performed? Completed peen The law has paga 1 Yes XX No certificate 1 □ Yes 2 □ No Division of Vital Physician: Be 25. Was case referred to medical 26. Place of Death (Check only ona) 2 1 Yes XX No Other: 4 Nursing Home XX Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA After this 28a. Dete of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of 28d. Describe how Injury occurred Certification: 28c. Injury at Work? XXNatural 5 Pending Investigation death 1 Yes 2 No 2 Accident after deat Director: 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Spacify) 28f. Location (Straat and Number or Rural Route Number, City or Town, Steta) ā 4 Homicide 6 Hospital 24 hours a Funeral [XXCertifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. Medicai 29a. Certifier (Check only 29b. Signatu title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) AUGUST 23,1996 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) ROBERT S. GOODWIN, M.D., 7801 YORK ROAD, TOWSON, MARYLAND, 21204

32 Registrer's Signature ... Cult doon — hundalite

DHMH 16 Rev 6/95

State Registrar 31. Dete filed (Month, Dey, Year) AUG 2 7 1996

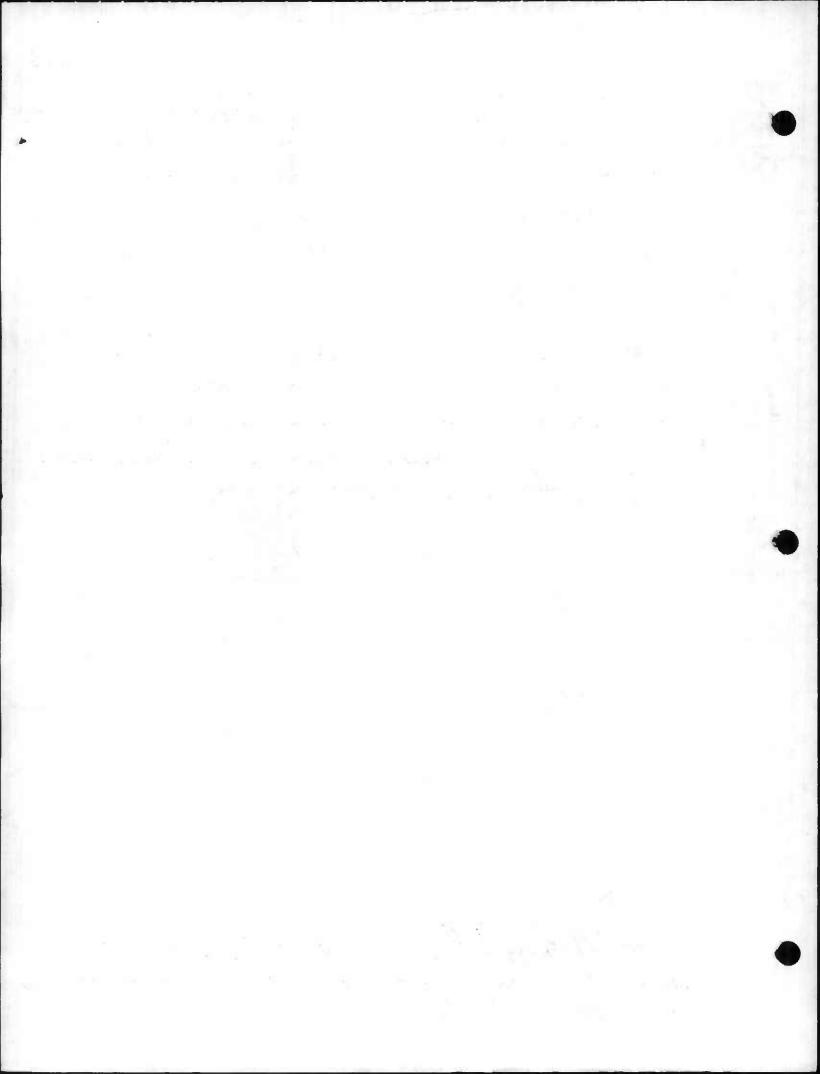


State of Maryland / Department of Health and Mental Hygiene 96 25379

						Cei	tificate of	Death			Reg. No.		20012
	Physic	ian	1. Decedent's Name (First, Middla, L.	ast)	Λ					2. Dete of De		Veer	3. Time of Deeth
la la	/Medi		Cliffon K	AL tho;	F					augusi	5 22	1996	5:50 An
4	Exami	ner	4a. Facility Name (If not institution, gi		7)					ocation of Deet			
Н	Funeral		Gilcrest Center 5. Sociel Security Number 6.		ge (In yrs. last b	irthday)	If Under 1 Yaa		24 Hrs.	8. Dete of Bir	th	1 9 Birtho	
	Director			1 💢 M 2□ F	73	Yrs.	Months Deys		Min.	April Da	25,1923	Mar	place (Stata or Foreign otry) Yland
	Ba-f show	Director	10a. State 10b. County Maryland Baltir	nore	10c. City, To	wn or Lo	cation Balti	more				1	0d. Inside City Limits 1 ☐ Yes 2 🛣 No
	23a or 2		10e. Street and Number 8104 Hillendal	e Road			10f. Zip Code 2	1234			10g. Citizen of U.S.		itry?
21215-0020	within 72 hours after death with the Maryland ane. then "naturat", or items 23s or 28s-f show he Medical Examiner must be notified at	by Funeral	11. Maritel Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedant Armed Forces 1 ⊠ Yes 2 ☐ if Yas, Giva Yaar or Detas:	? INo		Vas Decedent of Yes, specify Cul		gin? (Sp i, Puerto	ecify Yes or No Rican, etc.)	- 14. Rad Ble Specif	ce - Amaric ck, Whita, y: W	
5-0	n 72 hours "natural",	eted	15. Decedent's E (Specify only highest gr	ducation ade completed)	166	e. Deced	ent's Usuel Occu	pation during mos	t of work	ina	16b. Kind of B		Justry
121	d within 72 h piane. r than "natu the Medical	Completed	Eiementery/Secondery (0-12)	College (1-4or	5+) 50		kind of work done DO NOT use ratio			9	Automo		
	THE R. LEWIS CO., LANSING, MICH.		17. Fether's Neme (First, Middle, Last)	36	1016	e maray		r's Nem	a (First Middle	Dealer Maiden Suman		
lan	d 2 should be filed with th end Mantal Hygiane. 7 is marked other than traumatic event, tre M	To Be	Milton Kaltho	6				Edna		Roetto		i dy	
Maryland	2 should be and N is mar	-	19e. Informent's Neme/Reletionship (Type, Print)	19	b. Meilin	g Address (Stree	t and Number	er or Run			, State, Zip	Code)
	12 th		Mrs. Ann L. Shri	ver (daugh	iter) 2	923	Placid 1	Drive,	Bal	Edwin, N	ND 2101	3	
Baltimore,			20e. Method of Disposition 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☑ Other (Specia	Removel from Stete	cemete	ery, crem	sition (Name of natory or other ple of Faith	/	8	Deta 3/24/96	20c. Location Baltimo		wn, Stata Maryland
Balt	permit. Pagas Department of Important: If is eny injury or once.		21. Signayani of Funeral Service Lice		3	Sc	Name end Addr Chimunek 105 Bela	Funer	al t			21236	
П			23e. Pen1. Enter the diseese, or leany shock, or heart failure. List only	procetions that cause	d the death. Do	not ente	or tha mode of dy	ing, such as	cardiac	or raspiratory er	rest,	1230	Approximate Intervel Betwaan
	Physician												Onset end Deeth
	/Medical Examiner		Immediete Ceuse (Final diseesa or condition resulting in death)	e me	tast	nti	c CAr	icer e	2/ 1	helun	9		6 months
	3245	ē			Due to (or es a	consequ	uence of):		U		J	1	
	od dansit	Examiner	Convention to the link and different	b	Due to /or on o		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					- 1	
ó	iceta be axecuted physician and s the burial-transit		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying		Due to (or es e	consequ	Jence or):					1	
68760,	eta be hysici he bu	edicai	Ceuse (Diseese or Injury thet initieted events resulting In daath) Last	C	Due to (or es a	consequ	ence of):						
9 X O	nding usa e	3		d									
m		Physician	Part II. Other significant conditions of	ontributing to death b	out not resulting	In the un	deriving cause gi	ven in Pert I.		23b. Did t	obecco usa co	ntribute to	the cause of deeth?
0.	that tha ed by th detache	Phy			•						res 2□No	3 Prob	
	8 6 8	by						-				_	/ 4
Records,	aw requisite been 2 should	Completed								24e. Wes	en autopsy med?	eve	ara autopsy findings bilebia prior to appletion of cause deeth?
	@ F @	Con								1 🗆 Y	as 2 No		Yes 2□ No
VITA	certificata	Be	25. Wes case referred to medical examiner?						of Deeth	(Check only o	ne)		
ō	Physical Phy	on: To	1 Yes 2 Vo 27. Menner of Deeth 1 Netural 5 Pending	Hospitai: 1 Inpatie 28a. Date of Inju (Month, Da	iry 28b.	utpetient Time of Injury	3□ DOA Oti 28c. Inju Wo		1	ma 5 Resid 28d. Describe h	lence 6 Oth	er <i>(Specify</i> red	Hospice
DIVISION	Attending r death. ector: Alto by the fund	cat	2 Accident investigation 3 Suicide 6 Could not be	17 47	-			Yes 2 1					
2	Direction by	Certification:	4 Homicide determined	28e. Piece of Inj building, et	jury - At home, fe c. <i>(Specify)</i>	erm, stre	et, fectory, office			28f. Location (S City or Tow	itreet and Numb n, Stete)	er or Rural	Route Number,
6	24 hours	edical C	29e. Certifier (Check only one) Certifying Ph	yeiclen: To the best niner: On the besis o end menner st	t exeminetion er	e, deeth	occurred at the tilestigetion, in my o	me, dete end oplnion, deet	d place, o	end due to the c	euse(s) end me date end plece,	nner es sto and due to	eted. the ceuse(s)
-	omple somple somple	Me	29b. Signeture end title of certifier		1		29c. Licens	se number			29d. Date signe	d (Month, L	Day, Year)
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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	Funeral Director		5. Social Security Number 301 – 50 – 7334	1	ax □M2XIF	7. Age (In yr. 42	s. last birthday) Yrs.	If Unda Months	T 1 Yaar Days		24 Hrs. Min.	8. Data of Bi (Month, Di March	25, 1954	9. Birthp Cour Uhu	ilaca (Ste ury) LO	te or Foreign
	death with the Maryland ms 23a or 28a-f show ms 23a or 28a-f show	tor	TO STATE OF THE ST	odeni County Saltimo	re	10c. C	City, Town or Lo	ecation Perr	.у На	ill				1		e City Limits
	with the	Direc	10e. Street and Number 9928 Rich	Pun Dr	ina			10f, Z	p Code	100				of What Cour	itry?	
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Maryland 21215-0020	within 72 hours after iene. than "neture!", or ite ine Medical Examina	Be Completed	15. [Decedent's Ed ly highest gre				dent's Usi kind of w DO NOT		pation during mos	st of work	king	16b. Kind o	f Business/Ind	dustry	
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	s 1 and 2 should be if Health and Mental frem 27 is marked (other traumatic ev		19a. Informant'a Name/F Michael Ha		Type, Print) (husbar		9928	Ric	hlyi	n Driv		ral Route Numb Perry Ho	all, MI	2112	28	
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Bal	Departimon important in portant i		21. Signature of Fuperal	W	04	2	Se 9:	ihimu 105 B	nek	ir Rd.	al t	lomes,	2. MD	21236		
1000	Physician /Medical Examiner	er	23e. Part1. Enter the dis shock, or heart failt Immedlete Cause (Final diseasa or condition rasulting in death)	ease, or comp ire. List only o	olications that cone cause on e	S.E.	PT/C	SH quence of	OCA				trrest,		Onsat ar	Hour
ox 68760,	certificate be executed nding physician and use as the burial-transit	n/Medical Examiner	Sequentially list condition if any, leading to Immedicause. Entar Undarlying Cause (Disease or Injury that Initiated events resulting In death) Last	ns, ete	b	Due to	RIRE (or as a consec CURRE (or as a consec	quence of	: /-			CAR	CINON	14	>	HOUR H HOUR 24RS
m	- 5 -	ysiciar	Part II. Other significant	conditions co	ontributing to de	eath but not re	esulting in the u	nderlying	cause g	iven in Part	t.	23b. Did	tobacco use	contribute to	the cau	se of death?
ls, P.O.	requires that the death been signed by the atter should be detached for	by Ph	DEHM	DRA	710N							10	Yes 200 N	o 3 Proi	bably 4	I □ Unknown
Record		Completed by Physicial										perf	en eutopsy ormed?	ev co of	allabla pri mpletion death?	of cause
ita	sician: The law cartificata has b lirector, page 2 s	Be Co	25. Was case referred to	medical						28. Place	e of Dea	th (Check only	-	1 [☐Yes 2	2 No
of	al call	2	examiner? 1 Yes 2 No 27. Manner of Death			inpatient 2[of injury th, Dey Year)	ER/Outpatie		OA OI 28c. Inju	ther: 4□ Nu		ome 5 Res	Idence 8 🗆		у)	
Division of Vital Records,	To the Hospital or Attending Phy within 24 hours after death. To the Funeral Director: After thi complately filled in by the funeral	Certification:	2 Accident	Pending investigetion Could not be determined	28e. Placa		Injury home, tarm, str	М	1[Yes 2	No	28f. Location (City or To	(Streat and Nown, Stele)	ım <i>ber</i> o <i>r Rur</i> s	il Routa N	Jumber,
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	To the Comple	Me	29b. Signature and title o	0	1					sa number	/			gned (Month,		
			30. Neme and address of	person who o	completed caus	e of death (Ite	G MD					D SAMA	RITAL	HOSP 1	ALTO	MD 21239
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State of Maryland / Department of Health and Mental Hygiene

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item #5, filmg 739, 9/13/96,cyw, per fh Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Tima of Death **Physician** Month 21, 1996 Helen Marie Kershner August 5:15 P.M. /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 10514 William Tell Lane Columbia Howard 5. Social Security Number If Linder 1 Year if Undar 24 Hrs. Hours Min. 8. Date of Birth Month, Day, May 2, 7. Aga (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** 1 ☐ M 2 👿 F Days 1906 90 Yrs Director Pennsylvania Usual Residence of Decadent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show must be notified at Director Baltimore 1 ☐ Yes 2 XNo Maryland Baltimore. 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 9 Items 23a 4105 Loch Lomond Drive 21236 U.S.A. Funeral 12. Was Decadent Ever in U,S. Armed Forces? 1 ☐ Yes 2 M No If Yes, Give Year or Dates: 14. Race - American Indian, Black, White, atc. 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puarto Rican, etc.) 72 hours after 1 Nevar Married 2 Married 6 Baltimore, Maryland 21215-0020 1 Yes 2 No Specify p 3X Widowed 4 ☐ Divorced Specify: White "natural". Completed 15. Decadent's Education (Specify only highest grade completed) 16a. Decadent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry filed within 7 Hygiene. 12th grade College (1-4or 5+) permit, Pages 1 and 2 should be filed wit Department of Health and Mental Hygiene Important: if Item 27 is marked other tha any Injury or other treumatic event, Ina. once. Homemaker Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Joseph Hufnagle Lida Lukenbaum 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) James Robbins (grand-son) 4105 Loch Lomond Drive, Baltimore, MD 21236 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 XBurial 2 Cremation 3 Removal from State Bel Air Mem'l Gardens 8/24/96 4 ☐ Donation 5 ☐ Other (Specify) Bel Air, Maryland 21. Signatura of Funeral Sarvice Licensea 33. Name and Addrass of Facility Schumuner Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD 23a. Part1. Enter the disease, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final neurodegeneative disease 5 years disaase or condition resulting in death) Examiner Due to (or as a consequenca of) Physician/Medical Examiner meunonice The law requires that the death certificate be executed physiclan and s the burial-tran Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated avents resulting in death) Last Due to (or as a consequenca of): Box 68760 Due to (or as a consequence of) 98 P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? non insulin deportent dubotes 1 Yes 2 No 3 Probably 4 TUnknown signed b Records, þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? page 2 s 1 Yes 2 No 1 ☐ Yes 20 No Division of Vital or Attending Physician: Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Aresidence 8 Other (Specify) 1 Yes 2 No Certification: To this 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred After 1 XNatural 5 Pending Investigation 24 hours efter death. 1 Yes 2 No 2 Accident the 6 Could not be datermined 3 ☐ Suicida 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 6 4 Homicide filled Hospital 15 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier within 24 hou To the Fune completely fi Medicai (Check only one) 4 29c. Licanse number 29b. Signatura and title of certifier 29d. Date signed (Month, Day, Year) 2 August 22, 1996 D56651 M.D. 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Ellicot Center (Irue 32. Registrar's Signande 02 State Registrar

State of Maryland / Department of Health and Mental Hygiene

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					Cert	ificate of	Death		Reg. No.	/ 0	~0002
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DOT.	Director	10e. Street and Number				10f. Zip Coda			10g. Citizan of	What Cour	ntn/?
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Der mus	Funerai	6121 MONTROSE 11. Marital Status	12. Was Deceden	t Ever in U.S	. 13. W			Specify Yes or N		ce - Amaric	can indian,
miner	F	1 Nevar Merried 2 Marriad	Armed Forcas				Hispanic Origin? (ben, Maxican, Pus	rto Rican, atc.)	Bie	ck, Whita,	atc.
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or other		20e. Mathod of Disposition 1 Buriai 2 □ Cramation 3 □	Removei from State	20b. Pia	natary, crama	tion (Nama of tory or other pl	ace)	Data	20c. Location	- City or To	own, Stata
nu's		4 □ Donation 5 □ Othar (Special		ROA	B CEM	tory or other place STERY	ONE	8/7/96	ROCHES	STER,	, NY
any injury or once.		21. Signature of Funeral Service Lice	nsee		22.1	Nama and Addr	ass of Facility RSON FU	MEDAT I	JOMES		
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detached	Physician/	Part ii. Other significant conditions of	contributing to death	but not rasuit	ing In tha und	arlying causa g	ivan In Part i.	23b. Dfd	3.7	intribute to	o the cause of death
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		H.G. Cos	rough Mil	۷,		D321	93		AUGUST	4,	1996
		30. Nama and address of person who		daeth (itam 2	3a) (Type, Pr	int) CIITTE	#200 BI	ипранта	MD	208	17
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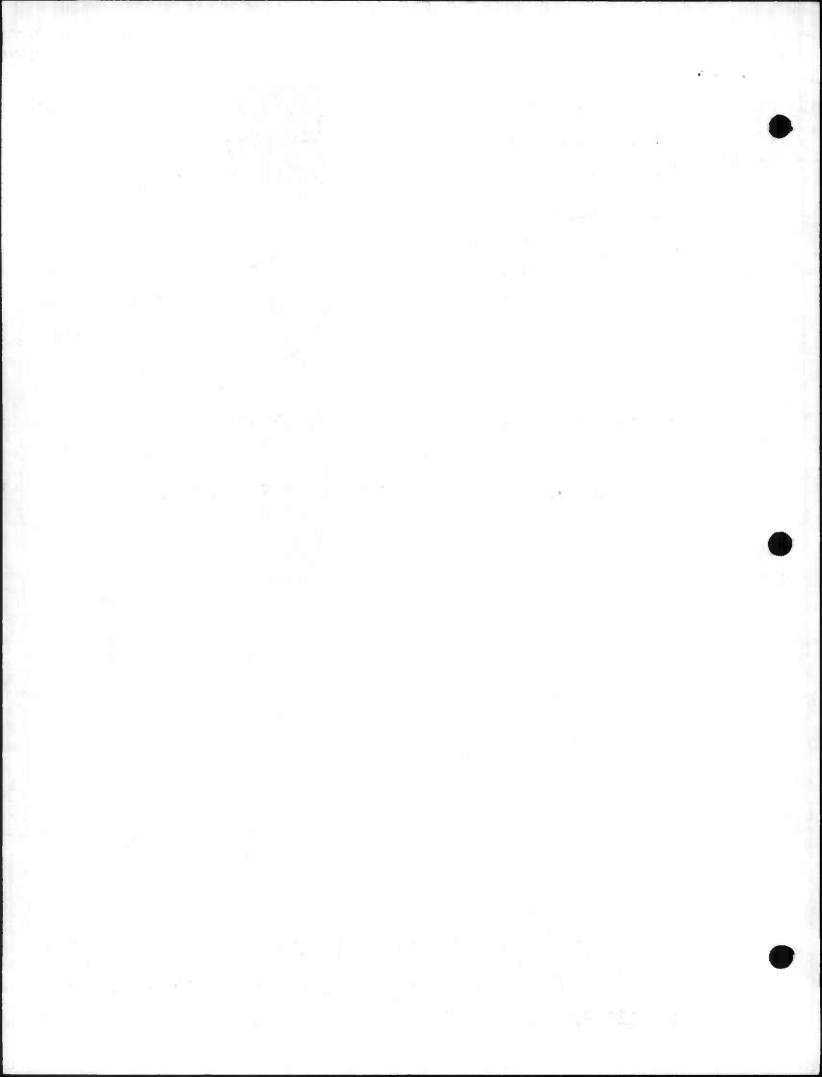
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8	be filed within 72 hours efter death with the Maryland tial Hyglene. d other than "natural", or items 23a or 28a-f show event, the Medical Examiner must be notified at	8	15. Decedent's Ed	200000000000000000000000000000000000000	160	Doordont	's Usuei Occup	ation		4	6b. Kind of Bu	Whi		
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Division of Vital	uner uner	Certification:	27. Manner of Deeth 1. Neturei 5 ☐ Pending	28e. Dete of Injury (Month, Dey)		njury	28c. Injur Wor			28d. Describe how	v injury occuri	red		
Sic	beath for: /	cat	2 ☐ Accident Investigetion 3 ☐ Suicide 6 ☐ Could not be					Yes 2 1						
≥	irect irect n by	E	4 Homicide determined	28e. Place of Injury building, etc.	y - At home, fer (Specify)	m, street,	factory, office		2	28f. Location (Str. City or Town,	eet and Numb Stete)	er or Rural	Route N	um <i>ber</i> ,
	ref D													
	To the Hospital or Attending Physician: within 24 hours effectesth. To the Funeral Director: After this certifical completely filled in by the funeral director.	edicai	(Check only Medical Exam	reiclen: To the best of a liner; On the besis of e	my knowiedge, xaminetion end	deeth occ	curred et the tin	ne, dete end	d place, e	and due to the car	use(s) end ma	nner es sta	ted. the ceus	e(s)
1	the state		one)	end manner state	ed.	7 11111 75								
	6 ₹ 5 8	Σ	29b. Signature and title of dentifier	4			29c. Licens	e number		29	d. Date signer	d (Month, D	ay, Year)
1	7		P (/ /	run	ph	ulli.	D.	29	76	9	8/2	4/9	16	
	17/		30. Name end address of person who c	1			t)			11	la :	1		
	1		marce lino	S. Albre	rme "	~?	5 (6	o u	2 1	10/(m)	Kd	Ru	140	
	Sta	ite	31. Dete filed (Month, Dey, Year)	32. Registrer	's Signeture					0				

State of Maryland / Department of Health and Mental Hygiene 96

25384

						Certin	ficate of	Death		Re	ng. No.		
	Physic		1. Decedent's Neme (First, Middle, Las Rose Lucille K							2. Dete of Deet Month Aug.	h Dav	Yaar 1996	3. Time of Death
	/Medi Examlı		4e. Fecility Neme (If not institution, give			П		4b. City, Tov Clark	wn, or Loc	cation of Deeth	4c. County		10000 121
	Funeral Director		5. Sociel Security Number 359–09–7763 15	x 7. Age	(In yrs. lest birt		f Under 1 Year lonths Deys	If Under 2 Hours	Min.	8. Dete of Birth (Month, Dev. Sept. 29	Year) 1920	9. Birthp	plece (State or Foreign
	Maryland a-f show	ctor	Usuel Residence of Decedent 10e. Stete 10b. County MD Howard	1	10c. City, Town							1	0d. Inside City Limits 1 ☐ Yes 2 No
	th with the 23a or 28	Funeral Director	10e. Street end Number 6118 Thompson Dri	ve			10f. Zip Code 21029			10	0g. Citizen of V USA		ntry?
020	be filed within 72 hours efter death with the Maryland lat Hyglene. I other than "natural", or items 23s or 28s-f show event, the Medical Exeminer must be incitined at	by	11. Meritel Stetus 1 Never Married 2 Married 3 M Widowed 4 Divorced	12. Wes Decedent Ev Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Detes:			S Decedent of I es, specify Cub Yes 2 No		gin? (Spe , Puerto P	cify Yes or No- lican, etc.)	Bled	e - Americ ck, White, : Whi	
15-0	72 h	Completed	15. Decedant's Edu (Specify only highest grad	ication le completed)	16a.	(Give kind	t's Usuel Occup d of work done	during most	of workin	ng .	16b. Kind of B	usinass/înc	dustry ricultural
2121	within lene. then "	dmo	Elamentary/Secondery (0-12)	College (1-4or 5+)	Exe		NOT use retire	•	7		Chemica	al As	sn.
Baltimore, Maryland 21215-0020	should be filed and Mental Hygid s marked other umatic event, in	To Be C	17. Fether's Neme (First, Middle, Last) Anthony Engels					18. Mother	r's Neme	(First, Middle, M Mueller		10)	
, Mary			19e. Informant's Name/Reletionship (T) Patricia Higgs	(Daughter						Route Number		Stete, Zip	Code)
imore	permit. Peges 1 and 2 Department of Health Important: If Itsm 27 is any injury or other tra		20a. Method of Disposition 1 🖁 Burial 2 □ Cremetion 3 □ F 4 □ Donetion 5 □ Other (Specify,		20b. Place of cometen Gate c	y, cremeto	ory or other pie		ug. 28, 1		ilver		
Balt	Departi Departi Importi sny inj		21. Signeture of Funerel Service Licens Robert	··· /3.	h	Wit	eme end Addre ZKE Fu 55 Twin	neral	Home	s, Inc.	bia, M	21	045
	Physician /Medical Examiner	er	23a. Pert1. Enter the disease, or comp shock, or heart feilure. List only o Immediate Causa (Finel disease or condition rasulting in deeth)	e. Po	ue to (or es e c	RC	C	ng, such es d	cardiac or	respiratory erre	est,		Approximata intervel Between Onset end Deeth
Box 68760,	eeth certificate be executed attending physician and ifor use as the buriel-transit	n/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest	c	ue to (or es a c								
P.O.	the d	Physician/	Pert II. Other significant conditions con	ntributing to death but	not resulting In	the unde	rlylng cause gi	ven in Pert I.			bacco use co	atributs to	the cause of death?
Division of Vital Records,	law requires thet as been signed b s 2 should be dete	Completed by								24a. Wes er perform	n eutopsy ned?	av.	ere eutopsy findings allable prior to mpletion of cause death?
Œ E	The ate h	Com								1□ Ye	s 2 8 No	10	Yes 20M6
Vita Vita	Physician: The rthis certificate real director, page	Be	25. Was case referred to medical examinar?	lospitel:			04		of Death	(Check only on	ө)		
ō	F 50	7: To	1 Yes 2 No	1 ☐ inpatient 28a. Date of Injury	2 ER/Out		3LI DUA			ne 5 Reside 8d. Describe ho			(N
on	Attending Ph or death. octor: After th by the funeral	ation	2 Accident 5 Pending investigation	(Month, Day)	<i>'ear)</i> In	jury	28c. Inju Wo M 1 □	rk? ∣Yes 2∐N	- 1		,		
Divis	to or Attending after death. I Director: After ed in by the fune	Certification:	3 Suicide 6 Could not be determined	28e. Pleca of Injury building, etc. (- At homa, far (Specify)	m, street,	fectory, office		2	8f. Location (Sti City or Town	reet end Numb , Stete)	er or Rura	il Route Number,
9	To the Hospital or with a 24 hours after To the Purional Dir completely filled in	edical	29a. Certifier (Check only one) Cartifying Physical Exami	sician: To the best of r ner: On the besis of en and menner state	camination and	deeth oc Vor invest	currad at tha till Igation, In my c	me, dete end opinion, deetl	pieca, e h occurre	nd due to the ce d et the time, de	ouse(s) end ma eta end piace,	nner as s	ated. the cause(s)
11100	To the comple	W	29b. Signeture end title of certifier	ZW	1,7	70	29c. Licens	se number	35	A.	od. Date signe	36 ₁	Day, Year
	24		30. Name end addrass of person who co	empleted cause of daa	th (Item 23e) (7	Type Prin	17	nne	P	I Sym	y ()	enj	(M)
	Sta Registr		31. Dete filed (Month, Dey, Year) AUG 2 7 1996	2 Payd	on-Kand	182						V	



State of Maryland / Department of Health and Mental Hygiene Film G738 item 7 per FH 8-27-96 rja Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3. Time of Death Day **Physician** Month Year Cecilia Ann Knach August 24,1996 2:08 P.M. /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner Good Samaritan Hospital Baltimore,

If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth
Months | Deys | Hours | Min. | (Month, Dey, Year) 7. Age (In yrs. lest birthday) 5. Social Security Number Birthplece (State or Foreign Country) **Funeral** 1 M 2 X F Yrs. Sept. 20, 1906 Maryland Director 217-54-8947 Usual Residence of Decedent death with the Maryland 10e. Stete item 27 is marked other than "natural", or items 23a or 28a-f show other treumstic event, the Medical Executed installed at 10h County 10c. City, Town or Location 10d. Inside City Limits 1 No 2 □ No **Funeral Director** Maryland N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3403 East Northern Parkway 21206 United States 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after a Department of Health and Mental Hygiene. Important: If Hem 27 is marked other than "natural", or fler any injury or other treumatic event 1 Never Merried 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by Specify: 3 Nidowed 4 Divorced White Be Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 8th Grade Home Maker Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) John Unknown Ne1ka Stella Unknown Topolski 19e. Informent's Neme/Reletionship (Type, Print) (Niece) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 12 Bandon Court, Unit 303, Timonium, Maryland-21093 Burns 20b. Plece of Disposition (Name of cametery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 X Burial 2 ☐ Cremetion 3 ☐ Removel from State St. Stanislaus Cemetery 8-28-95 4 ☐ Donetion 5 ☐ Other (Specify) Baltimore, Maryland-21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility 6415 Belair Road John C. Miller, Inc. Baltimore, Maryland-21206 23a. Perf1. Enter the disease, or complications that caused the death shock, or heart feilure. List only one cause on each line.
Do not enter the mode of dying, such as cardlec or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Physician Immediete Cause (Finel disease or condition resulting in deeth) /Medical Examiner Physician/Medical Examiner The law requires that the death certificate be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initieted events resulting in deeth) Lest for use as the burial-tran Due to (or es e consequenca of): Division of Vital Records, P.O. Box 68760, Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. detached 23b. Did tobacco use contribute to the cause of death? signed by 1 Tes 20 No 3 Probably 4 Unknown by page 2 should be melle 24b. Were eutopsy findings eveileble prior to Completed 24e. Wes an eutopsy performed? completion of cause of deeth? certificate has 1 Yes 2 No 1 ☐ Yes 2 ☐ No or Attending Physician: Be 25. Wes case referred to medical 28. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residenca 8 Other (Specify) To 1 Yes 2 No 3D DOA 1 ☐ Inpatienf 2 ☐ ER/Outpetlent this 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury 28c. Injury et Work? Certification: 28d. Describe how injury occurred After 5 Pending Investigation death. 1 ☐ Yes 2 ☐ No after death the 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 6 4 ☐ Homicide To the Hospital c within 24 hours at To the Funeral D completely filled I Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the ceuse(s) and menner es steted.

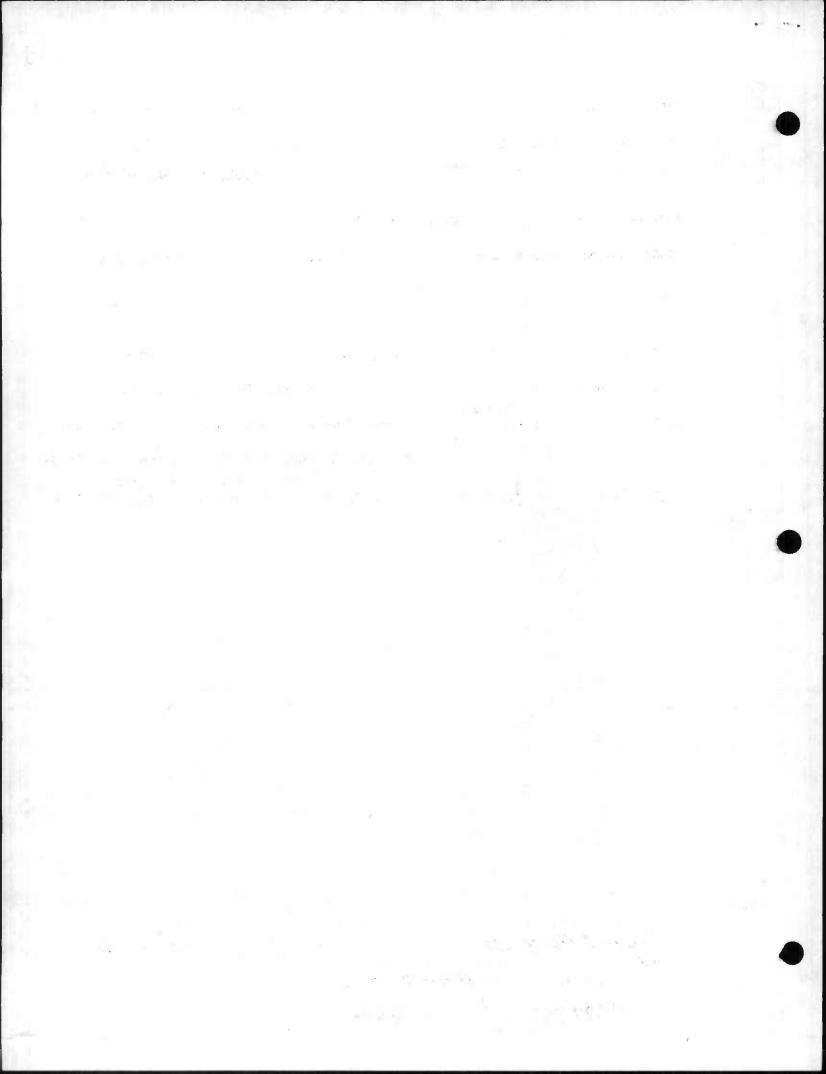
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete end plece, end due to the cause(s) end manner stated. Medical 29a. Certifler (Check only 29b. Signeture end fitte of cartifier 29c. License number 29d. Dete signed (Month, Day, Year) h & Mana on 250

JOHN 31. Dete filed (Month, Dey, Year) AUG27 Registrar

32. Registrar's Signeture

30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

Milia Davidson



State of Maryland / Department of Health and Mental Hygiene Certificate of Death

Months

25386

Physician /Medical

1. Decedent's Name (First, Middle, Last) PAIII. DONALD

Month KOWALEWSKI Sr. AUGUST 3. Time of Death

Examiner

4a. Fecility Neme (If not institution, give street and number)

4b. City, Town, or Location of Death

Dev Vaar 1996 26. 9:35AM

Funeral

by

Completed

0

Examiner

Physician/Medical

g

Completed

Be

2

Certification:

edicai

1944 MIDLAND ROAD 5. Social Security Number

DUNDALK If Under 1 Year If Under 24 Hrs. Hours Min.

Days

BALTIMORE 8. Date of Birth (Month, Day, Yes

4c. County of Death

Funeral Director

71s marked other than "natural", or items 23s or 25s-f show traumatic event, the Medical Examinar must be notified at

permit. Pages 1 end 2 should be filed within 72 hours after death with til Department of Health end Mental Hygiene. Important: If Item 27 is marked other than "natural", or items 23a or 2 and May Injury or other traumatic event, the Medical Examines must be repose.

Physician /Medical

Examiner

physician end the buriel-transit

80 ettending p

signed by the e

should

hes

certificate

this funeral

After

filled in by the

Baltimore, Maryland 21215-0020

the Maryland

Usual Residence of Decedent 10a. State 10b. County

212-34-7496

10c. City, Town or Location

Vrs

7. Age (In yrs. last birthday)

2. Date of Death

 Birthplace (State or Foreign Country) 6,1938 Maryland

Director

Md.

Baltimore Dundalk

58

10d. Inside City Limits 1 ☐ Yes 2 ☑ No

10e Street and Number

1944 Midland Rd.

21222

10f Zip Code

10g. Citizen of Whet Country?

USA

11. Maritel Status 1 ☐ Nevar Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced

12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Datas:

13. Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuben, Mexican, Puarto Rican, etc.) Specify

14. Race - Amarican Indian, Black, White, etc. Specify: White

15. Decedent's Education (Specify only highest grada complated)

College (1-4or 5+)

1₩ 2□ F

16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

Elementery/Secondery (0-12)

Longshorman

Marine Term.

17. Fether's Nama (First, Middle, Last)

Albert Kowalewski

Tillie Kupidlowski

19a. Informent's Name/Relationship (Type, Print)

19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1944 Midland Rd. Dundalk Md. 21222

Juliann Kowalewski

20b. Plece of Disposition (Name of . Stanislaus st. Cem.

Date 8-29

18. Mother's Name (First, Middle, Meiden Sumame)

20c. Location - City or Town, State Dundalk

20a. Method of Disposition

Weurial 2 ☐ Cremation 3 ☐ Removal from Stete

22. Name and Address of Facility

Connelly Funeral Home Of Dundalk

7110 Sollers Point Rd. 21222 Enter the disaase, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, or heart failure. List only obsociouse on each line.

Immediate Cause (Final diseese or condition resulting in deeth)

GUNSHOT WOUND TO THE HEAD

Due to (or as e consequence of)

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last

Due to (or as a consequence of)

Due to (or as a consequence of)

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown

24a. Was en autopsy performed? INSPECTED 1 ☐ Yes 2 No 24b. Were autopsy findings evallable prior to completion of causa of deeth? 1 ☐ Yas 2 ☐ No

Approximete Interval Between Onset end Deeth

25. Was case referred to medical exeminer? 1 X Yes 2 ☐ No

5 Pending Investigation

6 Could not be determined

Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Dev Year) 28c. Injury af Work? FOUND

26. Place of Death (Check only one) Other: 4 ☐ Nursing Home 5 ☒ Residence 6 ☐ Other (Specify)

28d. Describe how injury occurred
SELF-INFLICTED GUNSHOT

8/26/1996 1 Yes 2 No 0725 Plece of Injury - At home, ferm, sfreat, factory, office building, etc. (Specify)

WOUND 28] Location (Street and Number or Bural Route Number, Birl of Told, Edd), AND ROAD

RESIDENCE

DUNDALK, MARYLAND 1 Certifying Physician: To the best of my knowledge, death occurred af the time, dete end place, end due to the cause(s) and manner es stated. Medical Examiner: On the basis of examination and/or Investigation, in my opinion, deeth occurred at the time, date and place, and due to the ceusa(s) and menner etated.

(Check only one) 29b. Signeture and title of certifier

27. Menner of Death

2 Accident

3X Suicide

29a. Certifier

4 Homicide

1 Naturel

29c. Licansa number

O.C.M.E.

29d. Data signed (Month, Day, Year) AUGUST 26, 1996

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

DAVID FOWLER M.D. 31. Date filed (Month, Day, Yeer)

111 Penn Street, Baltimore, Maryland 21201

State Registrar

AUG 27 1996

32. Registrer's Signeture Mson-Randell

DHMH 16 Bev 6/95

that the death certificate be executed Records, P.O. Box 68760

Division of Vital Attending death. Hospital or Attendi 24 hours after death Funeral Director: A

within 24 hours a To the Funeral D

State of Maryland / Department of Health and Mental Hygiene ITEM: 1. PER DR. FILM G-738 25387 8/27/96 t.t Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Dete of Daath **Physician** Month ERIC TURE KING. JR. 3:40 Am AUGUST 24 /Medicai 4a. Facility Nama (If not institution, giva street and number 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Gilchrist Hospice Center Baltimore County

9. Birthplaca (Stata or Foraign
Country) 5. Social Sacurity Numbar 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Day, Yaar) **Funeral** 1 M 2□ F Days Yrs. Director 089-18-6242 June 25, 1921 New York 10a Steta 10h County 10c. City. Town or Location 28a-f show 10d. Insida City Umits Examiner must be notified Director 1 ☐ Yes 2 ☑ No Maryland Baltimore County Lutherville 10e. Straat and Number 10f. Zip Code 10g. Citizan of What Country? items 23a or 112 Croftley Road 21093 USA 11. Maritel Status 12. Wes Dacedant Evar in U,S. Armed Forcas? 1 X Yas 2 ☐ No If Yas, Give Was Decedant of Hispanic Origin? (Spacify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - Amaricen Indien, Black, Whita, etc. pernit. Pages 1 and 2 should be filed within 72 hours effer to Department of Health and Mental Hygiene. Important: if item 27 is marked other than "naturel; or fler any injury or other traumatic evant, the Medical Evantines once. 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1□ Yas 2♥No Specify: þ Specify: 3 Widowad 4 Divorced White Yaar or Datas: WW 2 Be Completed 15. Dacedant's Education (Spacify only highast grada complated) 16e. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry Elamantary/Sacondary (0-12) Collaga (1-4or 5+) Printing Sales Representative 17. Fethar's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Eric Ture King, Sr. 2 Eleanor McKay Lea 19a. Informant's Name/Ralationship (Typa, Print) 19b. Malling Addrass (Straat and Number or Rural Route Number, City or Town, Stata, Zip Coda) Mrs. Isabel B. King (Wife) 112 Crofley Road, Lutherville, MD 21093 Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Bunal 2 ☐ Cramation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Othar (Specify) 8/27/96 Baltimore, Maryland Green Mount Crematory 21. Signature of Funaral Sarvice Clark
Martin D. Martin 22. Nama and Addrass of Facility Lawm Mitchell-Wiedefeld Home 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest,

Approximately a specific control of the con Approximata Intervel Batween Onset and Death **Physician** /Medical Immediata Cause (Finel disaasa or condition rasulting in daath) Examiner Physician/Medical Examiner Sequantially list conditions, if any, laading to Immadiata ceusa. Enter Underlying Causa (Disaasa or Injury that initiated avants rasulting in daath) Last es the buriel-trar Division of Vital Records, P.O. Box 68760, The law requires that the death certificate be Dua to (or es a consequança of) concer for use Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? deteched 2000 1 Yss 3 Probably 4 Unknown by page 2 should be Completed 24b. Wara autopsy findings available prior to 24a. Was en eutopsy complation of causa of daath? certificate has NA 1 ☐ Yes 2 ☐ No Be 25. Wes cesa refarrad to medicel axaminar? 26. Placa of Daath (Chack only ona) Other: 4 Nursing Homa 5 Residence & Other (Specify) Hospit ို 1 Yas 2 No 1 Inpatlant 2 ER/Outpatient 3 DOA this 28a. Data of Injury (Month, Day Year) Hospital or Attanding Ph 24 hours efter death. • Funeral Director: After the detety filled in by the funeral 27. Mannar of Daath 28d. Dascriba how injury occurred Certification: 28b. Tima of 28c. Injury et Work? 5 Panding Investigation Natural 2 Accidant 1 ☐ Yas 2 ☐ No 6 Could not be datarmined 3 Suicida 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

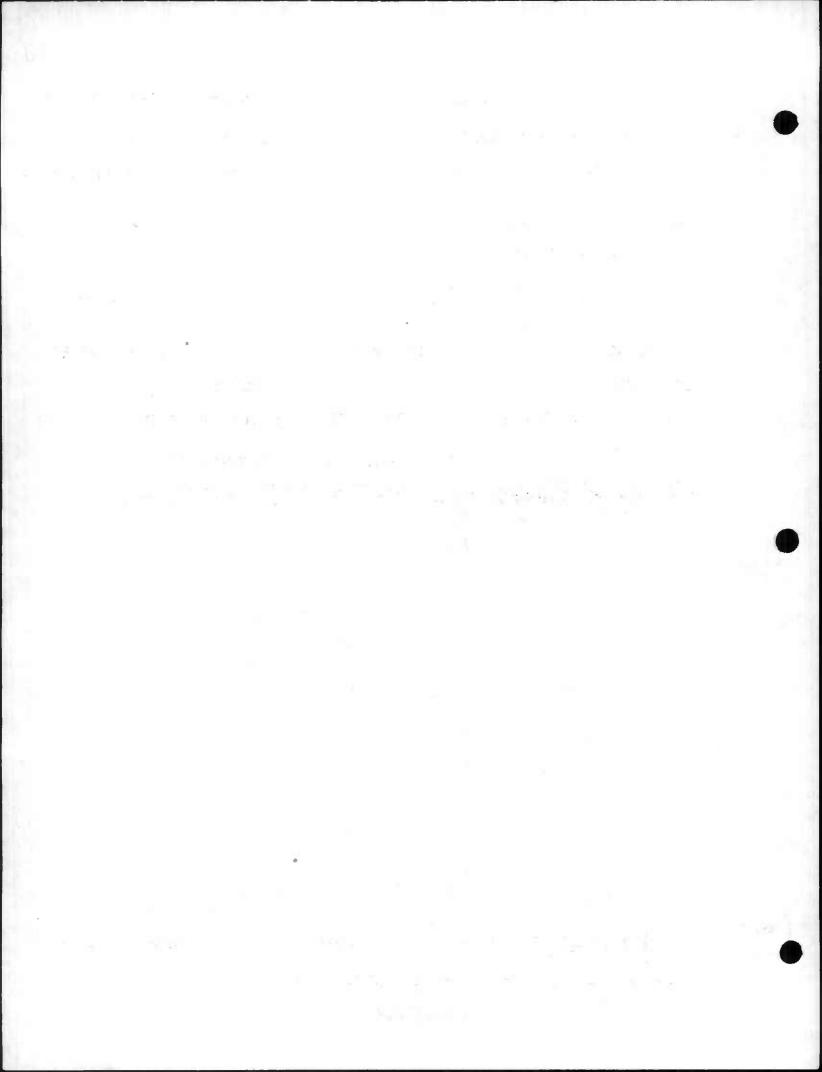
2 Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Cartifian (Check only 29b. Signature end titla of certifiar 29c. License number 29d. Data signed (Month, Day, Yaar) 30. Nama and address of person who plated ceusa of death (Itam 23a) (Typa, Print) W.A.Rile N. Charles St. GBMC 6701 32. Ragistrar's Signatura 31. Data filad (Month, Day, Yaar) State AUG 2 7 Registrar

SACALAN APPROPRIA

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

25388

						Certifi	icate of	Death		Reg. I	No.			
	Physic /Medi		Decedent's Name (First, Middle, Las Owen	r) Kro	use				2. Dete o	f Death			3. Time of De 12:10 A	
	Exami		4e. Fecility Name (If not institution, give Maryland Genera		1				n, or Location of D	127 1 1	4c. County	of Death	1	
	Funerai Director		5. Social Security Number 6. Security Number 11. Security Number 1	X 7. Age	(In yrs. last bii 79	urouy/	Under 1 Year onths Deys		4 Hrs. 8. Dete of Month 3 - 2	Birth Pay, Yes 4-1/	gr)	Country	ce (State or Fo	
	death with the Maryland ms 23s or 28s-f show	Director	10a. State 10b. County MARYLAND 10e. Street and Number	N/A	10c. City, Tow	IMOR				10g. (Citizen of V	10d	1. Inside City L	
	23a o	aiD	940 S. LAKEWOOL	D AVENUE			2122	4			L	JSA		
	or Its	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ev Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Year or Dates:			Decedent of s, specify Cut res 2 No		n? (Specify Yes o Puerto Rican, etc.	No-		a - American ck, White, etc	c.	
2-0	2 2 2	eted	15. Decadent's Edu (Specify only highest grad	ucetion	16a.	Decedent's	S Usuel Occu	pation	of working	16b.	Kind of Bu	usiness/Indu	stry	
21215-0020		Completed	Elementary/Secondary (0-12) 12 YEARS	College (1-4or 5+			ECH.	during most o	n working	·E	SSKA	Y ME	AT PAG	CK.
pu	tal Hygie d other	Be	17. Father's Name (First, Middle, Last)					18. Mother	s Name (First, Mid	ddle, Maid	en Sumam	10)		
yla	should b nd Menta marked umatic e	70	LEWIS KROUSE					IVY	HYLAND					
Σ	" = = =		19a. Informant's Name/Relationship (7) MS. VICTORIA K						or Rural Route Nu BALTO.				ode)	
	Page nent int: If iny or		20a. Method of Disposition 1 ☐ Burlal 2 ☑ Cremation 3 ☐ F 4 ☐ Donation 5 ☐ Other (Specify)			ry, cremator	Neme of y or other pla	•	Dete 8-29-9			City or Towr		
Balt	Departir Departir Imports any Inji		Signeture of Funeral Service Licens	esasou.	ki	22. Nar	me end Addr	ess of Facility	UNERAL BALTO					
	Physician /Medicai Examiner		23a. Part1. Enter the disease, or comp shock, or heart failure. List only o Immediate Cause (Final disease or condition resulting in dealth)	ication that caused it no cause on each line Pneur		not enter the	e mode of dy	ing, such as ca	ardiac or respirato	ry errest,		fr	pproximate hterval Betwee Inset and Deel	
	. *	ner	Tooding it doubly	D	ue to (or as e	consequenc	ea of):							
68760,	earn cermicate be executed attending physician and for use as the buriel-transit	cai Examiner	Sequentially list condifions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events	3	ue to (or as a									
Box 68	tending phy r use as th	an/Medical	resulting In death) Lest	d	ue fo (or es e d	Solisequento	e oi).							
0	the at	Physician	Part II. Other significant conditions con	ntributing to death but	not resulting in	n the underly	/Ing cause gi	ven in Part I.	23b. [oid tobacc	co use cor	ntribute to th	ne cause of de	eath?
s, P.O	requiras mat ma deam ce een signed by the attendi hould be datached for use	by Ph	Congestive Heart I	ailure					1	□ Yes	2□ No	3 Probet	bly 4□Unk	ınown
e e	8 8 8	Completed	Renal Insufficience	cy .					24a. V	Vas en au erformed?	topsy	availa	autopsy findir able prior to pletion of cause eth?	
a B	pege pege								1	☐ Yes	2XX10	1□ Y	res 2□ No	
of Vita	s certificata director, pe	To Be	25. Was case referred to medical exeminer?	lospital:	2 ☐ ER/Ou	tpatient 3[DOA Ott	her:	f Death (Check or ing Home 5□ P		6 □Oth	er (Specify)		
vision of	After fune		27. Manner of Death 1 ♣ Natural 5 ☐ Pending 2 ☐ Accident investigation	28a. Date of injury (Month, Day)		lime of njury	28c. Inju Wo		28d. Descri			1-1-1-27		
Division		Certification:	3 Sulcide 6 Could not be determined	28e. Plece of Injury building, etc. ((Specify)			•	City or	Town, Sta	ite)		loute Number,	
_	Fume Slotsky fil	edicai	29a. Certifier the Certifying Physical Control one) (Check only one)	eician: To the best of r ner: On the basis of ex and menner stete	caminetion and	, death occu d/or investig	arred et the ti	me, date and popinion, deeth	place, and due to occurred at the fir	the cause ne, date a	(s) end ma nd placa, a	nner as state and due fo th	e ceuse(s)	
/ B.	ompo o	M	29b. Signeture end fitte of cartifler	mi	> '		29c. Licens 8927					(Month, Da		
diam'r			30. Name and address of person who co Kenneth Geh, M.I					oital					No. Since all registrations	
	Sta	te	31. Date filed (Moeth Day, Year) AUG 27 1996	32. Registrar's		0 8								-



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Death 3. Time of Death **Physician** Month Year 105AM Kowski le cz Bernard Joseph 1996 1.10 /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner JOHNS HOPKINS BAY VIEW BALTIMORE If Under 1 Yeer if Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 4 - 1 - 21 5. Social Security Number Birthplace (State or Foreign Country)
 MARYLAND 6. Sex 7. Age (In yrs. last birthday) **Funeral** 1√2 M 2□ F 212-09-1699 Yrs. 74 Director Usuai Residenca of Decedent permit. Pages 1 and 2 should be flied within 72 hours after death with the Maryland Department of Health and Mental Hygiene.
Important: if item 27 is marked other than "naturel", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examples notified at once. 10a State 10b County 10c. City. Town or Location 10d. Inside City Limits MARYLAND N/A BALTIMORE 1 Yes 2 □ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 809 S. LUZERNE AVENUE 21224 USA Funeral 12. Wes Decedent Ever in U,S.
Anged Forces?
1 EYes 2□No
If Yes, Give
Year or Dates: WWII Wes Decedent of Hispanic Orlgln? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Never Married 2 ☐ Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: WHITE Specify: þ 3 ☐ Widowed 4 ☐ Divorced WWIT Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) 8 YEARS College (1-4or 5+) MECHANIC AM. CAN CO. 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Be ANTHONY KLECZKOWSKI UNKNOWN 19a. tnformant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) MR. JAMES ZARACHOWICZ 6822 DELUTH AVE. BALTO. MD. 21222 20a. Method of Disposition 20b. Piace of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) HOLY ROSARY CEMETERY 8-13-96 BALTO. CO. MD. ature of Funeral Service Licenses 22. Name end Address of Facility
KACZOROWSKI FUNERAL HOME 23a. Pert1. Enter the disease, of complication it at caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one can see on each line. 1201 DUNDALK AVENUE BALTO. Approximete Interval Between Onset and Death **Physician** /Medical immediate Cause (Final disease or condition resulting in death) Pneumonia week Examiner Due to (or as a consequence of) Examiner physician and the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): attending pl signed by the at d be detached for Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 YUnknown þ 24b. Were autopsy findings available prior to completion of cause of death? Aspiration 24a. Was an autopsy performed? page 2 certificata has 1 Yes 2 No 1 Yes 2 No To the Hospital or Attending Physician: funeral director, 25. Was case referred to medical examiner? Be 28. Piaca of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 1 Yes 2 □KNo 1 ⊈inpatient 2 ☐ ER/Outpatient 3□ DOA Aftar this 28a. Date of injury (Month, Dey Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending Investigation Natural aftar death. 1 Yes 2 No 2 Accident 8 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of injury - At home, farm, street, factory, office building, etc. (Specify) plataly filled in by 4 Homicide Within 24 hours at To the Funeral D complately filled h 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. edical (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) and manner stated.

State Registrar

HOWARD 31. Date filed (Month, Day, Year) AUG 27 1996

29b. Signature and title of certifier

wara

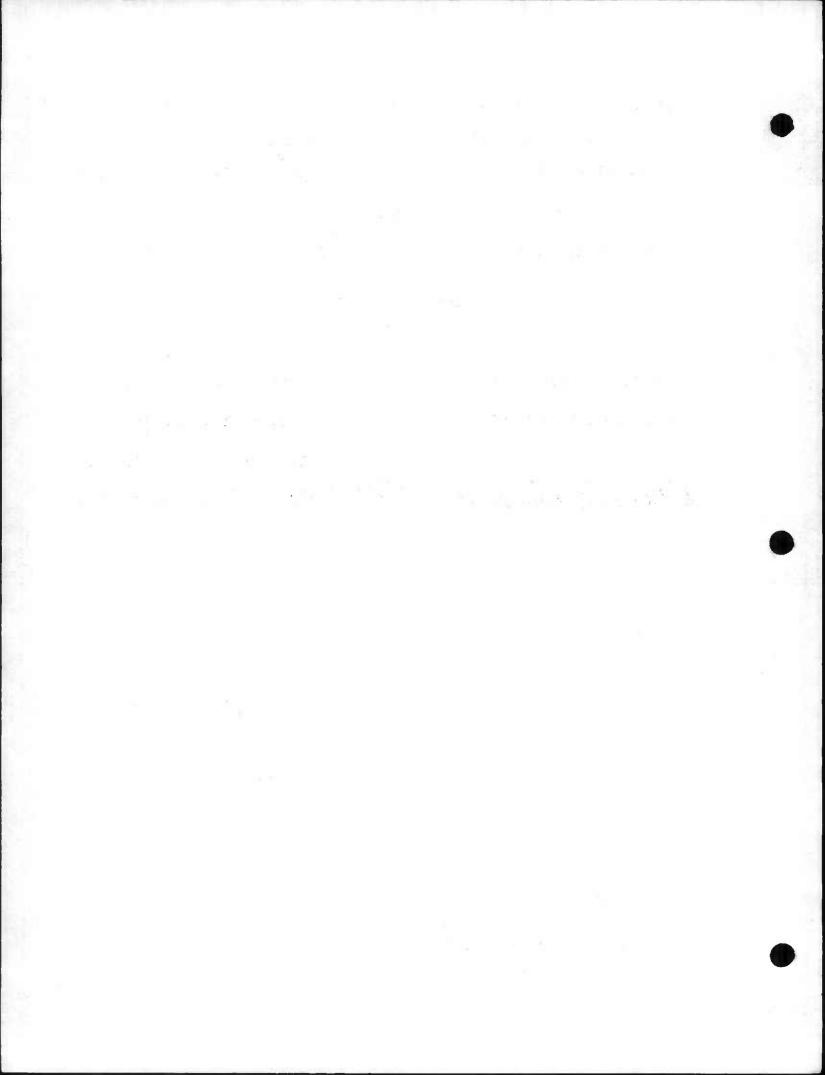
ZAHALSKY Registrer's Signeture

ula Davidson-Render

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 4940 EASTERN AVL

29c. License number

29d. Date signed (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene

25390

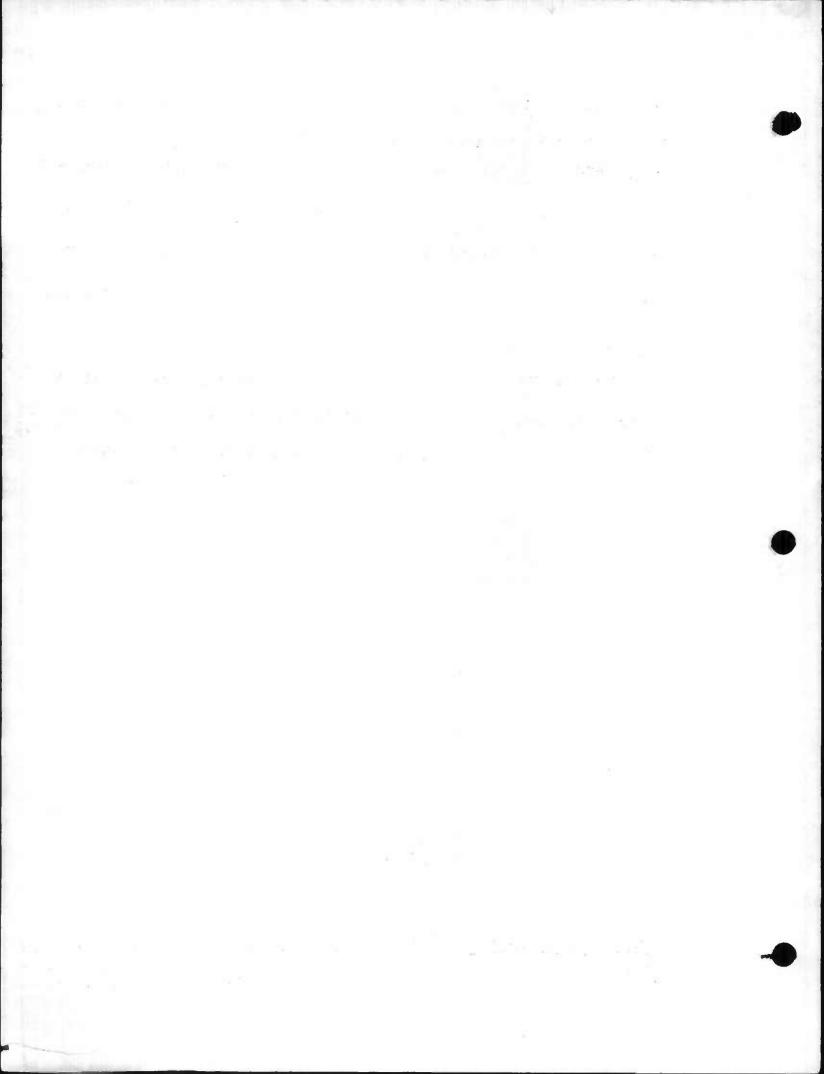
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Director .	5. Sociel Security Number 217-14-2056 Usuel Residence of Deced	6. Sex		(In yrs. lest birthday 70 Yrs.	if Under Months	1 Yeer Deys	If Under Hours	24 Hrs. Min.	8. Dete of B	irth (1925) 1925	9. Birthplece Courter MARY	(State or Foreig
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after death with the Mark ferms 23a or 28a-f so or 28a	10e. Street end Number 3005 WIN	DSOR AVE	ENUE		10f. Zip	Code 212	16			10g. Citizen of V		S
or its	11. Maritei Status 1 □ Never Merried 2[3 ☑ Xidowed 4 □ Di	Married 15	es Decedent Evened Forces? Office 2 Notes 2 Note 2		Wes Deced if Yes, spec		lispenic Or en, Mexicar Specify:	igin? (Spe n, Puerto	ecify Yes or N Rican, etc.)	o- 14. Rad Blee Specify	ca - American Inck, White, etc.	
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permit. Pages 1 and Department of Health Important: If item 27 any injury or other ti once.	4 Donation 5 Dot 21. Signature of Funerel S	her (Specify)	A)	INT C 2. Neme end larch	Addre			8-27	BALTIM North		
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State of Maryland / Department of Health and Mental Hygiene

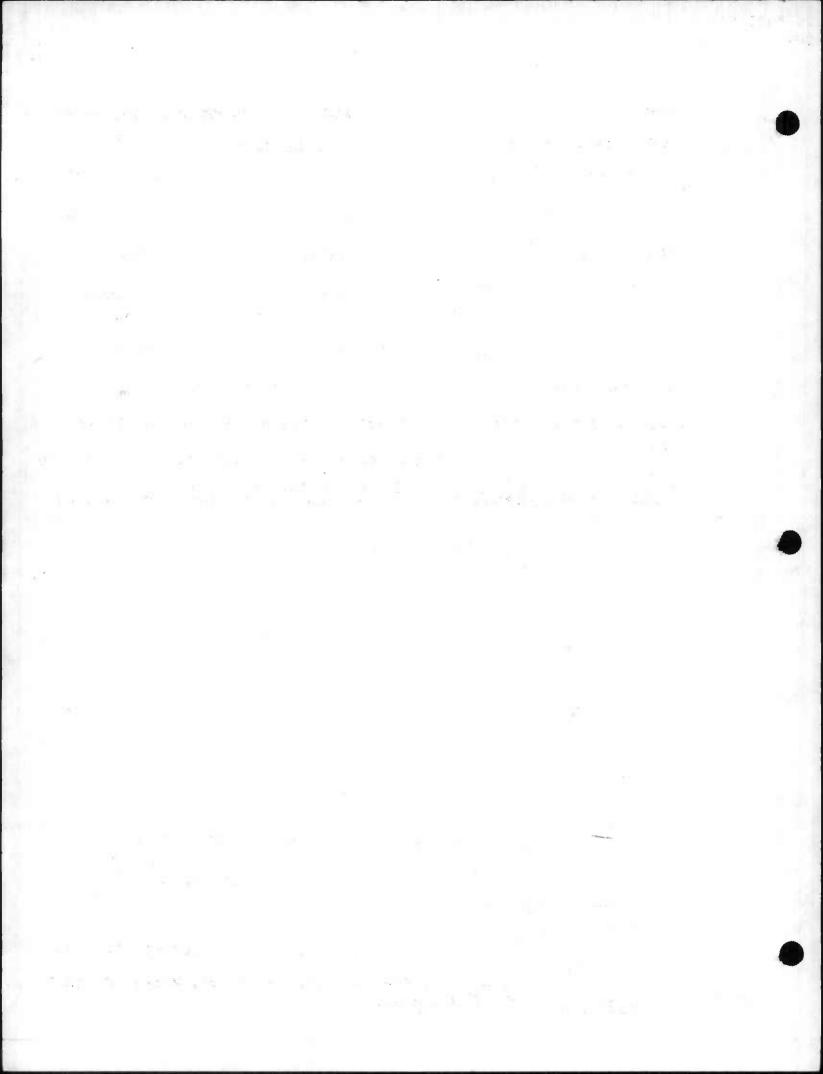
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Physici		Marion	Long				Augus	+ Z1 1	Year 996	1746
/Medi Examir		4a. Fecility Neme (If not Institution, g	ive street and number)			4b. City, Town	, or Location of Deet			
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Funeral Director			Sax 7. Age (In yi	rs. last birthdey).	If Undar 1 Yaar Months Days		Hrs. 8. Dete of Bit	th 22 Years 3	9. Birthple	ece (Steta or Foraig
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Maryland f ahow	or	10a. Stete 10b. County MD	n/a 10c.	City, Town or Lo	BALTIM	ORE			10	d. inside City Limits
with the Party or 28a-	Funeral Director	10a. Street and Number 4918 CRENS	HAW AVE,APT	т D	10f. Zip Code			10g. Citizan of V UNIT	What Count	
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iges 1 and 2 should be filed within 72 hours after death with the Maryland to f Health and Mental Hygiena. If Hem 27 is marked other than "natural", or items 23a or 28a-f show or other traumatic event, the Medical Examiner must be notified at	by Fun	11. Meritel Stetus 1 Never Merried 2 Married 3 Welowed 4 Divorced	12. Was Decedant Evar in Armed Forces? 1 Yes 2 Yes Hyes, Giva Yeer or Detes:	if	ves Decedent of Yes, specify Cul	oan, Mexican, F	? (Specity Yes or No Juerto Rican, etc.)		e - Amarica ck, White, a	
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ITEMS: 23 PART I, 27, 28a-f State of Maryland / Department of Health and Mental Hygiene 96

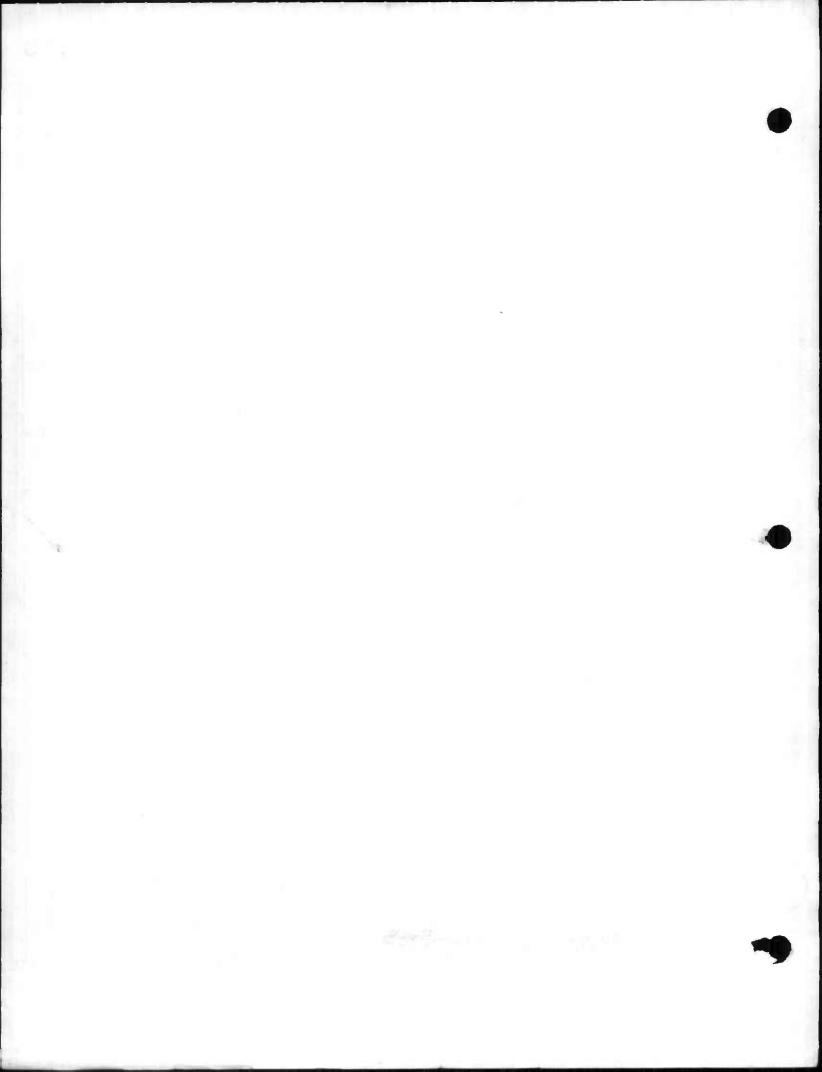
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/Medica	1 -	JOHN 4a. Fecility Neme (If not	institution, give	street end number)			LEWIS	4b. City, Town, o	AUGUST	25. 1	996	04:40 AN
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Funeral Director		5. Sociel Security Numb 214-56-5	er 6. Se			st birthday) 6 Yrs.	If Under 1 Year Months Deys		n. (Month, De	th ey, Year) , 1950	9. Birthple Count	ece (State or Foreign ry) NC
>	- 1-	Usuel Residence of Dec			40.00	-				,		
28a-f show		MD 10e. State 10e	b. County	a	10c. City	Town or Loc Ba	ation 1timor	е			10	od. Inside City Limits 1 ☑ ¥ s 2 □ No
5 X C	al Dire	10e. Street end Number 2708 the		đa			10f. Zip Code 2.1	218		10g. Citizen of	Whet Count	ry?
	2	11. Marital Status VEPNever Merrled 3 □ Widowed 4 □		12. Wes Decedent Armed Forces? 1 Yes 2 N If Yes, Give Year or Dates:			las Decedent of In Yes, specify Cub		Specify Yes or Norto Rican, etc.)		ce - America ck, White, e y: Blac	etc.
"natural", adical Exp	000	15. (Specify o	Decedent's Edi	ucation		16a. Decede	ent's Usuel Occup	petion during most of w	orkina	16b. Kind of B	usiness/Ind	ustry
lift and Mental Hyglene. 27 Is marked other than "natur. r traumatic event, the Medical. To Re Commisted		Elementary/Secondar		College (1-4or 5		life. D	ONOTuse retire	during most of w d)	O.N.W.G	S	ears	
d other event.	2	17. Fether's Neme (Firs	t, Middle, Last)					18. Mother's N	eme (First, Middle	, Maiden Sumer	ne)	
arked atic e.	0	Carlton	Lewis					A:	lline J	ohnson		
e me		19e. Informent's Neme/	Reletionship (T	ype, Print)		19b. Mailing	Address (Street	end Number or F	Ru <i>ral Rou</i> te Numb	er, City or Town	Stete, Zip	Code)
		Carlton I	Lewis/	father		208	Soller	s Pt. 1	Rd. Bal	to., M	D 212	222
		20e. Method of Disposit 1 ☑ Burial 2 ☐ Cr 4 ☐ Donetion 5 ☐	emetion 3 🗆	Removel from State			ition (Name of atory or other pla morial		Dete	20c. Location	1	
Department of Important: If if any Injury or one.		21. Signature of Funera			IV I	20	Nome and Added	ån of English	1 8/29 +on +		IIST	own, MD
75 2 9		Jam	es a.	Mort	1-10	30	101 ho	urens	St. B	alto. M	d. 2	1217
aminer and Examiner		disease or condition resulting In deeth)	ons C	b	Due to (or	es e consequ						
as the bur		Sequentially list condition of eny, leeding to immedicause. Enter Underlyin Ceuse (Disease or Injurithet initiated events resulting in deeth) Lest	iste gy	c		es e consequ						
for use		Pert II. Other significant		d	at not require	ting in the une	to the top of the same of	un la Part I	025 014	As b		Ma anna at da M
detached		orth, Other significant	CONGILIONS CO.	minuting to death bu	at not resur	ung in the dik	enying cause gi	ren in Pen I.				the cause of death? ably 4因Unknow
page 2 should be det										en eutopsy ormed?	com	re autopsy findings ileble prior to pletion of cause eeth?
page Com									123	Yes 2□No	123	Yes 2□ No
is certificate director, pag		25. Wes case referred for examiner?							eth (Check only	one)		
T di		XXYes 2□ No		lospitel: 1 Inpatie		R/Outpetient	3□ DOA Oth	4 LI Nursing	Home 5 ☐ Resi	dence 6 Oth	er (Specify))
atn. r: After ne funer ation	2	2 Accident	2 Pending Investigation	28e. Dete of Injur (Month, De) 8–25–96 FC		3b. Time of 00 NDy 4:15	28c. Injui Woo A M 1 🗆	yet rk? Yes 2.XXVo		INGESTED		7
al Dire		4 Homicide	Could not be determined	28e. Plece of Injubulding, etc	ry - At hom (Specify)	DUND AT	HOME		28f. Location (City or To	Street end Numb wn, Stete) 270 RE ^I , MD.	er or Rural 8 ALAME	Route Number, DA ST.
he Funer pleiely fill edical		29a. Certifier 1 (Check only one)	Certifying Phys Medical Exami	elcian: To the best o ner: On the basis of end menner ste	examinetic	edge, deeth on end/or Inve	occurred et the tir stigetion, in my o	me, dete end plea pinion, deeth occ	e, end due to the curred et the time,	cause(s) end me date end plece,	enner es ste end due to t	eted. the cause(s)
To the		29b. Signeture end title	of certifier	70			29c. Licens	e number		29d. Dete signe	d (Month, D	ey, Year)
		Dem	-194	wife in			o.c.	M.E.		AUGUST	25,	1996
	3	0. Neme end eddress of			1		nn Stre	not De	112	24		21221
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be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		se notified at once,
MYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	led by the attending physician and completely filled in by the funeral director, pa	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ted, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires	TO THE PUNERAL DIRECTOR: After this certificate has been sign	the fined within 72 hours after death with the State Dept. of Heal	IMPORTANT: If Item 28 is marked, or item 23 shows

	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPAR CERTIFI	TMENT OF HEALTH AND	MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) MARY M.	M. DANIELS		2. DATE OF DEATH MATTH DAY HULLA 21	YEAR 3. TIME OF DEATH YEAR 5 4 M		
	4. SOCIAL SECURITY NUMBER 233-1778	5. SEX 6. AGE (In yrs. lest birthday) 1 M 2 M YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.		BIRTHPLACE (State or Foreign Country)		
TOR	9a. FACILITY NAME (If not institution, give : FOYAS + HA RESIDENCE OF DECEDENT	Ven No H	96. CITY, TOWN OR LOCATION OF I	DEATH 9c. COUNT	Y OF DEATH		
DIRECTOR	10a. STATE 10b. COUNT	Y 10c. CTT	Ba Homore		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 4412 Old	l Vork Rd	101. ZIP CODE 2/2/	2 log. CITIZE	EN OF WHAT COUNTRY?		
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISP If yes, specify Cuben, Maxic 1 YES 2 NO Specify	en, Puerto Ricen, etc.)	4. RACE — American Indian, Black, White, stc.		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		USUAL OCCUPATION vork done during most of working e retired.)	16b. KIND OF BUSINESS/INDU	12.000		
OMP	17. FATHER'S NAME (First, Middle, Last)		DUSE WITE	own	nome		
BE C	John Winston Powell		16. MOTHER'S N	18. MOTNER'S NAME (First, Middle, Melden Surname)			
TO E	196. INFORMANT'S NAME (Type/Print): 196. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State Zip Code) JULIA WILLIAMS HOMES 630 WILLOW AVE BOHO. 2MD 2/242						
	20e, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of comptant, cremation, cremati						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY						
	March F. H. EAST 1101 E North Au						
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):						
PHYSICIAN: MEDICAL C	PART II. Other algnificant condition	na contributing to death but not resulting in	n the underlying couse given in	Part i. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:						
HYS	1 YES 2 AND 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient 3 DOA 26a. DATE OF INJURY 26b. TIME	4 Sandana 1 Residence				
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month Days Year) INJU		284. DESCRIBE NOW INJURY OCCU	HED		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, farm, st building, etc. (Specify)	treet, lactory, offica	261. LOCATION (Street and Number or City or Town, State)	Rural Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.						
BE C	290. SIGNATURE AND TITLE OF CERTIFIE	24	29c. LICENSE NU	MBER 29d. DATE S	SIGNED (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF DEATH (ITEM 27) (Type,	Print)	1/2 14	4 22 1996		
	HARUND B. BUB TELL PARK Heights Are 2120						
	31. DATE FILED (MORTH, Day, Year) AUG 2 7 1996	32. REGISTRANS SIGNATURE PANDAGE					



State of Maryland / Department of Health and Mental Hygiene Certificate of Death

25394

Physician /Medical **Examiner** 3. Time of Deeth

Funeral

Director show

the Maryland Medical Examiner must be notified at 28a-f 6 Items 23s death

permit. Peges 1 and 2 should be filed within 72 hours effer to Department of Health end Mental Hygiene. Important: If Item 27 is marked other than "natural", or item any Injury or other traumatic event, the Medical Exemples.

Baltimore, Maryland 21215-0020

Box 68760.

P.O.

Division of Vital Records,

Physician /Medical Examiner

burial-tran The law requires that the death certificete be the USB BS ò 2 8 page 2 should certificate Attending Physician: this After ctor:

1. Decedent's Name (First, Middle, Last) 2. Dete of Death D. ERIC McFADDEN AUGUST 1996 2319 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth 900 BLK W. NORTH AVE BALTIMORE n/a 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) SEPT 21,66 9. Birthplece (State or Foreign BALTIMORE 219-46-6919 XX M 2 F Months Deys Hours Yrs. Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits BALTIMORE Director n/a 1 ☐ Yes 2 ☐ No 10e. Street end Number 10f. Zip Code 10g Citizen of What Country ATES 21239 1924 SWANSON ROAD Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11 Marital Status XX T☐ Nevar Married 2☐ Married 1 Yes 2 No Specify: þ Specify: BLACK 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grede complated) 16a. Decadent's Usuel Occupation (Giva kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Businass/Industry COLDSTREAM Elementary/Secondary (0-12) College (1-4or 5+) AIR CONDITION MAINTENANCE - TECH-PLUMRING 11 th 17. Fether's Neme (First, Middla, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Be HENDERSON MINNIE P LOUIS MC FADDEN 19e. informant's Neme/Ralationship (Type, Print) 19b. Mailing Address (Streat and Number or Rural Route Number, City or Town, Stata, Zip Code) SWANSON ROAD, BALTIMORE, MD 21239 MC FADDEN MINNIE 20b. Placa of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Burial 2 Cremetion 3 Removel from State 4 ☐ Donation 5 ☐ Other (Specify) 8-26 ARBUTUS, MD ARBUTUS MEMORIAL PARK 21. Signature of Juneral Service Licenses 22. Name end Address of Facility Part 1. Entar the diseesa, or complications that caused the daeth. Do not enter the mode of dying, such es cardiac or respiratory errest, shock, or heart failure. List only one cells on each line. NORTH FH.-1101 E. AVE. Approximate Interval Between Onset and Death Immediate Causa (Final Gunchot Wounds of disease or condition resulting in death) Examiner Sequantially list conditions, if eny, leeding to immediata cause. Enter Underlying Cause (Diseese or injury Dua to (or es a consequença of): Physician/Medical that initieted events resulting in daeth) Last Due to (or es e consequence of) Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by Completed 24b. Were eutopsy findings evelleble prior to completion of cause of daath? 24e. Wes an autopsy performed? Yes 2□ No 1 Yes 2□ No Be 25. Was casa raferred to medical 26. Place of Deeth (Check only ona) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Othar: 4 Nursing Home 5 Residence 6 Hothar (Specify) SCENE P 1 XYes 2 No 27. Manner of Death Data of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury et Work? Illication: 28d. Dascribe how injury occurred 5 Panding Investigation 1 Natural 28e. Place of Injury - At home, ferm, street, fectory, office building, atc. (Specify) 1 Yes ject shot 2 ☐ Accident 6 ☐ Could not be determined 3 Suicide 281. Location (Street end Number or Rural Route Number, City or Town, State 400 BIL W. North Ave Bout, more, no 4 Homicide hal Col street 1 Certifying Phyeician: To the best of my knowledga, death occurred et the tima, date and pleca, end due to tha cause(s) end mannar as stated.

2 Medical Examiner: On the basis of exeminetion and/or invastigation, in my opinion, daath occurred et the time, date end pleca, end due to the ceuse(s) end menner stated. (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) O.C.M.E AUGUST 20,1996

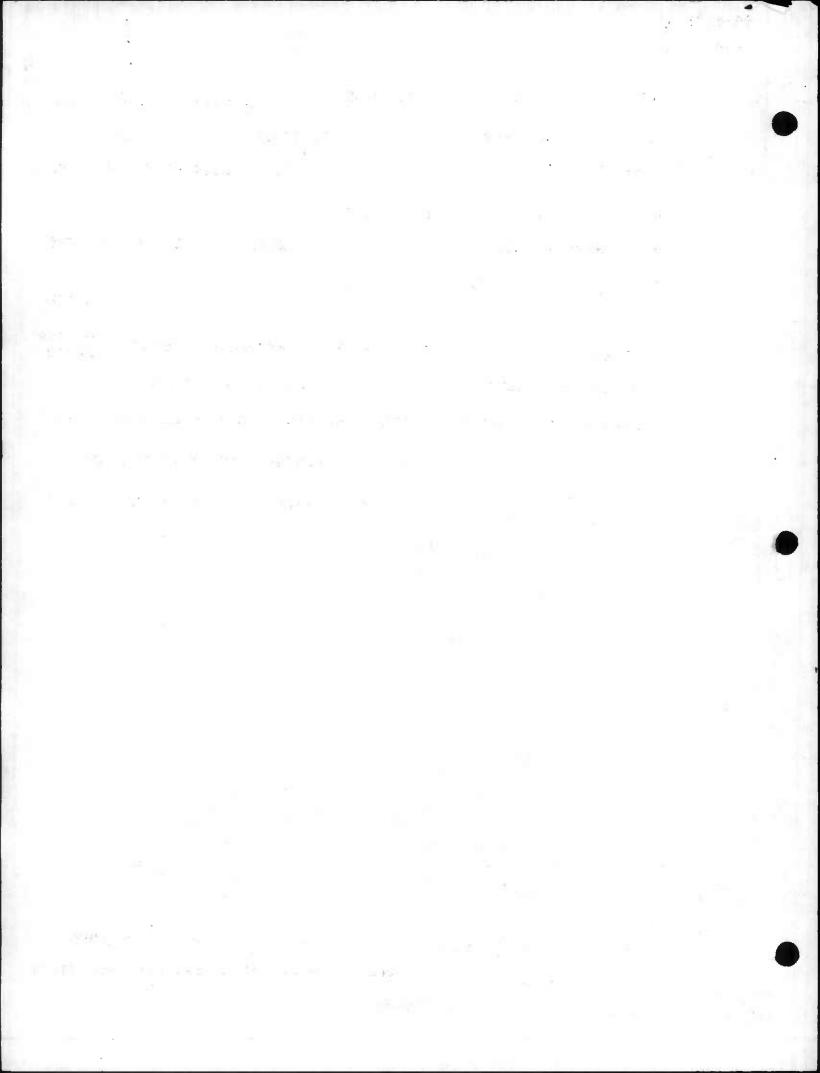
State Registrar

J. 31. Deta filed (Month, Day, Year) AUG 27 1996

Chute no 3l. Apgister's Signatur Randoll

30. Name and address of person who completed cause of death (Item 23a) (Type Penn Street, Baltimore, Maryland 21201

Dennis



State of Maryland / Department of Health and Mental Hygiene	96	
Certificate of Death Reg. No.		

Physician
/Medical
Examiner

McMAHON

2. Dete of Death AUGUST

3. Time of Deeth 12:17 AM

10d. Inside City Limits

1 ☐ Yes 2 No

Baltimore Co.

Funeral Director

the Maryland

28a-f show Director

10a. State

1. Decedent's Name (First, Middle, Last)

the Medical Examiner must be notified at Funeral Completed by traumatic event. Be 2

ö items 23a filed within 72 hours eftar death ŏ naturei al Hygiane. Pages 1 and 2 should be nent of Health and Mantal Int: if Item 27 is marked o permit. Pages 1 and 2:
Department of Health ar
Important: if Item 27 is
eny injury or other trau

21215-0020

Baltimore, Maryland

Physician /Medical Examiner

Examiner attanding physician Physician/Medical the signed by þ 90 Completed certificate has Be 2 this Certification: After t death. Director: /

The law requires that the death certificate be axecuted

Box 68760.

Division of Vital Records, P.O.

Attending Physician:

22, JAMES RUSSELL 1996 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death FRANKLIN SOUARE HOSPITAL **ESSEX** 5. Social Security Number If Under 1 Year If Under 24 Hrs. 8. Dete of Birth NOV. 22, 1975 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Months Deys Min. 15M 2□ F Hours Baltimore, Md. 214-90-6553 20 YES Usuel Residence of Decedent 10b. County 10c. City, Town or Location Maryland Baltimore Co. Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 35 Monhegan Court United States 21236 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ᠫ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Rece - American Indian, Black, White, etc. Never Married 2 ☐ Married Specify: White 1 ☐ Yes 2 No Specify: 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Department Manager Pet Smart/Store 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Russell J. McMahon Barbara J. Button 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Barbara J. McMahon (Mother) 35 Monhegan Court Baltimore, Maryland 21236 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Date 1 ☑Burlal 2 ☐ Cremation 3 ☐ Removal from State St. Joseph Church Cem. 8/26/96 Baltimore, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Jeffrey L. Gair Ruck Towson Funeral Home, Inc. an 1050 York Road Towson, Maryland 21204 tenter the mode of dying, such as cerdiac or respiratory arrest, nplications that ceused the deeth. Do not enter Immediate Cause (Final disease or condition resulting In death) Sequentially list conditions, if eny, leading to Immediate ceuse. Enter Underlying Cause (Disease or injury that Initiated events resulting in deeth) Lest Due to (or as a consequence of) Due to (or as a consequence of). Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yes PN No 3 Probably 4 Unknown

24a. Was an eutopsy performed?

24b. Were autopsy findings available prior to completion of ceuse of death?

Yes 2 No 26. Place of Death (Check only one)

2 □ No

Approximate Interval Between Onset and Death

25. Was case referred to medical 1X Yes 2 No

27. Manner of Death

1 Natural

2 Accident

4 Homicide

3 ☐ Suicide

5 Pending investigation

6 Could not be

28e. Date of Injury (Month, Day Year) 8-21-96

28b. Time of 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

1 ☐ Inpatient 2X ER/Outpatient 3 ☐ DOA 28c. Injury at Work? 1 Tes

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28d. Describe how injury occurred Driver (N and vs. tree Impure Location (Street and City or Town, Stete) Number or Rural Route Number

STRATI (Check and one)

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the cause(s) end menner es stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner steted. 29c. License number

Beloir

29b. Signature and title of certifier

O.C.M.E.

29d. Dete signed (Month, Dev. Year) AUGUST 23, 1996

and stropped

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

LAKEN LUCKE, M 31. Date filed (Month, Dey, Year) AUG 27 1996

111 Penn Street, Baltimore, Maryland 21201 Signature

State Registrar

Medicai

DHMH 16 Rev 6/95

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a file results

Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene item #5, filmg 738, 8/30/96,cyw, per fh Certificate of Death 1. Decedent's Nama (First, Middle, Last) 3. Tima of Death DELLA PATRICIA MARTINUZZI 2. Dete of Deeth **Physician** 1:54 P.M 8 (August) 7 /Medical 4e. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Fall more BH

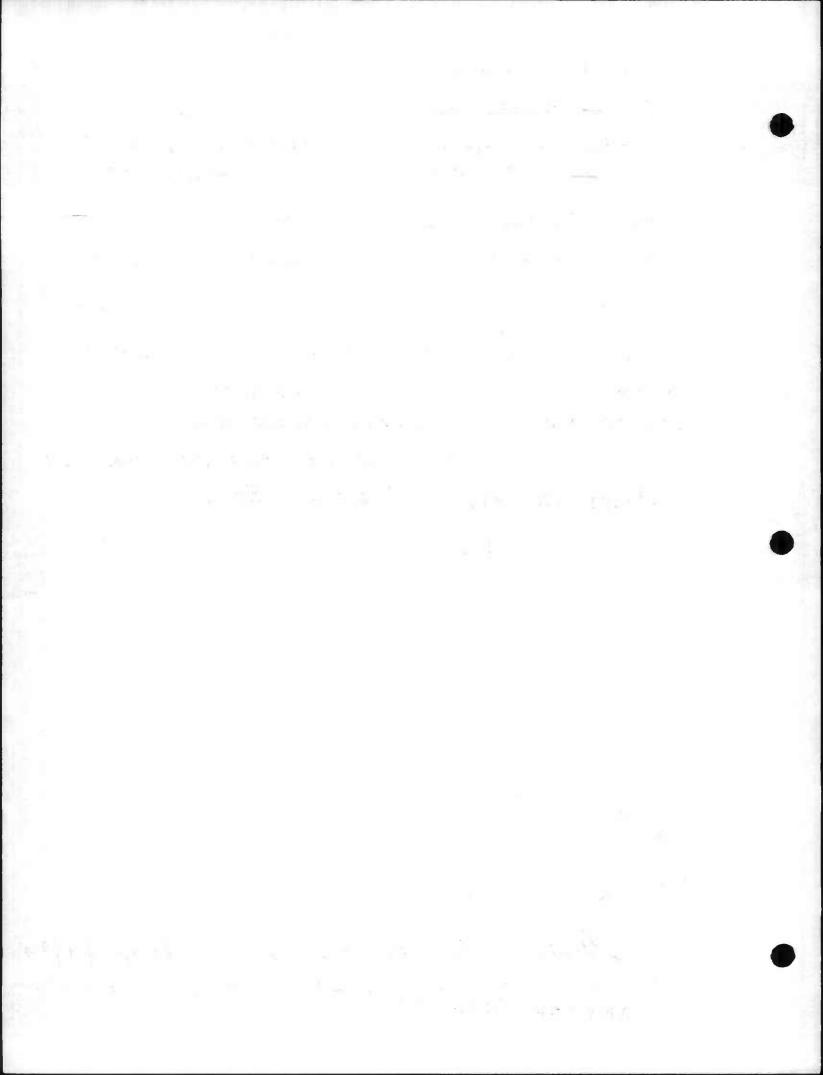
If Undar 24 Hrs. 8. Dete of Birth

Min. (Month, Day, Year) 5. Social Security Number 5732 15 BALTIMORE CTTY 7. Age (In yrs. last birthday) If Under 1 Yaar 6. Sax 9. Birthplace (Stata or Foreign **Funeral** Deys 1 M 2 KF Months BALTIMORE CITY Director 4/11/54 Usual Rasidence of Decedent the Maryland 10a. Stata 10b. County 10c. City. Town or Location 10d. inside City Limits r than "natural", or items 23a or 28a-f show the Medical Examinar must be notified at Toos 20 No Director Baltimone Sal Imone COUNTY 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? Ct 237 20 uchess Α. death 12. Wes Dacedant Evar In U,S. Armed Forcas? Was Decedent of Hispenic Origin? (Specify Yas or No-lf Yes, specify Cuban, Maxican, Puarto Rican, atc.) 11. Meritei Stetus 14. Race - Amaricen Indian. Black, Whita, atc. 1 ☐ Yas 2 ☐XNo if Yes, Giva Yaer or Datas: 1 Navar Married 2 Merried altimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: à 3 ☐ Widowed 4 ♥ Vivorced WHITE 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Hygiene. Elemantary/Secondery (0-12) Collega (1-4or 5+) DISTRIBUTION CLERK U.S. POST OFFICE 12 N/A 17. Father's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) 8 marked JOHN KEEVAN LOUISE YINGLING permit. Peges 1 and 2 shoul Department of Health and Md Important: If Item 27 is mark any injury or other traumati once. 19e. Informant's Name/Ralationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) GEORGIA DORAN (FRIEND) 20 DUCHESS COURT BALTIMORE, MARYLAND 21237 20b. Place of Disposition (Nama of cametary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Data Burial 2 Crametion 3 Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) HOLLY HILLS MEMORIAL GARDENS AUGUST 21,1996 BALTIMORE, MARYLAND 21. Signature of Funaret Sarvice Licenses 22. Name end Address of Fecility LASSAHN FUNERAL HOME, INC. 7401 BELATR FOAD BALTIMORE, MARYLAND 21236-4625 ations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, cause on each line. Approximata fritarvat Between Onset end Deeth Diognosed 1980 23a. Part1. Enter tha disease, or spending shock, or heart failure. List only Physician /Medical immediate Causa (Final KINS diseese or condition rasulting in daath) **Examiner** No recurrence Due to (of es e consequance of): ontil 1995 SIP Scycles ABVD apriator Sequentially list conditions, if any, laading to immediate causa. Entar Underlying Cause (Diseesa or injury that initiated evants resulting in death) Last buriel-trer secondary to unknown be exec physician s the buriel Box 68760. etiology possibly Bleemy in Physician/Medical toxicity Dua to (or as a consequence of) 88 attending for use as P.O. ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by d be detact 1 □ Yee 2 No 3 Probably 4 Unknown Records, by 24b. Wera autopsy findings availabla prior to completion of causa of death? been si Completed 24a. Was an autopsy performed? hes certificate 1 Yas 1 ☐ Yas 2 ☐ No of Vital Be 25. Was case refarred to medical axaminar? Johns Hopkins Bryview 26. Place of Death (Check only ona) Hospitel: 1 inpatiant Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No 2 2 ER/Outpetlent 3 DOA this 27. Mennar of Death 1 D Natural 28c. Injury at Work? 28b. Time of 28d. Dascribe how Injury occurred After 5 Panding invastigation death. 1 ☐ Yas 2 ☐ No by the 2 Accident Director: 6 Could not be datarmined 3 C Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) or A efter 4 D Homicida 29a. Certifier

(Check only one)

1. Certifying Physician: To the bast of my knowledge, deeth occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

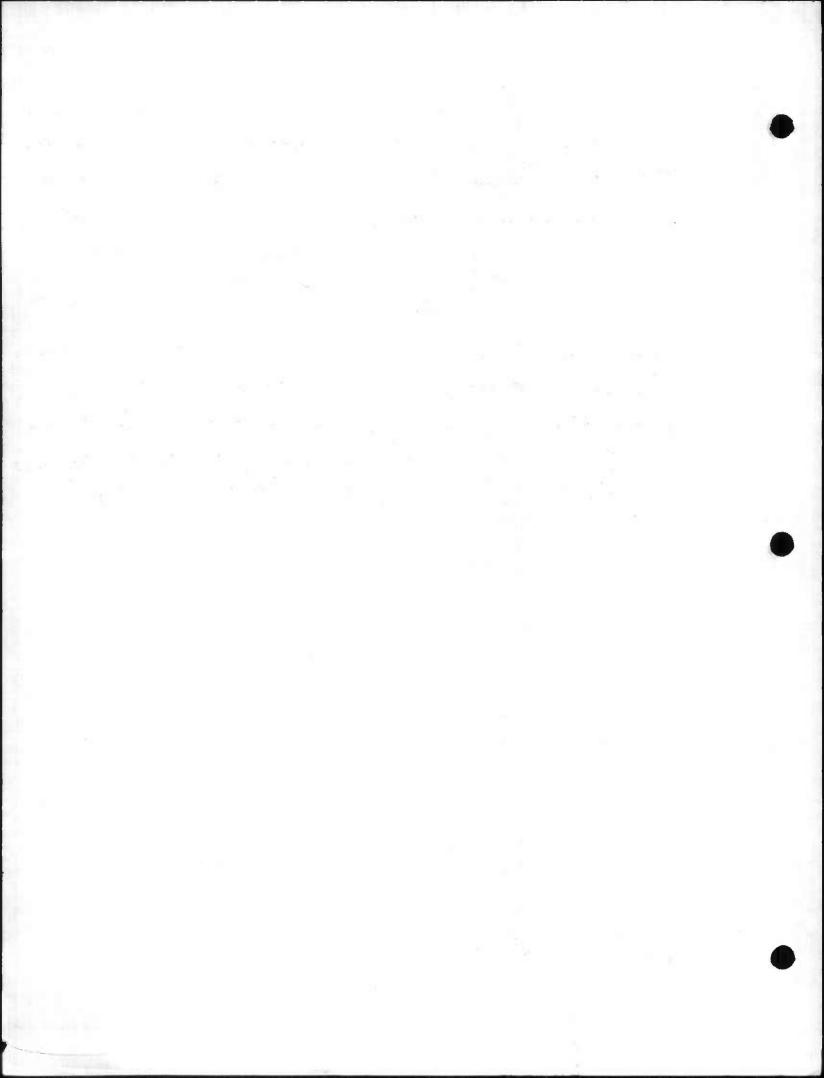
2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated. Hospital of 24 hours el Funeral Medical To the Hosp within 24 ho To the Fune completely fi 29b. Signature and title of contifier 29c. Licensa number 29d. Date signed (Month, Day, Year) Luci 30. Nama and addrass of person who completed causa of daath (Itam 23a) (Type, Print) Bedrock Circle, Baltimore, UD 21236 4314-301 Dhalini 31. Data filed (Month, Day, Year) 32 Registrar's Signature State AUG 2 7 1996 Registrar



State of Maryland / Department of Health and Mental Hygiene

96 25397

						Certificate of	of Death		Reg. No.	20	20001
1	5 1	•	1. Decedent's Name (First, Middla, La	st)	•		, ,,	2. Data of De		Vans	3. Tima of Death
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	Director		217-14-0382	1 □ M 2□ F	89	Yrs. Months Da	ys Hours M		7, 1907	Coun	VIRGINIA
	2		Usual Residence of Decedant					/			J
	nylar how		10a. Stata 10b. County		10c. City, To	own or Location	10			1	10d. Inside City Limits
	P Me	cto	MARYLAND ANNE	- ARUNDEL		HNNAPO,	115				1 ☐ Yes 2 ☐ No
	th th	ire	10e. Street and Number			10f. Zip Cod	la		10g. Citizen of \	What Coun	ntry?
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	within 72 hours after death with the Meryland ene. than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at	Funeral Director	11. Maritai Stetus	12. Was Dacedent En Armed Forcas? 1 Yes 2 No	ver in U,S.	13. Was Decedant	of Hispenic Origin?	(Specify Yes or No)- 14. Rac	e - Amaric	
0	aftar or Its		1 ☐ Nevar Merried 2 ☐ Merried	1 Yes 2 No	MERCH	1 Yas 2 H		anto moan, atc.)		ck, Whita,	1 1
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and	do the	Be	17. Father's Nama (First, Middla, Last,		/		18. Mothar's N	lama (First, Middle	, Maiden Surnan	(400	
	should be filed withind Mental Hygiene. marked other than umatic event, the Mental Control of the Mental Control of the Mental Control of the Mental Control of the Mental Control of the Mental Control of the Mental Contr	2	JOHN HENRE	y MARS	MAL	4	10,	ANCY	1	IER	2ce
Mary	d 2 should be filed within 72 h th end Mental Hygiene. 7 is marked other than "natu fraumatic event, the Medical		19a. Informant's Name/Ralationship/			9b. Mailing Address (Str	raet and Number or	Rural Route Numb	er, City or Town,	Stata, Zip	(Code)
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ore	0 - E 0		20e. Mathod of Disposition		20b. Plece	of Disposition (Nama or tary, cramatory or other	f (piace)	Pate /	20c. Location -	- City or To	wn, Stete
altimor			1 ☐ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif		Me	1 1	MA tony	8/23/96	BA	140.	MARULAN
alti	permit. Peg Department Important: I any injury o		21. Signeture of Funeral Service Licer	1986		22. Nama and Ad	drass of Facility	11	Hon		01
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5	hysic his co	2	1 Yas 20 No	Hospital: 1 Inpatiant	2 ER/	Outpatient 3□ DOA	Othar: 4 Nursing	Homa 5□ Resi	dence 6 Oth	er (Specif)	y)
	or Attending Physician: after death. Director: After this certific in by the funeral director,		27. Mannar of Death 1	28a. Date of Injury (Month, Day	Year) 28t	. Tima of 28c. Injury	njury at Work?	28d. Dascribe	how Injury occur	red	
Sio	ending.	ati	2 Accident Invastigation	7	121		t ☐ Yas 2 ☐ No				
Division	i after death. I Director: After ti	Certification:	3 Suicida 6 Could not be determined	a 28a. Place of Injury building, atc.	y - At home, (Specify)	farm, straat, factory, offi	ce	28f. Location (City or To	Street and Numb wn, Stata)	ber or Rura	I Routa Number,
	tal of a state of a st	Ce									
	Hospital 24 hours Funeral I	edicai	294 Certifying Ph	ysician: To the best of	my knowled	ge, death occurred at the	a time, date and pla	ce, and dua to tha	causa(s) and ma	annar as st	tated.
	o the Hospital or Att in 24 hours after d in the Funeral Direct ompletely filled in by	8	oney	id mennar state	ed.	aria or mirostigotion, iii ii	-y opinon, daan oc	our ou at tria triffe,	data and place,	and dua to	, 4.3 (4036(5)
	0 1 5 0	Σ	29b. Signature and title of certifier	1/1	0	29c. Lic	ense number		29d. Date signe	1	
	0		Jeef 24	July a/	2	\mathcal{D}	12452		1/22	196	
	1-		30. Name and address of person who	complated causa of dat	ath (Itam 23a	a) (Type, Print)	900 R	ESTEAT	FPI		
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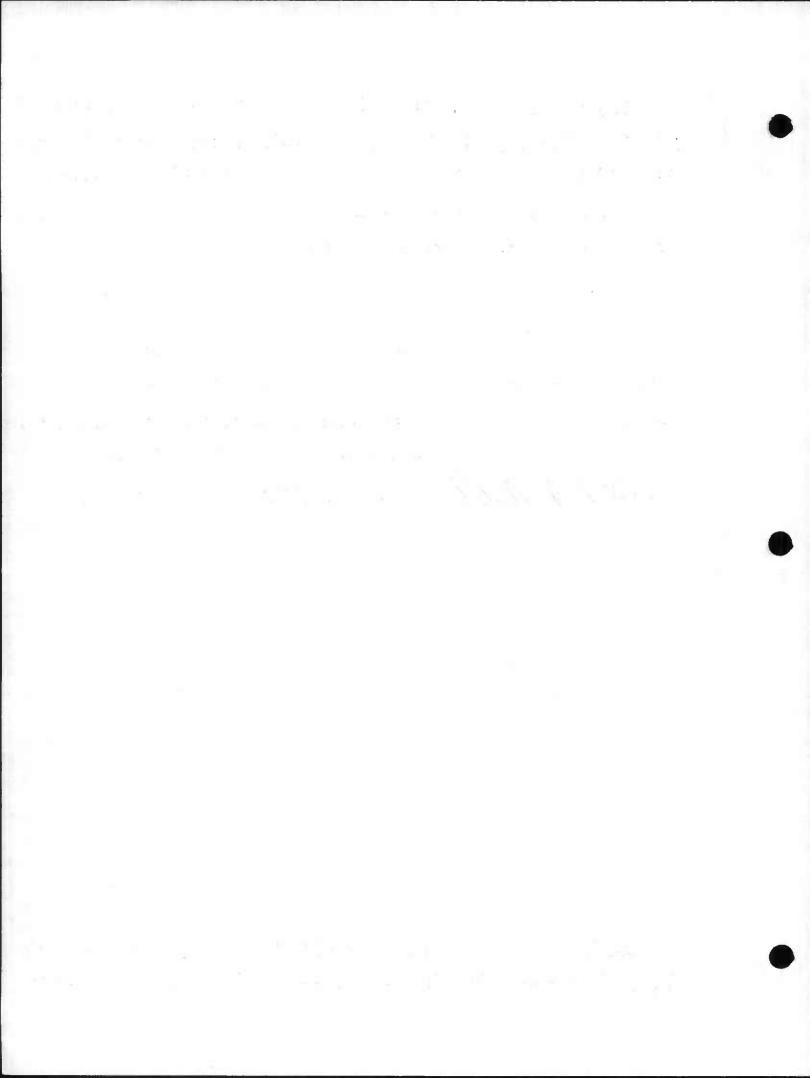


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State of Maryland / Department of Health and Mental Hygiene 96 25398

					aryland /	Certificate o			Reg. No.		330
	Physic		1. Decedent's Nama (First, Middle, La	151)	IACH	HEN		2. Data of D Month	Day	V	ima of Death
	/Medi Examii Funeral Director		213-04-0001	INDE	HO: o (In yrs. iast bi 43	SPITAL inthday) If Undar 1 Yes Months Day		BUNN		of Death NE AR	UNDE State or Foreign
Maryland	f show	lor	Usual Rasidance of Decedant 10a. Stata 10b. County MD Anne A	rundel	10c. City, Tow	m or Location Burnie			4		side City Limits ☐ Yes 2 No
h with the	23a or 28a at be not	Funeral Director	10e. Street and Number 7886 Americana	Circle	Apt.	201 10f. Zip Code 210	61		10g. Citizen of V USA		
Id 21215-0020 filed within 72 hours after death with the Maryland	iene. r than "natural", or itema 23a or 28a-f ahow the Medical Examinet must be notified at	by	11. Marital Status 1 Navar Marriad 2 Married 3 Widowed 4 Divorced	12. Was Decedant B Armed Forces? 1 Yes 2 N If Yas, Giva Yaar or Datas:		13. Was Decedent of If Yas, specify Co		Specify Yes or N rto Rican, atc.)		e - Amarican Ind ck, White, etc. :: White	
21215-0020 d within 72 hours af	one. than 'natur he Medical	Completed	15. Decedant's E (Specify only highest gr Elemantary/Secondary (0-12) 1 2	ducation ade completad) Collega (1-4or 5	4)	Decedant's Usual Occ (Giva kind of work dor life. DO NOT usa reti Omemaker	upation ne during most of wo red)	orking		usinass/Industry	
Maryiand 212	d other	To Be Co	17. Fathar's Nama (First, Middla, Last Melbourne H. B						e, Maiden Surmarr Beazle	7a)	
- N	05 M	ľ	19a. Informant's Name/Relationship	**		o. Mailing Addrass (Stre					
e - a	tem 2 other		George C. Mach 20a. Mathod of Disposition 1 Buriel 2 **Cramation 3 ** 4 Donation 5 Other (Special Control of the Control of	Removal from Stete	20b. Place of cemats	886 Ameri of Disposition (Nama of try, crematory or other p o Cremato	lace)	Data 8/27	20c. Location -	City or Town, St	ate
Baiti	Department of Important: If I any Injury or other.		21. Signature of Funaral Sarvice Lice	•	1		rass of Facility Y Funer Tely Ave				0.1
//	ysician and Medical saminer as the bural-transit	edical Examiner	23a. Part1. Enter the disease of comshock, or haart fallure. List only Immediata Causa (Final diseasa or condition rasulting in daath) Sequantially list conditions, if any, laading to immediata cause. Enter Underfying Cause (Disease or Injury that Initiated evants resulting in death) Last	b. PER	DR GA Dua to (or as a I TO N I Dua to (or as a			FAILU		Intervention of the control of the c	ral Between
P.O. BOX I	by the attendin tached for use	Physician/Me	Part II. Other eignificant conditions of	d. contributing to death bu	t not rasulting I		givan in Part I.		I tobacco use co	ntribute to the c	
iecords, P.O. Box	s been sign 2 should be	Completed by F	ALaHol	LIVE		7(3)			s an autopsy formed?	24b. Wara aut available completic of daath?	prior to
of Vitai Records, Physician: The law requires th	s certificate director, pag	To Be Con	25. Was casa raferred to medical axeminer? 1 ☐ Yas 2 ☐ No	Hospital: Inpatlar	nt 2 ER/O	utpetient 3 DOA	Whar	eath (Check only	Yes 2 No	1 □ Yes	20 No
OIVISION or Attending	within 24 hours after death. To the Funeral Director: After this completely filled in by the funeral	Certification:	27. Manner of Death 1 Netural 5 Panding 2 Accidant Invastigatio 3 Suicide 6 Could not be datarmined	e Ope Diese of Init	ry - At homa, fa	Tima of 28c. In N 1 28c. In N	☐ Yas 2 ☐ No	28f. Location	(Street and Numbown, Stata)		a Number,
Hospital	24 hours Funeral etely filled	edical (29a. Cartifier (Check only one) Certifying Ph	yelclan: To the best of niner: On the basis of and manner sta	examination ar	e, death occurred et thand/or invastigation, in my	tima, deta and plac opinion, deeth occ	a, and due to the urred at tha time	a cause(s) end me , dete end plece,	enner es stated. and dua to tha ci	ause(s)
To the	To the comple	Med	29b. Signature and titla of cartifiar	with intering 510.	m	D DA	nse number 43977		Cuentry	d (Month, Day, Y	Hab
	9		30. Nama and addrass of person who	WJ . 30	1 1/13	(Type, Print)	WE. Gla	N Bur	NE I	mo 2	1061
Duran	Sta Registr	ar	31. Date filed (Month, Day, Year) AUG 2.7. 1996	32. Ragistra	r's Signatura	we.					

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State of Maryland / Department of Health and Mental Hygiene

				Olato of Inc	ary raina ,	Ce	rtificate d	of Death		Reg. No.		0055
F			1. Decedent's Neme (First, Middle, L	ast)		- 11			2. Date of De		Vaca	3. Time of Deeth
	Physici /Medi		Edith F	lillary		Mah	oney		August	25 ^{Dey}	1996	10:45 AM
	Examir		4e. Facility Neme (If not institution, gi					4b. City, Town, or	Location of Death	4c. Cour	ty of Deeth	
c			Brightwood Cente	r Genesis l	Elderca	are		Luther	ville	B	altin	nore
	Funeral		5. Sociel Security Number 6.	Sex 7. Ag	e (In yrs. lest			ar If Undar 24 Hrs	8. Dete of Birt			piaca (Steta or Foreign
	Director		057-05-1922 Usual Residence of Decedent	1□M 2 X 0F 8	5	Yrs.	Months De	ys Hours Min.	July 28			York
	yland		10e. Stete 10b. County		10c. City, To	own or L	ocation				1	Od. Inside City Limits
	Me I	io.	New York Suff	folk	Mo	nta	uk					1 ☐ Yas 2 No
	ges 1 and 2 should be filed within 72 hours effer death with the Meryland it of Health and Mental Hygiene. If Item 27 is marked other than "natural", or itema 23a or 28a-f show or other traumatic event, the Medical Examine must be incided at	Funeral Director	10e. Street end Number 35 Surfside Av	enue			10f. Zip Cod 119			10g. Citizen o USA		ntry?
	deatl	Jer	11. Maritei Stetus	12. Wes Decedent I	Ever In U,S.	13.	Was Decedent	of Hispanic Origin? (S	pecify Yes or No		ace - Americ	
21215-0020	urs effer al', or he	þ	1 Never Married 2 Merried 3 Widowed 4 Divorced	Armed Forces? 1 Yes 2 h If Yes, Give Yeer or Detes:	No		1 Tes, specify C	Cuban, Maxican, Puàn No <i>Specify:</i>	io Hican, etc.)	Spec	eck, White, try: Wh	nite
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pu	al Hygie other	Be	17. Fether's Neme (First, Middle, Las	1)			_	18. Mother's Na	me (First, Middle,	Melden Sum	ıma)	
Maryland	should be nd Mental marked o	To	Joseph	Hilla	ry			E	dith	Weil		
lan	2 sho and 1		19a. Informent's Neme/Reletionship		1	9b. Mell	ing Address (Str	eet end Number or Ri	urei Routa Numb	er, City or Tow	n, Stete, Zip	Code)
	and 2 alth 27 I		Hillary L. Barry	/Niece	8	313	Fairway	Drive To	wson, MD	21286		
Baltimore,	Item Item		20a. Method of Disposition		20b. Pleca	of Disp	osition (Neme or metory or other	place)	Dete	20c. Location	- City or To	own, Stete
E	permit. Pages i Department of Infrontant: If its any injury or of		1 ☐ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Spec	JRamoval from State				, Inc. 08	126/96	Baltin	nore	MD
alti	nit.		21. Signature Funeral Service Lice		7,1001	2	2. Name and Ad	dress of Fecility				MD
m	Depa Impo any Ir		see -	M				n Society				
	DATE:		George E. Mac	INADD nollcations that caused	the death. D	o not er	99 Fred	erick Rd.	Baltimo:	re, MD	21228	Approximete
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	/Medical		Immediate Cause (Final		1.	1	1	T. 13			ĺ	1
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0	the d	ys	Pert II. Other significant conditions	contributing to death bi	ut not resultin	g in the i	inderlying cause	given in Pert I.		/		o the cause of death?
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Vit.	ystcian: The la is certificate ha director, page	Be	25. Was case referred to medical exeminer?	Hospitel:					eth (Check only o	ne)		
of Vital	Physician: r this certific rral director,	To	1 Yes 2 No	1 LI Inpatie		-	IN SLI DON		lome 5 Resid			у)
E .	Ing P	Certification:	27. Mennar of Deeth 1 Neturel 5 □ Panding	28a. Date of Injui (Month, De)	Year) 28	. Time of		njury et Work?	28d. Describe	now injury occ	nued	
Sic	Attending ir death. octor: After by the fune	cat	2 Accident Investigation 3 Suicide 6 Could not l	20				I ☐ Yes 2 ☐ No				
Division	I or Attending effer death. Director: Affer Jin by the fune	E	4 Homicida determined		ury - At homa :. (Specify)	farm, si	reet, fectory, offi	ca	28f. Location (nber or Rure	el Route Number,
	Ital or rail of lead in lead i											
	o the Mospital or Attending Philipping States of the Gasth. To the Funeral Director: After this completely filled in by the funeral	edical	(Check only 2 Madical Exe	hysician: To the best of minar: On the basis of end menner sta	examinetion	and/or Ir	ivastigation, in m	ty opinion, daeth occu	irred at the time,	dete end plec	e, end due to	o the cause(s)
	Som Som	¥	29b. Signeture end title of cartifier	0-0	,		29c. Lic	ansa number		29d. Data sign	ed (Month,	Day, Year)
	11		12/100	MYM	1	~~	no	D421.	79 A	ugust	26.	1996
^			30. Neme and eddress of person who	completed cause of de	eeth (Item 23	a) (Type	Print)		1			
			W'ILL'S	1 66000	11	700	W. 11	- Lower E	Be	Him	210	
	Sta	te	31. Dete filed (Month, Dey, Year)	9 32 Registre	er's Signeture		- 4	ן יינדי שוור	7			
	Registr		AUG 2 7 1996	completed cause of de	m-Aanda	AC.		v				

DHMH 16 Rav 6/95

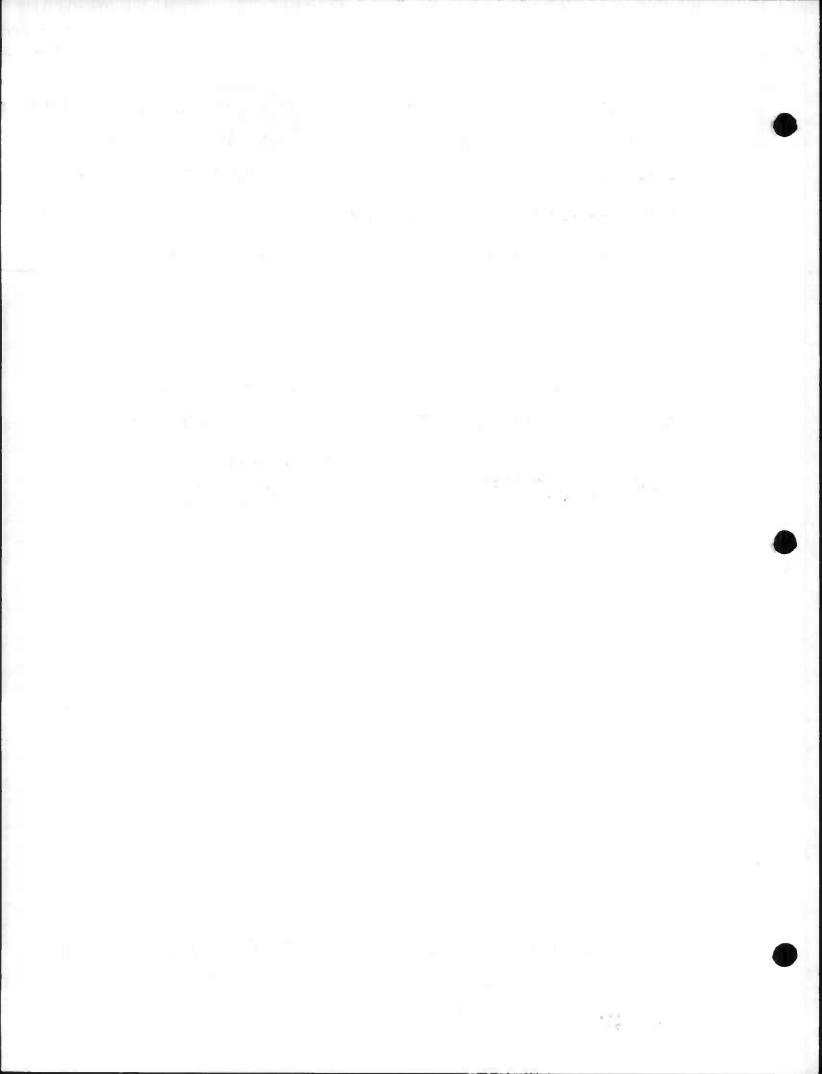
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State of Maryland / Department of Health and Mental Hygiene 96

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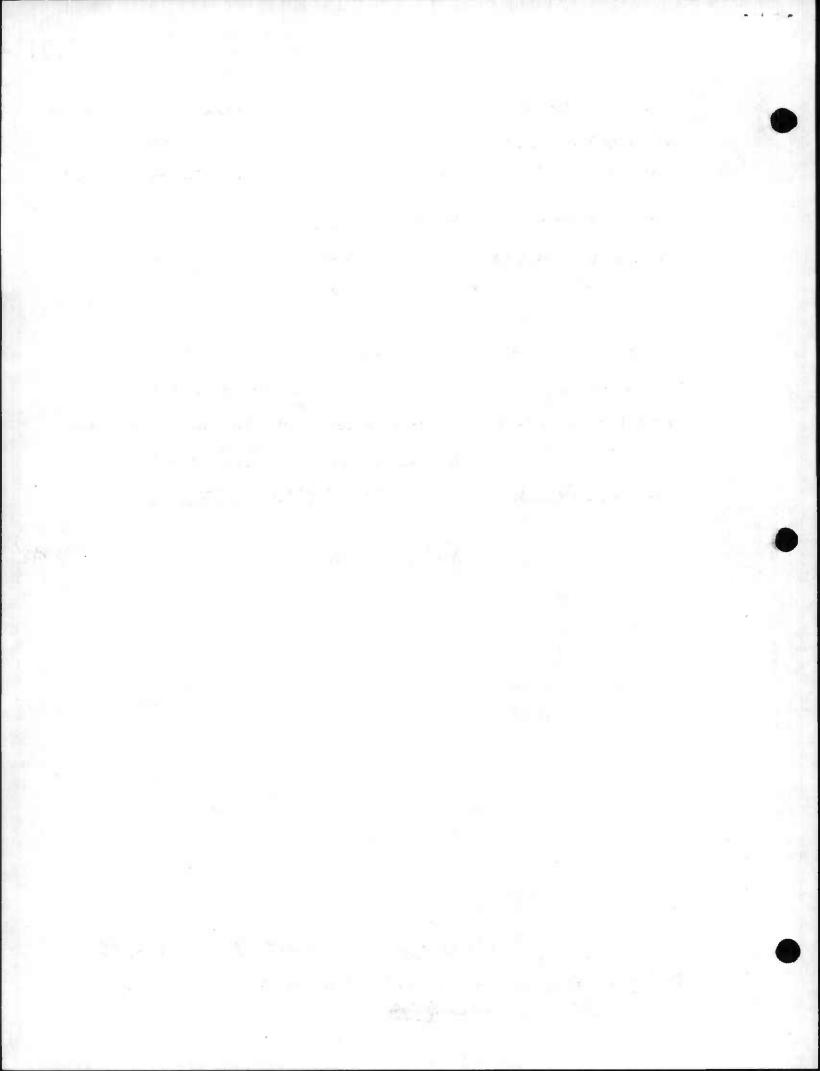
						Certi	ficate of	Death		F	leg. No.			
ľ		113	1. Decedant's Nama (First, Middla, La	st)						2. Data of Dea	th		3. Tima of	Death
	Physici		Helen		Mey	er				Month August	25	1996	5 - 45	рм
9	/Medi Examir		4a. Facility Name (If not institution, giv	a street and number)	1.09			4b. City, To		cation of Death		y of Death	17.77	1 11
	LAGITIT		Frederick Vill	a Nursin	g Cent	er		Ba 1	tim	ore	Ba	1 t i m	96 5:45 P Death imore Birthplaca (State or For Country) aryland 10d. Inside City Lin 1 Yes 2 M at Country? American Indian, White Bass/Industry d System ata, Zip Coda) 1229 yor Town, State Approximata Interval Between Onset and Death Onset and Death Completion of cause of death? 1 Yas 2 No (Specify) or Rural Routa Number, Bar as stated.	
1	Funeral		5. Social Security Number 6. S	Sex 7. Ag	a (In yrs. last bii	rthday)	If Under 1 Year	if Undar	24 Hrs.	8. Date of Birth (Month, Day		-	pear 96 5:45 P Death imore Birthplaca (State or For Country) aryland 10d. incide City Lit 1 Yes 2 X American Indian, White Bass/Industry d System Approximate Intarval Betweer Onset and Death 2, MD 228 Approximate Intarval Betweer Onset and Death 2 y 2 y 3 Y 4 Unker 4 Death Approximate Intarval Betweer Onset and Death Approximate Intarval Betweer Intarval Betweer Onset and Death Approximate Intarval Betweer Intarv	r Foreign
	Director		716-03-0973 13 Usual Rasidence of Decedent	I□M 2X F	95	Yrs.	Months Days	Hours	Min.	AUG 17,	1901			
	yland		10a. Stata 10b. County		10c. City, Tow								10d. inside Ci	ty Limits
	Mar Mar	호	Maryland Baltim	ore	Ва	ltin	nore						1 🗆 Yes	2 💢 No
	r 28	Director	10e. Street and Number				10f. Zip Coda				I0g. Citizan of	What Cou	ntry?	
	th will		1239 Maiden Ch	oice Lan	e		212	29			USA			
	dea m	Funeral	11. Marital Status	12. Was Decedent I Armed Forcas?	Ever in U,S.	13. Wa	s Decedant of I	Hispanic Ori	gin? (Spe	ecify Yes or No- Rican, etc.)				
21215-0020	s 1 and 2 should be filed within 72 hours after death with the Maryland if Health and Mental Hyglene. Itam 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Evanther must be notified at	by	Nevar Married 2☐ Married 3☐ Widowed 4☐ Divorced	1 Yes XIN If Yas, Giva Year or Datas:	ło		Yas 2 No		1, 1 46110	riloan, sto.				
2-0	72 ho	Completed	15. Decedant's Ed (Specify only highest gra	ducation	16a.	. Decedar	nt's Usuai Occu	pation	t of work	ina	16b. Kind of I	Businass/In	dustry	
2	thin en	npie	Elemantary/Secondary (0-12)	Collega (1-4or 5	+)	lifa. DO	NOT use ratire	ed)	O WORK	vig.				
7	e filed within al Hygiene. I other than 'vent, the Me	S	12		F	rei	ght C1				Railr	oad	Syste	m
pu	tal H d oth	Be	17. Fathar's Nama (First, Middle, Last)					18. Motha	r's Nama	(First, Middla,	Maidan Suma	ma)		
yla	should be nd Mental marked o	To	Charles M						Ann	a Scha	effer			
Maryland	2 sh and ls m		19a. Informant's Name/Ralationship (,, ,		_				al Routa Numbe				
	1 and 2 Health arm 27		Margaret Helen Par	rtyka/Niece				noice	Ln.	Baltimo				
altimore,	Pages 1 nent of H mrt: If ital		20a. Mathod of Disposition 1 ☐ Bunal 2 ☑ Cramation 3 ☐	Ramovai from Stata	20b. Placa o cemata	iry, cramai	ion (Nama of tory or other pla	ice)	į	Data	20c. Location	- City or To	own, State	
Ë	men ant:		4 ☐ Donation 5 ☐ Othar (Spacifi		Metro	Crem	atory, I	nc. 0	8/26	/96	Baltimo	ore, l	MD	
Bal	permit. Pages 1 and 2 Department of Health is Important: if item 27 Is any Injury or other tre	1	21. Signature of Funaral Service Licer George E. Mac	1 all		Cr	emation	Socie	ety o	of Mary	land, I	nc.		
			23a. Part1. Entar the diseasa, or com shock, or heart failure. List only		the death. Do	not antar	tha moda of dyl	ing, such as	cardiac o	Baltimos or raspiratory ar	ast,	21220	Approximate	a
A.	Physician		snock, or heart failure. List only							,		1	Onset and I	veen Death
	/Medical		Immediata Causa (Final		Cor	4 6	insu	~ A	9	Skons	reh		24	r1
	Examiner		disease or condition rasulting in death)	8	Due to (or see	CORROGUA	ince of):		0		1		7	-
		Je		-	Dualogiasa	Corisoqua	ilwo	mo	01	Stown Col	m		24	
	cuted	Examiner	Sequentially list conditions		Dua to (or as a				1		^			
o,	eath certificate be executed attending physician and for use as the bunal-transit		Sequentially list conditions, if any, leading to immediate causa. Entar Underlying Causa (Disease or Injury	-	1	1.	1.	/	Lun	1 1)01	mente	a	5	400
68760,	ite be nysici	edicai	Causa (Disaasa or Injury that initiated events resulting in death) Last	C	Dua to (or as a	consaqua	nca of):	~ 5	1	1200				/ /
	ng ph as t	Med	resulting in death) Last						1			1		
SOX	endii r use			d										
B.	D m D	Physician	Part II. Other significant conditions of	ontributing to death bu	it not rasulting l	n tha unda	arlying causa gi	van in Part I		23b. Did to	obacco use c	ontribute t	o the cause o	of death?
P.0	by the	hy								101	es 2DNo	3 ☐ Pro	bably 4	Unknown
		by									A			
Records,	been s	Completed								24a. Was a perfor	in autopsy mad?	av	ailabla prior to impletion of c	0
	0 - 0	E O								1□ Y	as 201No	1.	□Yas 2□	No
Vital	certificate	a	25. Was casa rafarred to medical					26 Place	of Death	(Check only or				140
		0 8	axaminar? 1 ☐ Yas 2 ☑ No	Hospital: 1 ☐ Inpatia	nt 2□ ER/Qu	utpatiant	3 DOA Ot	har		ma 5 ☐ Rasid		har /Snecii	fv)	
10	Physer this eral di	n: T	27. Mannar of Daath	28a. Data of Injur	y. 28b.	Tima of	28c. Inju			28d. Dascribe h			97	
0	Attending In death.	atio	1 XNatural 5 ☐ Panding 2 ☐ Accidant invastigation	(Month, Day	r rear)	Injury		rk≀]Yas 2∐l	No					
Division	or Attending I frer death. Director: After	Hic	3 Suicida 6 Could not be datamined	28a. Placa of Inju	iry - At homa, fa	arm, straat	t, factory, offica		1			ber or Run	al Routa Num	ber,
Ā	or A fler Direction by	Certification:	4 Hornicida	building, afc	. (Зреспу)					City or Tow	ri, Siele)			
U	24 hou	edicai	29a. Cartifiar (Check only one)	yaician: To the bast of ninar: On the basis of and manner sta	axamination an	a, daath oo nd/or invas	ccurrad at tha ti	ma, data an opinion, daa	d placa, a th occurre	and dua to tha c ed at tha tima, c	ausa(s) and n lata and placa	annar as s , and dua t	stated. o the causa(s)
-	To the	Me	29b. Signature and title of certifier	_			29c. Lican	se number		2	29d. Data sign	ed (Month,	Day, Year)	
	ille Raggierag		D/ //	ne	phy	Um	D	29	76	9	A 11 0 11 0 1	- 26	1006	
			30. Name and address of person who	completed causa of da	ath (Itam 23a)	(Type, Pri	int)		(-		ugus I		1990	,
			honore (ino).	Albuer	ne w) 5	160	V.Ro	llm	PY	Bn	(H)		
	Sta	_	31. Data filed (Month, Day, Year)	2 A Registre	r's Signatura	-								
	Registr	ar	5110 0 m 400C	HUMA DAN SON	-Handa Be									

DHMH 16 Rav 6/95



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nysicia		1. Decedent's Name (First, Middle,	Last)					2. Date of D			3. Time of Deeth
	_	RCHALD JOSEPH M.	ALLIZA					Month	Day	Year	100
Medic		4e. Facility Neme (If not institution,		3			4b. City, Town, or	Augus		1991	10 AM
xamin	er		Charles and the second	,			vo. Ony, romi, or	LOOGION OF DOC			
_,		1834 Susquehanna			A Catalan III If I Inc	der 1 Year	If Under 24 Hrs		Harfor	-	
erai			. Sex 7. A 1 2	ge (In yrs. last	Yrs. Month		Hours Min.	(Month, L	irth 1945 ay, Year)	9. Birthp	place (State or Foreign atry)
OF.		220-42-8516 Usuel Residence of Decedent		51	113.			March	23,496	Max	yland
		10a. Stete 10b. County		10c City T	Town or Location						Ind. to side Oile I to its
	-		1								1 ☐ Yes 2 No
	Funeral Director	Md. Harfo	id	WHITE	FURD						1 Yes 2 No
	i e	10e. Street and Number			10f.	Zip Code			10g. Citizen of	What Cour	ntry?
	<u>a</u>	1834 Susquehanna	Hall RA.			21160			USN		
ı	ner	11. Maritel Status	12. Was Decedent	Ever In U,S.	13. Was De	cedent of H	lispanic Origin? (S an, Mexicen, Puer	pecify Yes or N	o- 14. Rac	ce - Americ	
	교	1 ☐ Never Merried 2 Married	Armed Forces'	No				to Hican, etc.)	Bla	ck, White,	etc.
	ρ	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates:		1 ∐ Yes	2 No	Specify:		Specif	WHI	TE
	8	15. Decedent's	Educetion	1	6a. Decedent's U	sual Occun	ation		16b. Kind of B	usiness/in	dustry
	Set	(Specify only highest	grade completed)		6a. Decedent's U (Give kind of life. DO NO)	work done	during most of wo	rking	1007 14110 01 0		300119
	Completed by	Elementary/Secondary (0-12)	College (1-4or	D+)	LAB Tech				F.M.C.	Cons	
	ŭ	17. Father's Name (First, Middle, La	st)		LHD I CC	-	18 Mother's No.	ne (Firet Middle	e, Maiden Surnan		
	Be									-	
	ဥ	Peter Leo Messini							na Krump		
		19a. informent's Name/Relationship	(Type, Print)		19b. Mailing Addre	ess (Street	and Number or Ri	<i>iral Route Num</i>	ber, City or Town,	, State, Zip	Code)
		Janet L. Messin	IN /WIFE		1834 Sus	aucha	nna Hall	Rd W	WITEFORD.	Md. 2	1160
		20a. Method of Disposition	-	20b. Place	e of Disposition (fi etery, crematory of	lame of	1	Date	20c. Location		
		1 ☐ Burial 2 ☑ Cremation 3 4 ☐ Donation 5 ☐ Other (Spe-	□Removal from State					1996	Batto Md		
	-	21. Signeture of Funeral Service Lic		Green	Mount Cer	netery	ss of Facility	1796	004F0		
KIIKE	-	NO O	()				ral Chapel	Beldie			
		Robert W. C.	Posica		3 New	rost T	DR. Fore	st Hill . T	Md. 2105	0	
ı		23a. Part1. Enter the disease, or shock, or heart feilure. List on	mplications thet cause ly one cause on each t	d the deeth. [ine.	Do not enter the m	ode of dyln	g, such es cardia	or respiratory	arrest,	1	Approximate Interval Between
ı											Onset and Deeth
al I		Immediete Cause (Final disease or condition		Mil	tide Su	o-MCIC					SUPAK
1		resulting In death)	θ.		s a consequence of						· Jans
4	e l			50010 (01 00	a consequence c						
	Examiner	Convention in the same det	b. ————	Due to for c	a consequence o	4).					
	EX	if any, leading to immediate		Due to (01 95	a consequence o	11.				1	
1	0	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initieted events	C							1	
2	edical	resulting in death) Last		Due to (or as	a consequence o	f):				I	
1 0			d								
1.	a										
	Physician/N	Part II. Other significant conditions	contributing to death b	out not resultin	g in the underlying	ceuse giv	en in Part i.	23b. Dic	I tobacco uas co	ntributs to	the cause of death?
	E		n 010.0					1	Y88 2 10	3 Prof	bably 4 Unknow
1	by		none								
								24a. Wa	s en autopsy	24b. W	ere autopsy findings
	8							per	ormed?	CO	allable prior to mpletion of ceuse deeth?
	Dieted										
	mpieted									4.5	TM TM -
	Completed							1□	Yes 20 No	11	Yes 22 No
	e a	25. Was case referred to medicel examiner?				T	26. Place of Dec			11.	JYes 2MN0
			Hospital: 1 ☐ Inpatie	ent 2□ER/	/Outpatient 3□ (DOA Oth	or:	eth (Check only			
	lo Be	examiner? 1 ☐ Yes 2 No 27. Manner of Death	1 ☐ Inpation	ry 281	b. Time of	DUA	er: 4 Nursing H	ome 5 Pas	one)	ner (Specif	
	lo Be	examiner? 1 ☐ Yes 2 ☑ No	28a. Dete of Inju	ry 281		28c. Injun	er: 4 Nursing H	ome 5 Pas	one)	ner (Specif	
(lo Be	examiner? 1 Yes 2 No 27. Manner of Death 1 Natural 5 Pending investigati 3 Suicide 6 Could not	28a. Dete of Inju (Month, Da on be 28e. Place of Inju 28e. Place of	y Year) 28i	b. Time of Injury	28c. Injun Work	er: 4 Nursing H y at k?	ome 5 PRes 28d. Describe	one) Idence 6 □Oth how injury occur	ner (Specify	y)
	lo Be	examiner? 1	28a. Dete of Inju (Month, Da on be 28e. Place of Inju 28e. Place of	iry Year) 28	b. Time of Injury M	28c. Injun Work	er: 4 Nursing H y at k?	ome 5 PRes 28d. Describe	one) idence 6 □Oth how injury occur	ner (Specify	y)
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	ledical Certification: To Be	examiner? 1 Yes 2 No 27. Manner of Death 1 Acident 3 Suicide 4 Homicide 29a. Certifier (Check only one)	28a. Dete of Inju (Month, De 28e. Place of Inju be d 28e. Place of Inju building, ef	iury - At home c. (Specify)	b. Time of Injury M , farm, street, factoring does death occurre and or investigation	28c. Injun Word 1 Dory, office	er: 4 Nursing H y at k? Yes 2 No ne, date and place planion, death occu	th (Check only) tome 5 MRes 28d. Describe 28f. Location City or To	one) ildence 6 Oth how injury occur (Street and Numb wm, State) cause(s) end me date and place,	ner (Specificated Specificated	x) If Route Number, tated. the cause(s)
On white and and The Day On the Late of the	ledical Certification: To Be	examiner? 1	and the part of the best of t	iury - At home c. (Specify)	b. Time of Injury M , farm, street, factoring does death occurre and or investigation	28c. Injun Word 1 Dory, office	er: 4 Nursing H y at k? Yes 2 No ne, date and place planion, death occu	eth (Check only lome 5 Pres 28d. Describe 28f. Location City or To , end due to the rred at the time	one) ildence 6 Oth how injury occur (Street and Numblewn, State)	ner (Specificated Specificated	x) If Route Number, tated. the cause(s)
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96-4819-003

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

25402

			Ce	ertificate of Death	Reg. No.	20 20402
Discola		1. Decedent's Name (First, Middle, Las	st)		2. Dete of Deeth Month Dey	3. Time of Death
Physic /Med		JOHN &		MEYERS	AUGUST 24	1996 3:47P.M.
Exami		4e. Fecility Neme (If not institution, give	street and number)	4b. City, Town, or	Location of Deeth 4c. Cou	nty of Deeth
		NORTH ARUNDEL H	HOSPITAL	GLEN BU		ARUNDEL
Funeral Director		5. Social Security Number 6. S 2/5-28-7952 Usuel Residence of Decedent	ex 7. Age (In yrs. last birthday. M 2□ F Yrs.	Months Deys Hours Min		Birthplace (State or Foreign Mary/and
a Maryland a-f show	ctor	10a. Stete 10b. County Maryland Baltim	10c. City, Town or L	ocation		10d. Inside City Limits 1 □ Yes 220No
th with the 23s or 28	Funeral Director	10e. Street end Number 7845 Rag/Pu	1 Court	10f. Zip Code 2/234	10g. Citizen	of What Country?
is 1 and 2 should be filled within 72 hours after death with the Maryland of Health and Martlel Hygiene. Item 27 is marked other than "natural", or items 23e or 28e-f show other treumetic event, it a Medical Examiner must be notified at	by	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever in U.S. Armed Forces? 1 DYes 2 DNo If Yes, Give Yeer or Detes: KORRAN	Wes Decedent of Hispenic Origin? (If Yes, specify Cuban, Mexican, Puel 1 ☐ Yes 2 No Specify:		lace - American Indien, Bleck, White, etc. city: White
Z1Z13-00Z0 d within 72 hours af giene. r than *natural; or the Wedical Exam	Completed	15. Decedent's Ed (Specify only highest gra Elementary/Specindary (0-12)	de completed) (Give	edent's Usuel Occupetion e kind of work done during most of wo DO NOT use retired)	orking State	Business/Industry HIGNWAY
filed with Hygiene. other than	e Com	17. Fether's Neme (First, Middle, Last)	College (1-4or 5+)	19/NPCR 18. Mother's Ne	Adn eme (First, Middle, Maiden Surre	INISTRATION
Maryland d2 should be file th end Mantel Hy 7 is marked oth traumatic evant	To Be	Edward 6. 19a, Informent's Name/Reletionship (7)	Meyers	Mary	R. Sauer	vald
is 1 and 2 sho of Health end Itam 27 is my other traum		CatheRINE Me	JERS/WIFE 784	ing Address (Street and Number or R 5 Bagley Cour	t Baltimore,	Md. 21234
Pege ent c nt: if		20e. Method of Disposition 1 □ Burial 2 🖫 Cremetion 3 □ 4 □ Donetion 5 □ Other (Specify	Hemovel from Stete	osition (Name of omatory or other place) MVIII + Compton	A Date 20c. Location	on - City or Town, State
Dallimore, permit. Pages 1 a Department of Hee Important: If Itam any Injury or otha		21. Signeture of Funerel Service Licen	see 2	22. Name and Address of Fecility		Hartord Rd.
		COO Post Catable disease as a	olications that caused the deeth. Do not en	vans Chapel of	Memories Ba	HIMORY Md. 21234
Physician /Medicai Examiner	er	shock, or heert feilure. List only of Immediate Cause (Final disease or condition resulting in death)	e. Multiple Due to (or es e conse)		Intervel Between Onset end Deeth
ate be executed hysician and the burial-transit	Examiner	Sequentielly list conditions, if eny, leeding to immediate	b. Due to (or es e conse	quenca of):		
box oof ou, beath cartificate be executed ettending physician end of use es the bunel-transit	Medical	cause. Enter Underlying Cause (Disease or Injury that Intited events resulting In deeth) Last	C. Due to (or es e consec	quence of):		
death can attend	Physician/		0.			
the de	ysic	Pert II. Other significant conditions co	entributing to death but not resulting in the u	underlying cause given In Pert I.	23b. Did tobacco use	contribute to the cause of death?
es that the de igned by the	by Ph				1 □ Yes 2 ☒ No	3 Probably 4 Unknow
aw requires by been size should	Completed 1				24e. Wes an eutopsy pertormed?	24b. Were autopsy findings available prior to completion of cause of deeth?
- # G	Con				1,20 Yes 2 □ No	127Yes 2□ No
iclan: Th certificata rector, par	Be	25. Wes case réferred to medical exeminer?		26. Plece of De	eth (Check only one)	
0 0	P_C	1 Yes 2 No	Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatie	nt 3□ DOA Other: 4□ Nursing I	Home 5 ☐ Residenca 6 ☐ C	Other (Specify)
	5	27. Menner of Deeth 1 ☐ Neturel 5 ☐ Pending	28e. Dete of Injury (Month, Day Year) 28b. Time of Injury	of 28c. Injury et Work?	28d. Describe how injury occ	purred
r Attend tar daat rector: n by the	Certification:	2 Naccident Investigation 3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify)	M 1 ☐ Yes 2 ☑ No reet, factory, office		mber or Aural Route Number, F. 3 / St. Strphras Roa
To the Hospital of within 24 hours at To the Funeral D complately filled is	edical C	29e. Certifier (Check only one) 1 ☐ Certifying Phy 2 ☐ Medical Exam	street stclan: To the best of my knowledge, deat lner: On the besis of examination end/or in end menner stated.	th occurred et the time, dete end plece evestigetion, in my opinion, deeth occ	a, and due to the cause(s) end	County, Mary)and menner es stated. e, and due to the cause(s)
2 2 2	Me	29b. Signeture and title of certifier	00 1	29c. License number	29d. Date sig	ned (Month, Day, Year)
JA)		30. Nerse and eddress of person who o	ompleted cause of deeth (Item 23e) (Type,	O.C.M.E.	AUGUS	T 25,1996
0		Dennis J.	Chutemo 111	Penn Street, I	Baltimore, M	aryland 21201
Sta Regista		31. Date filed (Month, Day, Year) AUG 27 199	32. Registrer's Signeture	ndall		

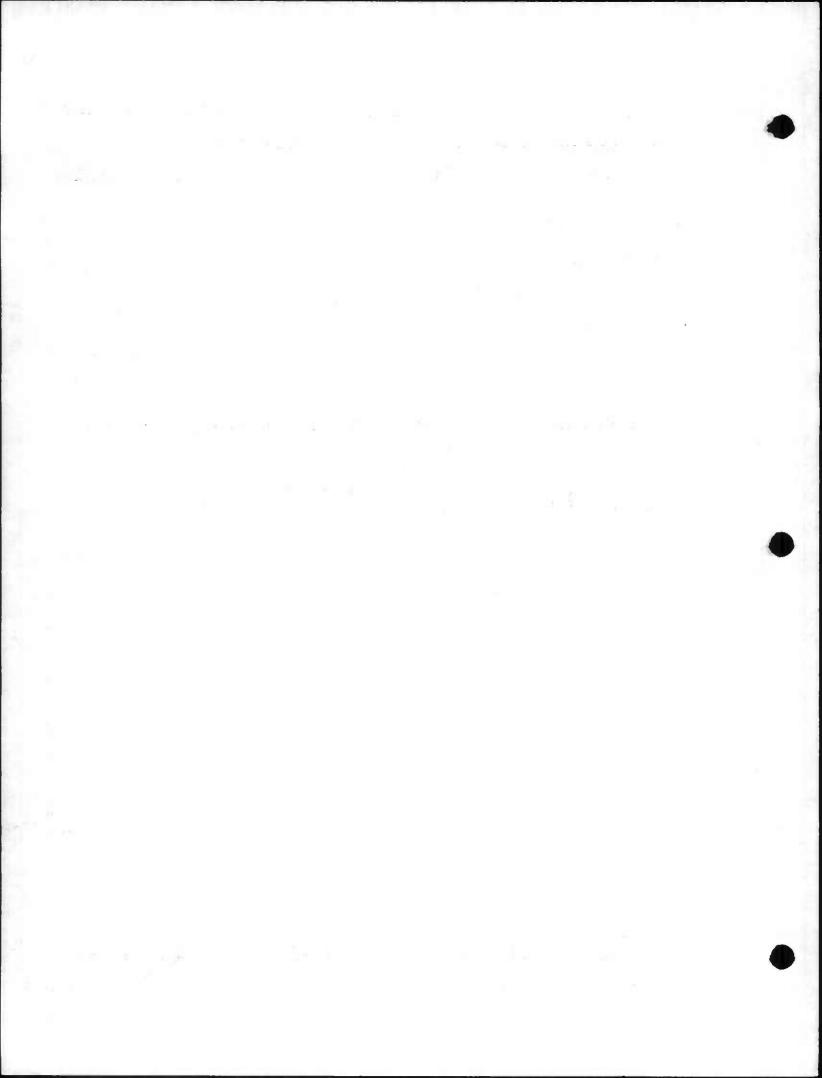
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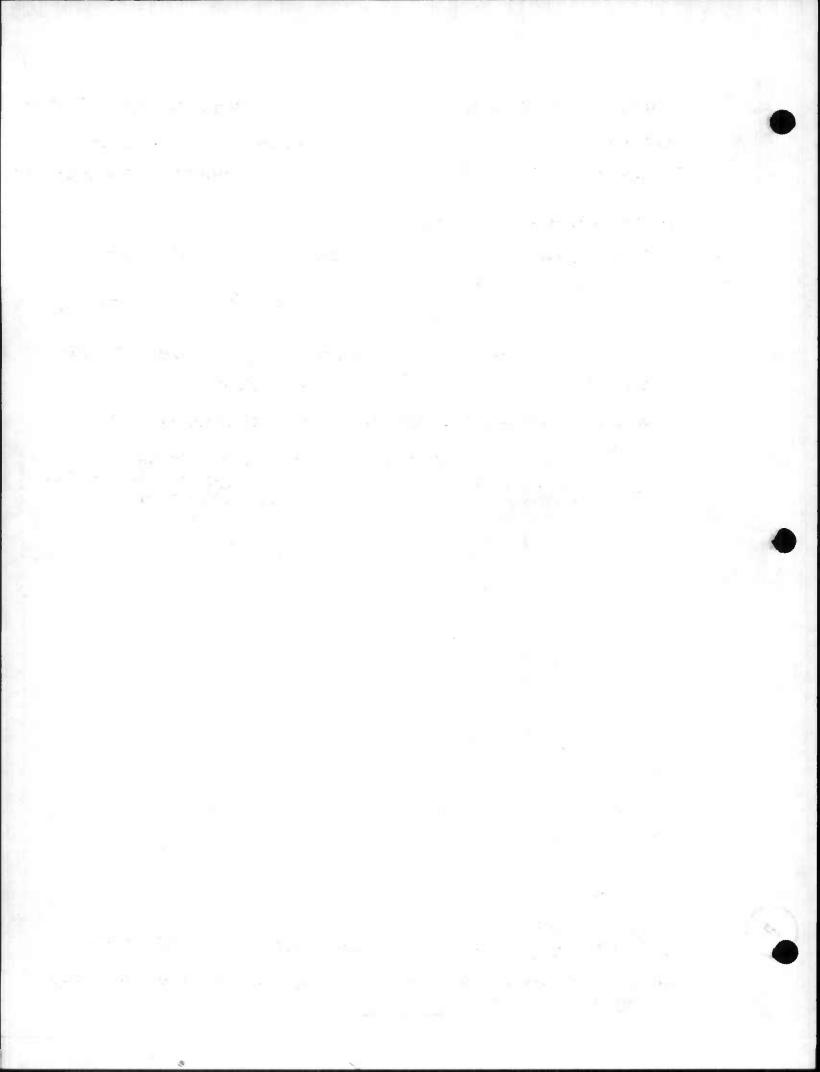
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	Physic /Medi		MARTE	Α		MEEH	IAN				UST			8:40 PM
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	= 101111		THE JOHNS HOP	KINS HOSE	TTAT.			В	ALTIMO	ORE CIT	'Y	1	N/A	
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	Name of the		10a. State 10b. County		10c. City,	Town or Lo	cation							10d. inside City Limits
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4	28	9	10e. Street and Number				10f. Zip	Code				10g. Citizen of \	Whet Cou	intry?
3	Sa o		817 Hampton La	ne					2128	6		11.5	5.A.	
	s I and 2 should be filed within 72 hours after death with the Meryland if Heelth and Mental Hygiene. Item 27 Is marked other than "natural", or items 23a or 28a-f show other traumstic event, the Medical Experient must be notified at	Funeral Director	11. Maritel Status	12. Was Deced	ant Evar in U,S.	13. \	Was Deced	fant of H		In? (Specify Y Puarto Rican,	as or No			ican Indian,
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	iftura intura	8	15. Decedent's l	Educetion		16e. Deced	dent's Usue	el Occup	ation			16b. Kind of B		
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5	Heelth em 27	1	20a. Method of Disposition	L DOND		ce of Dispo			S DL.	Daltin		20c. Location		
	or o		1 Burial 2 ☐ Cremetion 3		tate	netary, cren	natory or o	ther plac	•					
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	permit. Pages 1 and 2.3 Department of Heelth ar Important: if Item 27 is any injury or other trau once.		21. Signeture of Funaral Sarvice Lice	en <i>s</i> ee		22 N	i tche	d Addre	ss of Fecility	eld Ho	me			
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	requires triet the death certificete be executed the signed by the attending physician and hould be deteched for use as the burial-transit	B	resulting in deeth) Lest		Due to (or e	s a conseq	uarice or).							
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	y the	ıysı	Part II. Other significant conditions			ing in the u	nderlying c	euse giv	en in Pert i.	2		11		to the cause of death?
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	168 b	du											0	f death?
Ä	ate he	Co									12	Yes 2□No	1	☐Yes 2☐ No
	yarcten: ma lev ls certificate hes director, page 2	Be	25. Wes case referred to medicel exeminer?						26. Piece	of Deeth (Che	ck only	one)		
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2 6	h. After thi funeral		27. Manner of Deeth	28e. Dete of		8b. Tima of	2	8c. Injur Wor	y et	28d. D	escribe	how injury occur	red	
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	ector: /	Ific	3 ☐ Suicida 6 ☐ Could not 4 ☐ Homicide determine	d 286. Piece o	f Injury - At hom	e, ferm, str	eet, fectory	, office		281. Lo	ocation (Street end Numi	ber or Ru	rel Route Number,
	를 들는 다음	Certification:	4 - Homode	building	a, etc. (Specify)						ny or ro	WII, Diele/		
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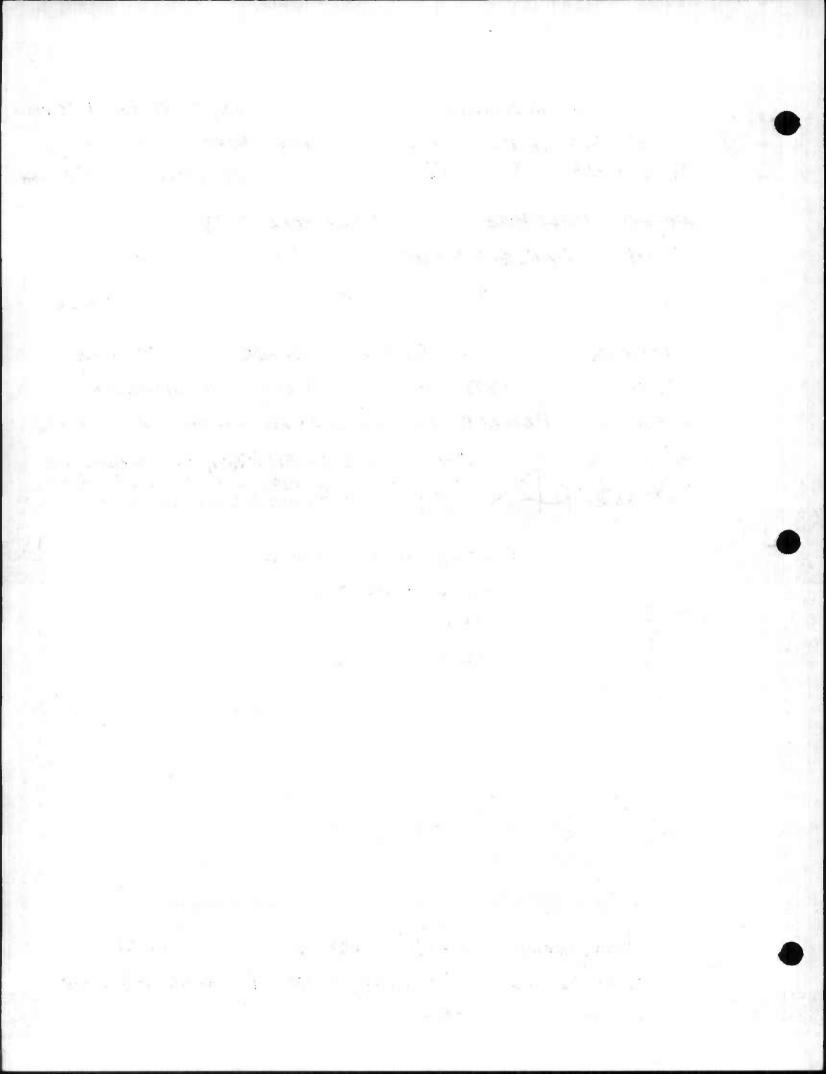
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)	Exami		4e. Fecility Name (If not institution, g	ive street end numbar	r)			4b	. City, Town	n, or Lo	cation of Daat	h 4c.	County	of Deeth		
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	nylan show		10a. State 10b. County		10c. City	y, Town or Lo	cation							1		e City Limits
	r 28a-f s	Director	Maryland Baltime	ore	To	wson	10f. Zip Co	ode				10g. Citi	zen of W	/het Cour		res 2 🕅 No
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Õ	ature		15. Decedent's I	Education		16a. Deced	dent's Usuai O	ccupet	ion			16b. Kir	nd of Bu	Whi siness/Inc		
215	within / lane. than "n	Completed	(Specify only highast g Elementery/Secondary (0-12)	rade completed) College (1-4or	5+)	(Give	kind of work d DO NOT use n	fone du etired)	iring most o	of worki	ng					
2	Hygian ther th	Con		5+	- /	Medic	al Doc	tor				Fai	mily	Pra	ctic	e
Maryland	should be Till nd Mantal Hy marked oth	To Be	17. Fether's Neme (First, Middle, Las Leonardo Matos	it)							(First, Middle la Baez	1017	Sumem	Θ)		
ar	and Man is marke		19e. Informent's Neme/Reletionship			19b. Mailir	ng Address (St	treet er	nd Number	or Rurs	I Route Numb	er, City o	Town,	Stete, Zip	Code)	
	and aalth n 27 l		Mrs. John H. MacSl	nerry,Jr./	Dtr.	6308	Blackb	urn	Ct.	Bal	ltimore	, MD	21	212		
altimore,	permit. Pages I and 2 should Department of Haalth and Man Important: If item 27 is marke any injury or other traumatic. once.		20a. Method of Disposition 1 Buriel 2 Cremetion 3 4 Donation 5 Other (Spec	☐Ramoval from Stete	CE	ametery, cren	sition (Neme of netory or other nt Crer	r plece,			Date 3/28		cation - 0	City or To	wn, State	
Balti	Departm Importa any Inju		21. Signeture of Funaral Sarvica Lice			22	. Nama and A	ddress	of Facility	Mit.	chell-W York imore,	iede	feld 212	Hom	e, I	nc.
1	hysician /Medical Examiner	Jer	23a P 11. Entar tha disaesa, or consider, or heert feilure. List only Immediate Cause (Finel disaese or condition resulting in deeth)	nplications that cause y one cause on each i					such as ca	ardiac c	r respiretory e	rrest,				mate Between and Deeth
x 58/50,	attanding physician and for use as the bunal-transit	edical Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Undarlying Ceuse (Disease or injury that initiated events	b		es e conseq										
	nding phy usa as th		resulting in death) Lest	d	Due to (or	as e conseq	uenca or):									
מ מ	ha atta	Physician	Pert II. Other significent conditions	contributing to death b	out not resu	lting in the ur	nderlying cause	e giver	in Part I.		23b. Did	tobacco	uea con	tribute to	the cau	se of death?
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- Constitution	- 2 6	edical (29a. Certifier (Check only one) 2 Medical Exa	nysician: To the best minar: On the basis o end menner st	f examinati	riedge, deeth on end/or Inv	occurred et th	ne time my oplr	, date and p nion, deeth	olace, e	and due to the ed et the time,	ceuse(s) dete end	and mar piaca, a	ner as st	eted. the caus	e(s)
15	To the F complate	Me	29b. Signature and title of certifier				29c. Lic	cense r	number	_		29d. Dete	signed	(Month, I	Dey, Yea	r)
	/		Maint. X	/4 w				0 4	126			81	27	7/9	6	
/	2		30. Name and address of person who \$\int LBERTO \(\mathcal{T} \).	DIAZ M	deeth (Item	23a) (Type, 1	osle	R D	R. 7	103	Ton	150N	1 1	0 2	1/2	oy
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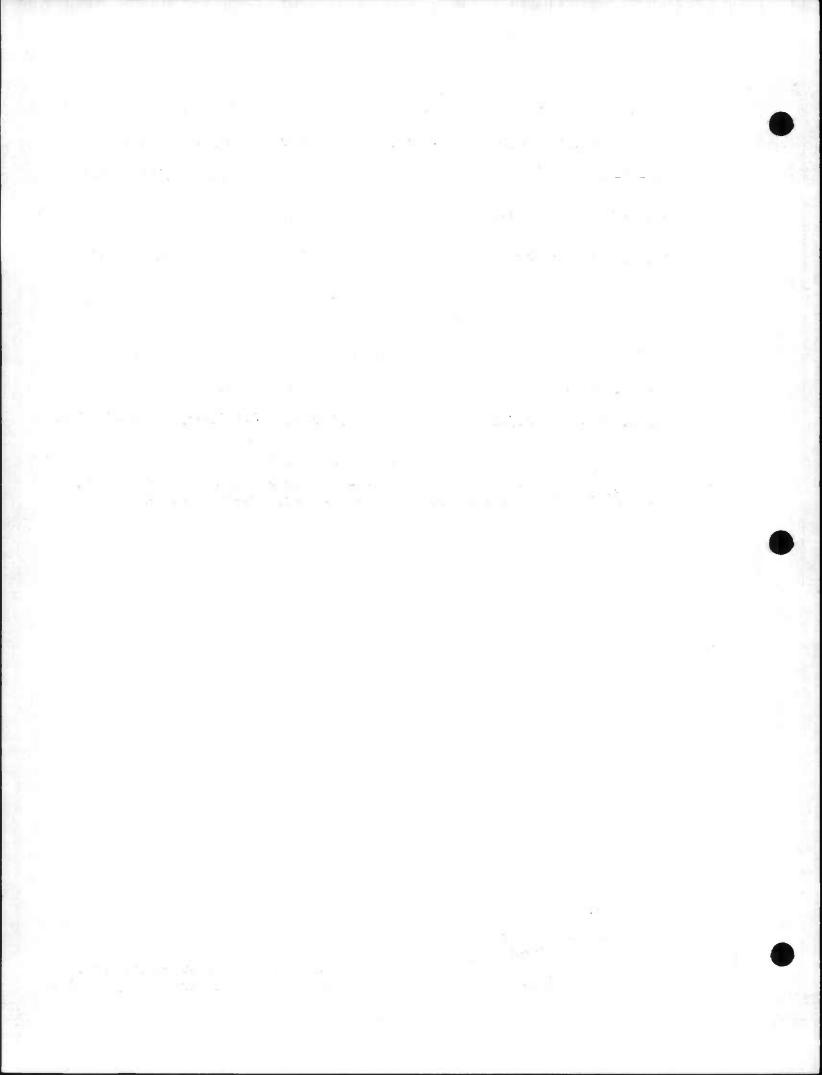
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The State of the Property of t	F	unerai	Г		Sex .	7. Age (In yrs. last bir	thday) If Undar 1 Yaa	r If Under 24 Hrs	8. Date of Birth	9. Bi	
The State of the Property of t	Di	irector		243-03-0803	1 M 200 F	86	Yrs. Months Days	nours Min.	MAV 4 1	910 NON	STH CAROLINA
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)	Exami		4a. Facility Name (If not Institution, g	ve street and number)			4b. City, Town, or Loc	ation of Daath	4c. County	of Death	
			Johns Hopkins	Bayview Medical	ctr.		Baltimore	2 City	N/	A	
	Funeral		Social Security Number 6.	Sex 7. Aga (In yrs. 1 ☑ M 2 ☐ F		If Undar 1 Year Months Days	If Undar 24 Hrs. Hours Min.	8. Dete of Birth (Month, Day,	Year)	9. Birthpled	ca (Stata or Foreign) Land
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3altimore,	permit. Pages 1 and 2 Department of Heelth e Important: If Item 27 is eny Injury or other tra once.	1	20e. Method of Disposition		lece of Dispos	sition (Neme of setory or other ple	ca)	Dete	20c. Location -	City or Town	n, Stata
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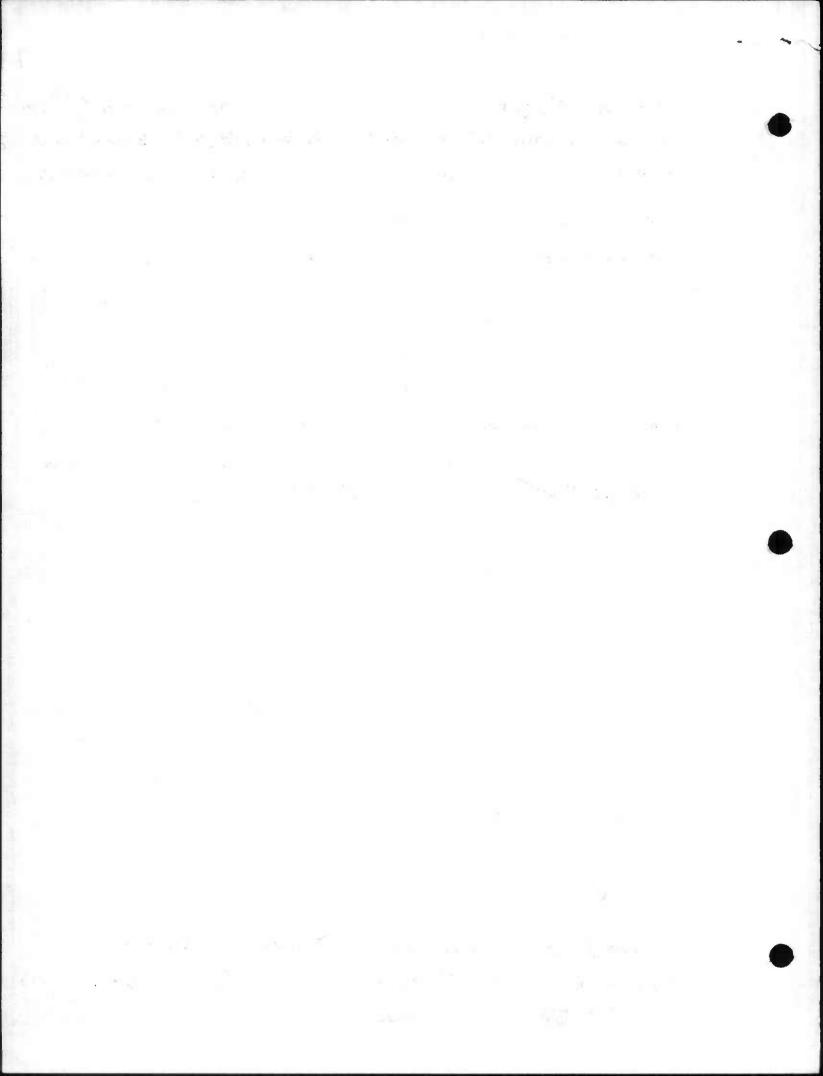
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State of Maryland / Department of Health and Mental Hygiene

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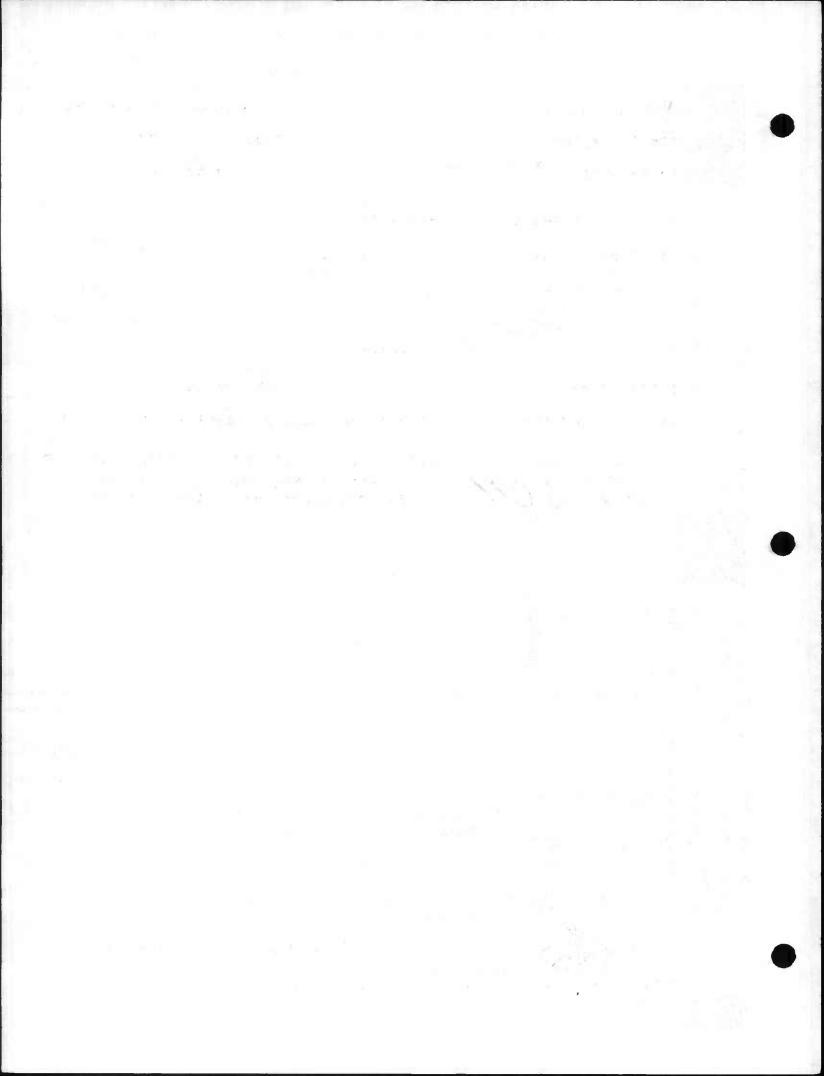
						Ce	ertificat	e or	Deatr	7		Reg. No.		
п	Physic	ian	Decedent's Name (First, Middle, L.)	ast)						2	Dete of De Month	eeth Day	Year 3.	Time of Deeth
	/Medi		Lillian N	11/25			_				08	24	1996 6	33 bw
	Exami		4e. Fecility Name (If not institution, g) / 1			- A -	own, or Loca	tion of Dee	1		
	a-107		Johns Hopkins Ba	yriew h	ledital	cent	er-		Balchi	more	Maryl	and Br	Chmore	City
	Funeral		Sociel Security Number 6.	Sex	7. Age (In yrs	. lest birthday) If Under Months	1 Year Deys	If Under	r 24 Hrs. 8	Date of Bi	irth	9. Birthplece	(Stete or Foreign
	Director		244-16-7353	1□M 2∏F	81	Yrs.	Months	Deys	riours	A:	pril 3	3, 1915	Country) North C	arolina
	p .		Usuel Residence of Decedent											
	the Marylar 28a-f ahow notified at	l _u	10a. Stete 10b. County		10c. C	city, Town or I	ocation							nside City Limits
	W Tal	cto	Maryland N/A			Ва	ltimo:	ce					1	Yes 2 No
	# 22 F	Director	10a. Street end Number				10f. Zip	Code				10g. Citizen of	Whet Country?	
	th w	3	1609 Harden Cou	rt				212	30			U.S	.A.	
	de E	Funerai	11. Maritel Stetus	12. Wes Dec	cedent Ever In	U,S. 13	Was Deced	ent of H	lispanic O	ngin? (Speci	fy Yes or N		ce - American In	dien,
0	s 1 and 2 should be filed within 72 hours after death with the Maryland if Health and Mental Hygiena. Item 27 is marked other than "natural; or itema 23a or 28a-f show other traumatic event, the Medical Examiner mast be notined at	F	1 ☐ Never Merried 2 ☐ Married		2 NO		1 ☐ Yes		Specify		ourt, 010.)			
21215-0020	ours	d by	3 ☑ Widowed 4 ☐ Divorced	Yeer or [Dates:		100 1	X	Ороспу			Specif	Whit	.e
5-	72 h metu	Completed	15. Decedent's l (Specify only highest g	Education rede completed)	(Giv	edant's Usua e kind of wo	rk done	durina mos	st of working		16b. Kind of B	usinass/Industry	/
21	ithin	ign	Elementery/Secondery (0-12)		(1-4or 5+)	lifa.	DO NOT us	se retire	d)					
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S.	be filed tal Hygie d other avant, I	Be	17. Father's Name (First, Middle, Las	,				1	18. Moth	ner's Nema (i	First, Middle	e, Maiden Sumer	ne)	
yla	should nd Men	2	David Sidney Mo						Li	llian	Iren	e Gainor		
Maryland	2 sho		19e. Informant's Neme/Reletionship	(Type, Print)		19b. Mai	ing Address	(Street	en <i>d Numb</i>	ber or Rural F	Routa Numb	ber, City or Town	, Stete, Zip Code	9)
	ges 1 and 2 t of Health If itam 27 I or other tra		Sandra Pobletts	(Daught					Way,	Balti	more,	Marylan	d 21205	
Ore			20e. Method of Disposition 1 ☒ Burial 2 ☐ Cremetion 3	□ Removel from		Plece of Disp cemetery, cri	osition (Nen emetory or o	ne of ther ple	ce)		Dete	20c. Location	- City or Town, S	Stete
Ë	nit. Pages artment of h ortant: If its Injury or of		4 □ Donetion 5 □ Other (Spec			udon P	ark Ce	emet	erv	8	-28	Baltimo	re, Mar	vland
Baltimore,	pemit. Page Department i important: If any Injury or once.		21. Signature of Funerel Service Lice	ansee		1	2. Name en	d Addre	ss of Fecil	al Ho				
m	Deg in part in		Salles									re, Mary	1 and 21	212
			23a. Part1. Entar the diseesa, or con	mplications that	caused the dae									roximete rvei Batween
	Physician		shock, or heert feilure. List oni										Ons	et end Deeth
9	/Medical		Immediata Cause (Finel disease or condition	50	onsis								9	20115
	Examiner		resulting in death)	θ	2psis	or es a conse	difference off:							acys
3_		je		Pn	eumor								a	Laus
	certificata be executed ding physician and use as the burial-transit	Examiner	Sequentially list conditions	b	Due to	or es a conse	quance of):				-			4.993
ó	an ar		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury	Co	1	rascul		100	iden	+			1	Year
68760,	ta be yslci	Ical	thet initieted events	c. Ce	-10 (or es a conse		,	· COCV					10.01
99	tifica ng ph as th	Medicai	resulting In deeth) Lest				,							
XO				d					-	-				
B.	The law requires that the death at has been signed by the atter paga 2 should be datached for i	Physicial	Part II. Other significant conditions	contributing to d	leath but not re	sulting in the	underlying c	ause giv	an in Part	l.	23b. Dld	I tobacco use co	entribute to the	cause of death?
P.0	by the	بئر					, ,				10	Yes 2 No	3 Probably	4 Unknown
	s tha	by												^
D	v require been signature										24a. Wes	s en eutopsy ormed?		utopsy findings e prior to
ပ္ထ	s been 2 shoul	plet									pon	OIIIIOU I		tion of cause
æ	Tha law ata has paga 2	Completed									10	Yes 20 No	1 ☐ Yes	2 No
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>	Physician: this cartific ral director,	To B	exeminar?	Hospitel:	Inpatiant 2	BR/Outpetle	int 3□ DO	Oth	or.			Idanca 6 Ott	ner (Snacifu)	
0	Phy eral		27. Mennar of Death	28e. Dete	of Injury	28b. Time		8c. Injur Wor				how injury occur		
Division	Attanding F Ir death. Sctor: After by the funer	atio	1 Naturel 5 Pending 2 Accident investigation		nth, Dey Year)	Injury	м		κ≀ Yes 2□] No				
VIS	or Attandi aftar death Director: A I in by tha f	Iffica	3 ☐ Sulcide 6 ☐ Could not	289. Pleci	of Injury - At I		treet, fectory	, office		28		(Street end Numi	ber or Rural Rou	ite Number,
Ö	2 4 4 5	Certification:	4 Homicide	build	ing, etc. (Spec	ity)					City or To	wn, Stete)		
	polital fours y filled	alc	29a. Certifier 1 Cartifying P	hysician: To the	best of my kn	owledge, dee	th occurred a	at the tir	ne, dete ei	nd plece, end	d due to the	ceuse(s) end m	annar as stated.	
6	olatel	edical	(Check only one) 2 Medical Exa	miner: On the b	asis of examination of steel and ste	etion and/or I	vastigation,	in my o	plnion, de	ath occurred	et tha tima,	, data and place,	and due to the	ceuse(s)
1	To the Ho within 24 To the Fun completely	M	29b. Signeture end title of cortifier					-	e number			29d. Deta signe		
			Robert 11:1/4	usen. 1	nD Ro	sident P	ysician	T)4	8139	7	August	24,19	76
	1		30. Neme and address of person who	completed cause	sa of death (Ite	m 23a) (Tvne	Print)	لد	- ' '					
	7		Robert G. Morn	Son, M	D Joh	ns Hoo	lens B	WVI	'ew 1	Medica	el Co.	ter !	Bultons	96 re, MD
	Sta	te	31. Data filed (Month, Day, Year)	32. F	Registrar's Sign	eture		7.1						-
	Registr	ar	AUG 2 7 199	36 Jul	· Davidson	n-Rande	82							
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State of Maryland / Department of Health and Mental Hygiene 96 25408

		Certificate of	f Death	Reg. No.		
	1. Decedent's Neme (First, Middle, Last)			ete of Death		3. Time of Deeth
Physician	HARRY S. MORGAN			onth Dey	1996	0315 AM
/Medical Examiner	4a. Fscility Neme (If not institution, give street end number)		4b. City, Town, or Location	1	inty of Death	
Examine	Sinai Hospital		Baltimore		/A	
Funeral Director	5. Social Sacurity Number 6. Sex 7. Aga (In yrs 162-14-8566 1 1 → M 2 □ F 77	s. lest birthdey) If Undar 1 Yea Months Day	r If Under 24 Hrs. 8. Do	ala of Birth fonth, Dey, Year) /20/1919	9. Birthple Counti P A	ece (Stete or Foreign y)
	Usuel Residence of Decedant					
show sdat	10e. Stete 10b. County 10c. C	City, Town or Location			10	d. Inside City Limits
be nutified Director	MD. Baltimore	Catonsville				1 ☐ Yes 2 ☐ No
	10e. Street and Number	10f. Zip Coda	\(\)	10g. Citizen	of What Count	y?
23a al [513 Forest Lane	21228	3	U.	S.A.	
air, or itams 23a or 28a-f ahor Examiner must be notified at by Funeral Director	11. Maritai Status 1 □ Never Married 2 ☑ Merried 3 □ Widowed 4 □ Divorced 12. Was Decedant Evar in Armed Forcas? 1 □ Yes 2 □ No If Yes, Give WW Yeer or Detes:	X	Hispanic Origin? (Specify Y ban, Mexicen, Puarto Ricen, o Specify:	, etc.)	Race - Amarica Black, Whita, a Whis	tc.
netural, edical Exe leted by	15. Decedent's Education (Specify only highest grade completed)	16a. Decedent's Usuel Occ	upetion e during most of working	16b. Kind o	f Business/Indu	ustry
tan 27 is merked other than "naturi other treumatic avent, the Medical To Be Completed	Elementery/Secondery (0-12) College (1-4or 5+) 1 2	Machinist	e during most or working	BGE		
F O	17. Fether's Neme (First, Middle, Last)		18. Mother's Neme (Firs	t, Middle, Maiden Sun	neme)	
Be Se	William Morgan		Martha B			
To	19e. Informent's Neme/Reletionship (Type, Print)	19h Mailing Address (Ctra	et end Number or Rural Rou		um Ctata 7in /	Codel
tree.	Helen Morgan/Wife		Lane Caton			
9		Place of Disposition (Neme of	Dei		on - City or Tow	
ury or o	T☐Buriai 2 ☐Cramation 3 ☐Barnovel from Steta	cemetery, cremetory or other parrison Fore:	lace)			Ls, MD.
important: It is marked order usen any injury or other treumatic avent, the Magnice. To Be Compi	21. Signature of Fire el Sarvice Licegsaa		AShton Fun ndson Ave.		-	
sician	23a. Pert1. Enter the disease, or complications that caused the dec shock, or heart failure. List only one cause on each line.	eth. Do not enter the mode of d	ying, such es cerdiac or resp	piretory errest,		Approximate Intervei Between Onset and Death
edical miner	resulting in deeth)	NIC SHOCK	,			4 4125
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rial-transit Examiner	0	(or es a consequence of):	and the same of th			
ysicie he bu	Cause (Disease or Injury that Initiated events resulting in death) Lest	(or es e consequance of):				
S and	d					
hed for ysicia	Part II. Other significant conditions contributing to death but not re	sulting in the underlying cause of	iven in Pert I	23b. Did tobacco use	contribute to	the cause of death?
be datached for by Physicia		DIABETE		1 Yes 2 N		ably 4 Unknown
should		•	2	4e. Wes en autopsy performed?	com	re autopsy findings lable prior to spietion of ceuse eath?
certificate has rector, page 2 Be Comp				1 Yes 2□N		Yes 250 No
Be C	25. Wes case referred to medical		26. Plece of Deeth (Che			
il director, page To Be Com	examiner? 1 Yes 2 No Hospitel: 12 Inpatient 2	□ER/Outpatient 3□ DOA	Other: 4 Nursing Homa		Othar (Specify)
uneral on: 1	27. Menner of Deeth 1 Netural 5 Pending (Month, Dey Year) 2 Accident investigation	28b. Time of 28c. Injury W		Describe how injury or		
led in by the funera Certification:	3□ Suicide 6□ Could not be	home, ferm, street, fectory, officially)		ocation (Street end Nity or Town, Stete)	ımber or Rural	Routa Number,
completely filled in by the to	29e. Certifier (Check only one) 1⊠ Certifying Physician: To the best of my kn 2□ Medical Examiner: On the basis of examinend mannar stated.	owiedge, deeth occurred et the letion end/or investigation, in my	time, dete end piece, end du opinion, deeth occurred et	ue to the ceuse(s) end the time, date end ple	menner es ste ce, and due to	ited. the ceuse(s)
Me	29b. Signature and title of parties	29c. Lica	nse number		gned (Month, D	ay, Year)
	1991		56373	8	2/96	
1	30. Name end eddre per o completed cause of deeth (Ite TRETT A. A. B. E. C. C. 31. Dete file Whyth, Oar Yernon 32. Registrates Since	3449 W.1ke	u Ave # 301	BALTING	العد كان	22)

DHMH 16 Rev 6/95 3tra



1. Decedant's Nama (First, Middla, Last)

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / D

Department of Health and Mental	Hygiene	96	2	5	Ls	0	(
Certificate of Death	eli vii						

2. Data of Death

3. Time of Death

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		uneral irector	Ī				
	the Marylend	28a-f show					

death v filed within 72 hours efter Hygiene. permit. Pages 1 and 2 should be filled will Depertment of Health and Mentel Hygien Important: If flem 27 is marked other that any Injury or other traumeter. **Physician**

Baltimore, Maryland 21215-0020

The law requires that the death certificate be executed physician and s the burial-transit P.O. Box 68760. use es offer use es He. 6 Records, 8 sate hes been sig page 2 should b this certificate Division of Vital or Attending Physician: director death.

24 hours after the th within To the eg: Registrar

Month Vaar DENNIS J MARKART AUGUST 20, 1996 1218PM 4a. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Death MERCY HOSPITAL E.R. BALTIMORE CITY N/A 5. Social Sacurity Number If Undar 1 Yaar If Undar 24 Hrs. 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) 8. Data of Birth (Month, Day, Year) 1⊠M 2□ F Months Days Hours Yrs. 46 115-40-8677 23, 1949 NEW YORK Usual Rasidanca of Decadant 10a Stata 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 ☐ Yas 2 No MARYLAND HARFORD ABINGDON 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 급 7 is marked other than "natural", or items 23s or traumatic event, ins Medical Examinar must be 534 NANTICOKE COURT 21009 U.S.A. Funeral 12. Was Dacedant Evar in U,S. Armad Forcas? 1 ☑ Yas 2 ☐ No If Yas, Giva 13. Was Decedant of Hispanic Origin? (Spacify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 11 Marital Statue 1 ☐ Navar Marriad 2 X Married 1 ☐ Yas 2 No Specify: Specify 2 3 Widowed 4 Divorced Yaar or Datas: 1971-74 WHITE Completed 15. Dacadant's Education 16a. Decedant's Usual Occupation 16b. Kind of Business/Industry (Specify only highast grada completed) (Giva kind of work dona during most of working lifa. DO NOT usa retired) Elamantery/Sacondary (0-12) College (1-4or 5+) PLANNER AIRCRAFT COMPANY YEARS 17. Fathar's Name (First, Middla, Last) 18. Mother's Nema (First, Middla, Meiden Sumema) Be ARTHUR MARKART CHRISTINA KERTZ 2 19a. Informent's Neme/Ralationship (Type, Print) 19b. Malling Addrass (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) DARIAN R. MARKART (WIFE) 534 NANTICOKE COURT, ABINGDON, MD. 20a. Mathod of Disposition 20b. Place of Disposition (Nema of cematery, cremetory or other place) 20c. Location - City or Town, Stata Burial 2 □ Cramation 3 □ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Spacify) BALTIMORE NATIONAL CEM. 8/23/96 BALTIMORE, MARYLAND 21. Signature of Funaral Septica Licensaa 22. Nama and Addrass of Facility SCHIMUNEK FUNERAL HOME OF BEL AIR, INC. 610 W. MACPHAIL ROAD, BEL AIR, MD. 21014 23a. Part1. Envir the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock or heart failure. List only one cause on each line. Approximata Intarval Batwe Onsat and Death /Medical Immediata Causa (Final disaasa or condition rasulting in death) Examiner Dua to (or es a consequança of): Examiner Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Diseesa or injury thet initiated avants rasulting in death) Last Dua to (or as a consequence of): Physician/Medical Dua to (or as a consaquance of) Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No Š Completed 24b. Were autopsy findings available prior to 24a. Was an autopsy completion of cause of death? 1 Vas 2□ No 2 No Be 25. Was cesa rafarrad to medical 26. Placa of Daath (Chack only ona) Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) Hospital: 1 ☐ Inpatiant 2 SER/Outpatient 3 ☐ DOA 10 1⊠Yas 2□ No 27. Mannar of Deeth 28a. Date of Injury (Month, Day Year) fation: 28b. Tima of 28c. Injury et Work? 28d. Describe how injury occurred After 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be datarmined Certifié 3 ☐ Suicida 28f. Location (Streat and Number or Rurai Routa Number, City or Town, Stete) 28a. Place of Injury - At homa, farm, straat, factory, offica building, etc. (Spacify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end mannar as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. 29a. Certifiar (Check only onel 29b. Signatura and titla of certifian 29c. Licansa number 29d. Data signed (Month, Day, Year) ny O.C.M.E. AUGUST 21, 1996 30. Nama and addrass of person who complated cause of feath Itam 23a) (Type, Print) YOUKE M. 12 111 Penn Street, Baltimore, Maryland 21201 32. Registrar's Signatura 31 Data filed (Month; Day, Year) State widson

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									2. Date of De	ath		3. Time of Death	
4a Facility Name	BETTY WICKES NICHOLS 08 -20 -199									10:00 A			
	(If not institution, UFTON	-	ımber)		4b. City, Town, o				ocation of Death	10.000	4c. County of Death BALTIMORE		
5. Social Security 218-42-	-0539	6. Sex 1 □ M 2 (F	7. Age (In yr. 86	s. lest birthda Yrs.	y) If Und Month	ler 1 Yee s Days		24 Hrs. Min.	8. Date of Bir (Month, Da 11-30	h y. Year) - 1909	9. Birthp Coun MARY	place (Stete or Foreign http:// LAND	
Usual Residence	10b. County	MORE				JNI					1	0d. Inside City Limits	
10e. Street end No	ımber		- INE	710111	10f. 2	ip Code				10g. Citizen of Whet Country?			
11. Marital Status 1 Never Married 2 Marr		12. Was Dec Armed F ad 1 Tyes If Yes, G	12. Was Decedent Ever in U.S. 13. Was Decedent of Hispanic Origin? (Specify Yes or No-		ice - Americ ack, White,								
15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+)					t of work	king		D. Kind of Business/Industry RESERVATIONIST					
17. Father's Name											me)		
DeWITT	SAGE	p (Type, Print)		262	STAI	WIC						100	
1 ☐ Burial 2	Cremation 3		State	cemetery, cr	emetory o	other pl		DRYS	Date 3/22/9				
Mil	llina.	R. Par	W JH		HENE 4905	Y Y W	I. JEN ORK RI	KIN O. H	BALTO.	MD. 2			
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Sequentially list co if any, leading to it cause. Enter Und Cause (Disease of	enditions, mmediate erlying	b	Due to (or as a consequence of):										
that initiated event	S	d	Due to (or es e conse	equence of):							
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	red to medical						26. Place	of Deat		-	10	Yes 2 No	
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1 Avatural 2 Accident 3 Suicide 4 Homicide	6 ☐ Could no	tion t be 28e. Place	of Injury - At I	Injury nome, farm, s	M treet, facto	1[Yes 2 1	No	28f. Location (Street and Number or Rural Route Numbe			i Roufe Number,	
	MD. 10e. Street end Nu. 3 2 0 1 7 11. Marital Status 1 Never Man 3 Widowed (Spe Elementary/Sect 17. Father's Name WALTER 19a. Informant's N DeWITT 20a. Method of Dis 1 Burial 2 4 Donation 21. Signeture of Fu 23a. Part1. Enter is shock, or head Immediate Cause disease or condition resulting in death) Sequentially list colif any, leading to incause. Enter Undo Cause (Disease or that initiated event resulting In death) Part II. Other eignif	MD . BALTI 10e. Street end Number 3 2 0 1 TUFTON 11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced (Specify only highest Elementary/Secondary (0-12) 17. Father's Name (First, Middle, L. WALTER W . WIC 19a. Informant's Name/Relationshid DeWITT SAGE 20a. Method of Disposition 1 Burial 2 Cremation 4 Donation 5 Other (Specify only highest) 21. Signeture of Funeral Service Literal Service	MD • BALTIMORE 10e. Street end Number 3 2 0 1 TUFTON AVE • 11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Voivorced 15. Decedent's Education (Specify only highest grede completed) Elementary/Secondary (0-12) 17. Father's Name (First, Middle, Last) WALTER W • WICKES 19a. Informant's Name/Relationship (Type, Print) DeWITT SAGE 20a. Method of Disposition 1 Burial 2 Toremation 3 Removal from 4 Donation 5 Other (Specify) 21. Signeture of Funeral Service Licensee 23a. Part 1. Enter the disease, or complications that is shock, or heart failure. List only one cause on the shock, or heart failure. List only one cause on the shock of Death (Specify) 25. Was case referred to medical examiner? 1 Yes 25 No 27. Manner of Death (Monations) 28a. Date (Monations) 1 Natural (Monations) 27. Manner of Death (Monations) 28a. Date (Monations) 27. Manner of Death (Monations) 28b. Date (Monations) 27c. Wanner of Death (Monations) 28c. Date (Monations) 28c. Date (Monations) 29c. Certifler (Check only) 29a. Certifler (Check only) 29d. Certifler (Check only) 29d. Certifler (Check only) 20d. Medical Examiner: On the bin of t	MD. BALTIMORE RE 10e. Street end Number 3 2 0 1 TUFTON AVE. 11. Marital Status 1	MD. BALTIMORE REISTER 10e. Street and Number 3201 TUFTON AVE. 11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Morrocal 11. Yes 2 No 11 Yes 2 Status 11 Yes 2 Status 11 Yes 2 Status 12. Was Decedent Ever in U.S. Armed Forces? 11 Yes 2 Status 11 Yes 2 Status 11 Yes 2 Status 11 Yes 2 Status 12. Was Decedent Ever in U.S. Armed Forces? 13. Armed Forces? 14 Yes 2 No 14 Yes Give Year or Dates: 15. Decedent's Education 16 Yes, Give Year or Dates: 16 Yes, Give Year or Dates: 17. Father's Name (First, Middle, Last) 18. Informant's Name/Relationship (Type, Print) 19b. Malter Walter Walter Status 19a. Informant's Name/Relationship (Type, Print) 19b. Malter Walter Walter Status 19a. Informant's Name/Relationship (Type, Print) 19b. Malter Walter Walter Walter Status 262 20a. Method of Disposition 1 Dewild T SaGE 20b. Place of Disposition 20b. Place of Disposition 20b. Place of Disposition GREEN Market Walter Status 25a. Part 1. Enter the disease, or complications that caused the death. Do not e shock, or heart failure. List only one cause on each line. 25a. Part 1. Enter the disease, or complications that caused the death. Do not e shock, or heart failure. List only one cause on each line. 25a. Part 1. Enter the disease, or complications that caused the death. Do not e shock, or heart failure. List only one cause on each line. 25a. Part 1. Enter the disease, or complications that caused the death. Do not e shock, or heart failure. List only one cause on each line. 25a. Part 1. Enter the disease, or complications that caused the death. Do not e shock, or heart failure. List only one cause on each line. 25a. Part 1. Enter the disease or complications that caused the death. Do not e shock, or heart failure. List only one cause on each line. 25b. Was case referred to medical examiner? 1 Yes 25 No 25c. Was case referred to medical examiner? 1 Yes 25 No 27d. Part 10 Nother examiner to death but not resulting in the line. 28b. Time of District the Status of The Status of The Status of The Status of The Status	MD. BALTIMORE REISTERSTON 10e. Street end Number 3 2 0 1 TUFTON AVE. 11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Orvorced 11. S. Decadent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) 4 College (1-4or 5+) 17. Father's Name (First, Middle, Last) WALTER W. WICKES 19a. Informant's Name/Relationship (Type, Print) DeWITT SAGE 20a. Method of Disposition 1 Burial 2 Octemation 3 Removal from State 4 Donation 5 Other (Specify) 21. Signeture of Funeral Service Licensee 4 Donation 5 Other (Specify) 22a. Part 1. Enter the disease, or complications that caused the death. Do not enter the misshock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition) resulting in death) Sequentially list conditions, if any, leading to immediate Cause (Disease or injury) that initiated events Part III. Other eignificant conditions contributing to death but not resulting in the underlying in death) 25. Was case referred to medical examiner? 1 Ves 25 No	MD. BALTIMORE REISTERSTOWN 10e. Street end Number 3201 TUFTON AVE. 11. Marital Status 1	MD BALTIMORE 10e. Street end Number 3201 TUFTON AVE 21136	MD	MD. BALTIMORE REISTERSTOWN 106. Street and Number 3 20 1 TUFTON AVE. 21 136 11. Marital Status 11 Never Maritad 2 Married 12 Was Decedent Ever in U.S. 1 Ves. Syec.	MD. BALTIMORE REISTERSTOWN 10s. Street end Number 3 201 TUFTON AVE. 11. Marital Status 11. Marital Status 11. Marital Status 11. Marital Status 11. Marital Status 12. Was Decadent Ever in U.S. 11. Marital Status 12. Was Decadent Ever in U.S. 11. Marital Status 12. Was Decadent Ever in U.S. 12. Was Decadent of Missparic Origin? 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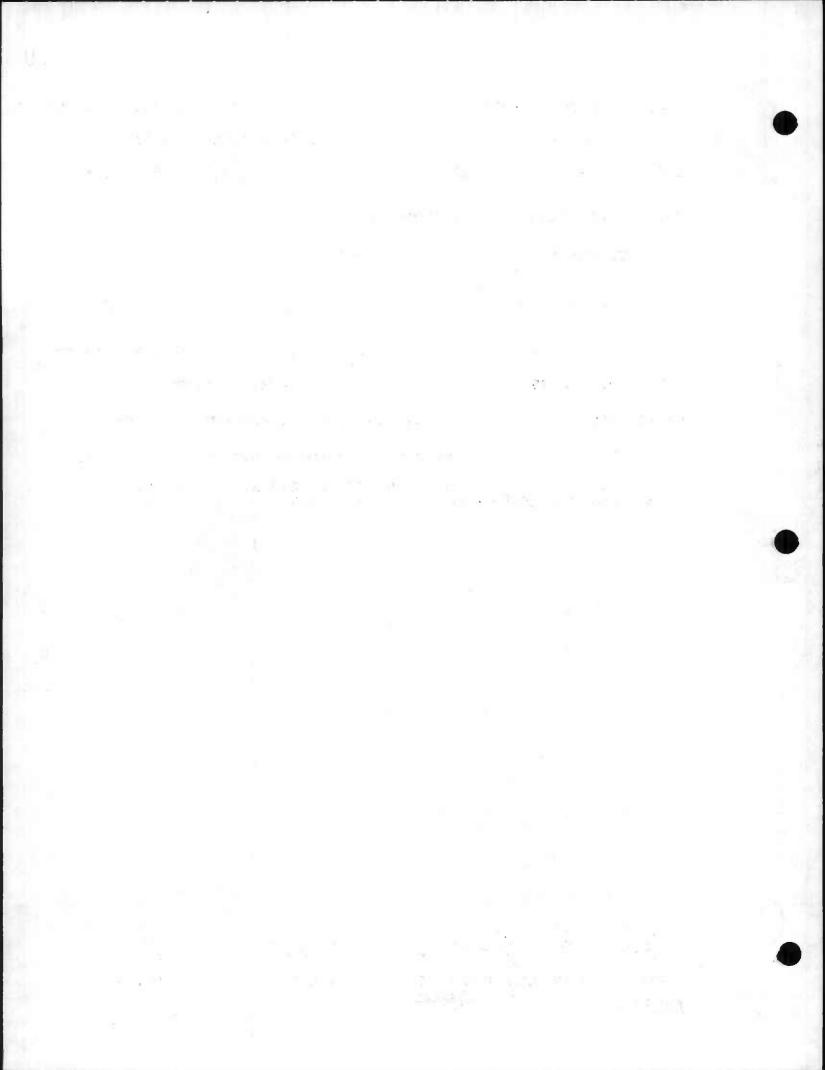
29a. Certifier (Check only one) 157 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifie 29c. License number 29d. Date signed (Month, Dey, Year)

30. Name and address of person who completed cause of death (item 23a) (Type, Print)

K. PORTERFIELD M.D. 6701 N. CHARLES ST. TOWSON, MD. 21204. **JAMES**

State Registrar





State of Maryland / Department of Health and Mental Hygiene 96 25411

Medical xaminer	Decedent's Name (First, Middle, L VIRGIE NEWBY 4e. Fecility Neme (If not institution, g MARYLAND GENERA	(MN-MA	E)			2. Dete of De Month	Dey 10	3. Time of D 96 10:50
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xaminer neral		ive street end number)			4b. City, Town, or Lo			
ector	MARYLAND GENERA				4b. City, Town,	or Location of Deeth	4c. County	of Deeth
ctor						ORE,MD.		MORE CITY
	5. Social Security Number 6. 229–26–6831 Usual Residence of Decedent	Sex 1□ M 20 F	e (In yrs. lest birtho	Months De		In. 8. Date of Bir (Month, De	th y, Year) 1928	9. Birthplace (Stete or Country) MARYLAN
- L	10e. State 10b. County		10c. City, Town o	r Location				10d. Inside City
Director	MARYLAND BA	LTIMORE		BALT!	MORE C	ITY	10g. Citlzen of	1X Yes 2
		ON AVEN	UE		21218			SA
Funeral	11. Marital Status	12. Was Decedent E Armed Forces?	Ever in U,S.	3. Wes Decedent		(Specify Yes or No serto Rican, etc.)	- 14. Rec	ce - American Indien,
by	3 ☐ Widowed 4 ☐ Divorced	1 Yes 2 X N If Yes, Give Yeer or Dates:	lo	1 □ Yes 2 🛣		eno rican, etc.)		ck, White, etc.
Completed	15. Decedent's 8 (Specify only highest g	Education rede completed)	16a. De	ecedent's Usuel Oc	cupation one during most of v tired)	working	16b. Kind of B	usiness/Industry
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Be		•				Name (First, Middle,		
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Physician	Part II. Other significant conditions	contributing to death bu	t not resulting in th	a underlying cause	given in Part I.		a mana ana ana ana	ntribute to the cause of 3 □ Probably 4 ₺ Ur
Completed by							an autopsy med?	24b. Were autopsy find available prior to completion of gau
dwo						.00		of death?
	25. Was case referred to medical		-		de Blood of B	1 1 7	5 5555	1□Yes 2□No
o Be	examiner?	Hospital: 1 ☐ Inpatien	t 25rEP/Outpo	tient 3 DOA	Other	leath (Check only on Home 5 Resid	100000	ar (Danella)
i i	27. Mannaf of Death	28a. Date of Injury	28b. Time	of 28c. In	The second secon	28d. Describe h	The same of the sa	The state of the s
atio	1 DNatural 5 ☐ Pending 2 ☐ Accident Investigation	(Month, Day)	Year) Injur		York? ☐Yes 2☐No	Socialists		
Certification:	3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office 28f. Location (Street and Number City or Town, State)						er or Rural Route Numbe	
edical	29a. Certifier 1 Certifying Pt (Check only one) 1 Medical Example	nystclan: To the best of miner: On the basis of e end manner stat	examinetion end/or	eth occurred et the Investigetion, in m	time, dete end ple y opinion, deeth oc	ce, and due to the courred et the time,	ceuse(s) and me dete end plece,	enner as steted. end due to the cause(s)
Medical Cer	29b. Signature and title of certifier	Smoluthin		29c. Lice	39241		8/3	d (Mopth. Day, Year)

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State of Maryland / Department of Health and Mental Hygiene 96

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					(Certificate o	f Death		Reg. No.									
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	/Medi Exami		4a. Facility Nema (If not institution, giv 3815 BEEHLE		E		4b. City, Town, or BALT	11.	4c. County	of Death	MORE							
	Funeral Director		5. Social Sacurity Number 249-40-0543 Usual Rasidence of Dacedant	PM 2 F	e (In yrs. last birth	Months Dev	ar If Undar 24 Hrs		h v. Year)	9. Birthple	aca (Stata or Foreign Try) CAROLINA							
	Maryland a-f ahow	tor	10a. Sfeta 10b. County	TIMORE	10c. City, Town	or Location 3 A LTIM	ORE CI	77/		10	0d. inside City Limits							
	h with the	al Director	10e. Straet and Number 3815 BEEHLE	2 AVENU		10f. Zip Code		7	10g. Citizan of V	What Count	ry?							
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1215-0020	be filed within 72 hours Ital Hygiena. d other than "natural", event, the Med cal Exa		Completed	15. Decedant's E (Specify only highest gra Elemantary/Secondary (0-12)	ducation ada com <i>platad)</i> Collega (1-4or 5		Decedant's Usuai Occ Giva kind of work don ifa. DO NOT use reti	na during most of wor ired)	rking	16b. Kind of Br								
and 2	be filed v ital Hygie d other ti event, th	Be	12 TT GRADE 17. Fathar's Nama (First, Middla, Last,			1	0.000	ma (First, Middla,	Maldan Suman									
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Baltimore, N	permit. Peges 1 and Department of Health Important: If item 27 any injury or other to once.		20a. Method of Disposition 1 Burial 2 Cramation 3 4 Donation 5 Other (Specification 2) 21. Signaport of Furnaria Service Licenters	y)	27 20b. Piece of It cematary, KING	JOSEPH H	/aca)	8-30-96 R. FUNER	WOODL AL HOME	AWN.	MARYLAN							
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Box 68760,	eath certificate be executed attending physician end for use as the burist-trensit	by Physician/Medical Examiner	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Last	. DE	Dua to (or as a co		L FA N, CA ARCINO	H LU, H CHEX MA OH	RE IA PRO		Imo 3mo							
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Recor	The lew requires are hes been sign page 2 should be	Completed						24a. Was a perfor	med?	com of d	ra autopsy findings ilabia prior to apletion of causa eath?							
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	6		30. Nama and addrass of person who	completed causa of da	ath (Item 23a) (T	(pe, Print)	- L NIO	71 Av-	- 00	17) us	12017							

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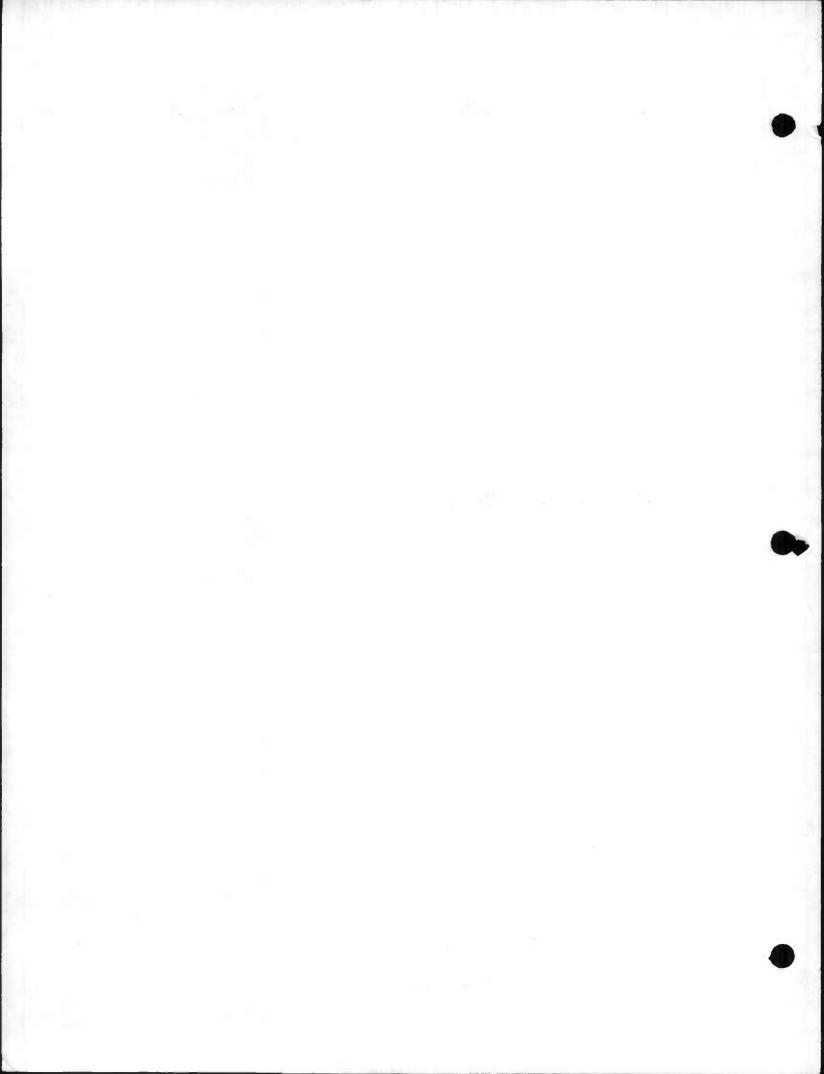
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State of Maryland / Department of Health and Mental Hygiene 96 25413

					Certifica	ite of Death	Re	g. No.	0	.0410	
Н	Physic	ian	1. Decedant's Name (First, Middla, La	st)			2. Data of Death	1	Year	3. Time of Death	
	/Medi		GERARD	NEALE			Hug.	25	76	4 7m	
	Examiı	ner	4a. Facility Nema (If not institution, give	a street and number)	ice	4b. City Town, or	Location of Death	4c. County o	Of Death	+	
	Funeral Director		5. Social Security Number 6. S 215-74-4499 1 Usual Rasidence of Decedent	7. Age (In yrs. 3.0	Vrs. If Unc	ler 1 Yaer if Under 24 Hrs s Deys Hours Min.	(Month, Day,	Year) 957	9. Birthplec	e (Stata or Foreign	
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	th with the 23a or 284	Funeral Director	10e. Street and Number 2812 Bak	er st.		210 Coda 21216	10	og. Citizen of W	het Country	7	
200	n 72 hours after death with the Maryland "naturel", or thems 23a or 28a-f show ridical Examiner must be notified at	b	11. Maritei Stetus 1 Nevar Married 2 Merried 3 Widowed 4 Divorced	12. Wes Decedent Ever in U. Armed Forces? 1 Yes 2 No If Yas, Give Yeer or Datas:		sedant of Hispenic Origin? (Specify Cuban, Mexican, Puer 2000).	Specify Yes or No- to Rican, atc.)		- American c, White, etc	Indian,	
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	c		23a. Part . Enter the disease, or com shock, or heart failure. List only	piications that caused the deatl one ceuse on each line.	h. Do not anter the m	ode of dylng, such es cardia	c or respiratory arre	st,	In	pproximata larval Between	
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	requires that the daath certific seen signed by the attending p hould be detached for usa as	y Physician	Part ii. Other significant conditions of	ontributing to death but not rase	ulting in the underlying	causa givan in Part I.				e cause of death? ly 4 Unknown	
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	this mal di	lon: To	1 Yes 2 No 27. Mannar of Death 1 Natural 5 Pending	28a. Data of Injury (Month, Day Year)	28b. Time of Injury	28c. Injury at Work?	fome 5 ☐ Rasida 28d. Dascribe ho			HOSPICE	
_	oc. Attending gaffer death. I Director: Attend d in by the fune	Certification:	2 Accident invastigation 2 Accident 3 Suicide 4 Homicide datarmined 28e. Place of Injury - At home, farm, streat, factory, office building, atc. (Spacify) 28f. Location (Street and Number City or Town, State)							outa Number,	
4	A Punera	edical C	29a. Cartifier (Check only one) Certifying Ph	ysician: To tha best of my knowniner: On the basis of axaminal and mennar stated.	wiadge, death occurre tion and/or investigation	d at the time, date and place on, in my opinion, deeth occu	a, and dua to tha ca urred at tha tima, da	use(s) and man ita and piace, as	nner as state nd due to the	d. a causa(s)	
	within To the Comp	Me	29b. Signeture end titla of certifier	Mason		9c. License number		Od. Date signed			
			30. Nama and address of person who	completed causa of daath (Itam		5870 13M212	BELARE	21206	6		
	Sta	ite	31. Data filed (Month, Day, Year)	32. Registrar's Signa	iture						

DHMH 16 Rev 6/95



O.C.M.E.

111 Penn Street, Baltimore, Maryland 21201

AUGUST 21, 1996

State Registrar

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30. Name end eddress of person who completed cause of challh (Item 23a) (Type, Print)

32 Registrer's Signeture

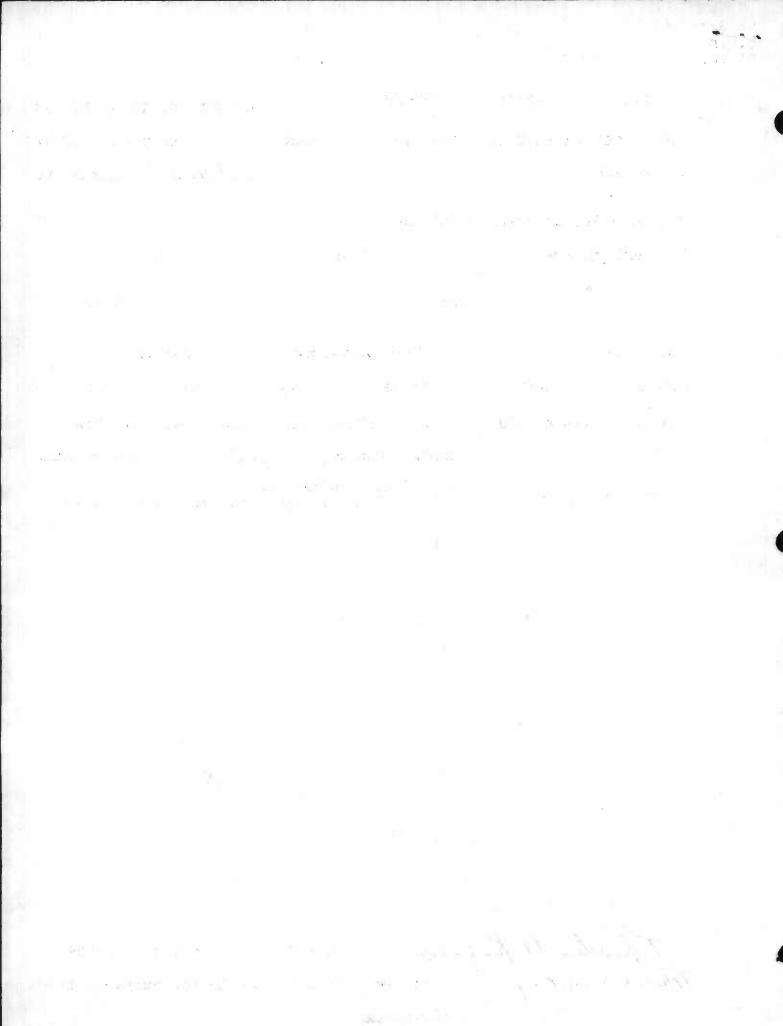
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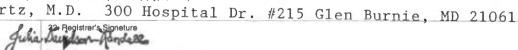
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				State of Maryland	/ Department of Certificate of		, ,	ene 9	6 25415
	D		1. Decedent's Neme (First, Middle, Last)			2. Dete of Deeth Month		3. Time of Deeth
	Physici /Medi		Edward	Nevin Odell	1		Aug.	24, 199	
7	Examir		4e. Fecility Neme (If not institution, give 100 St. Ives	street end number) Drive		4b. City, Town, or Severna		4c. County of Dea	Arundel
	Funeral Director		5. Social Security Number 183-16-2411 Usual Residence of Decedant	x 7. Age (In yrs. lest	t birthday) If Under 1 Ye Yrs. Months De	per If Under 24 Hrs ys Hours Min.	(Month, Day, Y	^{'ear)} 9. Bi 1915 Pu	rthplece (Stete or Foreign country) erto Rico
	permit. Pages 1 and 2 should be filed within 72 hours after death with the Manyland Department of Heath and Mental Hygiene. Department of Heath and Mental Hygiene. Important: If them 27 is marked other than "natural", or frems 23a or 28a-f show any injury or other traumatic event, the Madical Examines must be notified at once.	ctor	10a. Stete 10b. County	Arundel 10c. City, T	Fown or Location	erna Par	k		10d. Inside City Limits 1 ☐ Yes 2 🌠 No
	한 50 전 28	Dire	10e. Street end Number		10f. Zip Cod	0	100	g. Citizen of What C	ountry?
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712-0020	72 ho		15. Decedent's Edu	cation 1	16a. Decedent's Usuel Oc	cupetion	16	Sb. Kind of Business	lite s/Industry
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	shoul nd Me merk	To	19a. Informent's Neme/Reletionship (7)		19b. Meiling Address (Str				Zip Code)
<u>Z</u>	alth a 27 is vr fra		Mary McDonnell Ode	ell - wife	100 St. Iv	es Drive	Severi	na Park	MD 21146
painingle,	of He of He rothy		20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐ F	20b. Plec	e of Disposition (Neme of etery, cremetory or other)			C. Location - City o	
	ment ment ant: h		4 ☐ Donetion [△] 5 ☐ Other (Specify)	Metr	o Crematory,	Inc. 8	/24/96	Baltimo	ore, MD
Dal	Depart Depart Import any in		21. Sometime of Funerel Service (Icens Dawn F. McDon 23a. Part1. Enter the disease, or compl shock, or heart failure. List only or	ald cations thet caused the deeth.	22. Name end Ad Cremati 299 Fre	dress of Fecility .on Socie .derick F	ety of Ma	aryland,	Inc. MD 21228 Approximete Interval Between
	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting In death)	hetast	efic Li	ver Ci	uces		Onset end Deeth
Œ.	10 1 2	Jer		Due to (or es	s a consequence of):				
'n	cata be axecuted physician and tha buial-transit	Examiner	Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury	Due to (or es	s e consequence of):	71 4			
00/00	ntificata be ng physici a as tha bu	Medicai	Ceuse (Diseese or Injury that initieted events resulting in deeth) Lest	Due to (or es	s e consequence of):				
	eath certific attending p	sician/M).					
	0 0 8	by Physic	Pert II. Other significant conditions cor	stributing to death but not resultin	ng In the underlying cause	given in Pert I.			e to the cause of death? Probably 4 🗹 Unknown
	2 s	Completed b					24a. Wes an operforme		Were autopsy findings available prior to completion of cause of deeth?
ב ו	E as a	Con					1□ Yes	2 [X No	1 Yes 2 No
	ysician: Tha list certificata he director, page	Be	25. Wes case referred to medical examiner?	lospitel:			eth (Check only one)		
5	this rail di	: To	1 ☐ Yes 2 ☐ No 27. Menner of Deeth	1 L Inpatient 2 L ER	Outpatient 3LI DOA	-	lome 5 Residence		ecify)
5	ith. : After th	ation	1 Neturel 5 Pending 2 Accident Investigation	(Month, Dey Year)		njuryet Vork? ☐ Yes 2 ☐ No	200.200.201.01	inquity outdanned	
	pristry Atending Physician: yus after death. The Director: After this certific filled in by the funeral director.	Certification:	3 Sulcide 6 Could not be determined	28e. Plece of Injury - At home building, etc. (Specify)	e, ferm, street, fectory, office	Ce Ce	28f. Location (Stre City or Town,		Rural Route Number,
-	io ne Happiaror At within 24 hours after To the Funeral Direct complataty filled in by	edicai	29e. Certifier (Check only one) 1 ☐ Certifying Phys	sician: To the best of my knowled ner: On the basis of exemination and menner stated.	dge, deeth occurred et the end/or Investigation, in m	time, dete end plece y opinion, deeth occu	, end due to the causerred et the time, dete	se(s) end menner e e end plece, and du	e to the cause(s)
	Som With	×	29b. Signature and title of earlifer	flater ?	У Э н	nse number 17744		August 2	24, 1996
	(SX)		30. Name and eddress of person who co David Schwart		Hospital	Dr. #215			

State Registrar

31. Dete filed (Month, Day, Year) AUG 27 1996





3. TIME OF DEATH

am

10:00

REG. NO.

2. Date of Death AUGUST 22 1996 YEAR

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Willie Mae

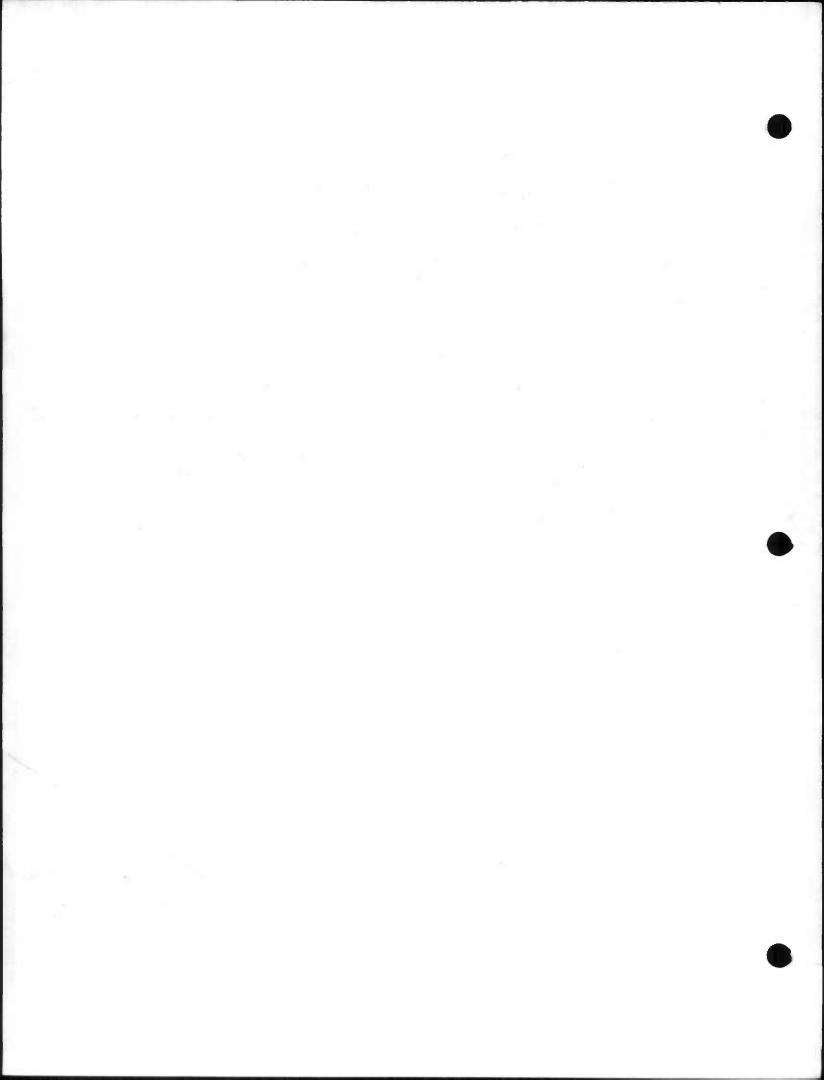
4. SOCIAL SECURITY NUMBER

Oliver

5. SEX

	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	MC	UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLAC Country)	CE (State or Foreign
	217-26-4613	1 🗆 M 2 💢 F	15	YRS.			NOV. ZI	920	South	CAROLINA
	9a. FACILITY NAME (If not institution, give	1 13	, ,		-	N OR LOCATION OF D		10.00	TY OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT	ian Nurs	ing Hon	25	<u> </u>	timor	<u>e</u>	100	altim	370
I KE	MARULAND BO	Himor	e e	4000	1+im				- 4	INSIDE CITY LIMITS?
. 1	10e. STREET AND NUMBER			100		10f. ZIP CODE		10g, CITIZ	ZEN OF WHAT	€YES 2 NO
	725 Lyndha	URST S	treet			2122	9		USA	
	11. MARITAL STATUS 1 Never Married 2 Married	FORCES?	NT EVER IN U.S. AF 1 YES 2 1 WAR OR DATES		If yes,		NIC ORIGIN? (Specify Yean, Puerto Rican, etc.)	s or No—	Black, Wh	
	3 Widowed 4 Divorced								Specify,	Black
	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		(G	ECEDENT'S US Sive kind of work b. Do NOT use n	k done durina	MTION most of working ·	16b. KIND OF BL	SINESS/IND	USTRY	
	9TH GRAde	College (14 or 5		actor	N YS	lonker	FISH	LAU	NdR	4
- 1	17. FATHER'S NAME (First, Middle, Last)	and				16. MOTHER'S N	AME (First, Middle, Melder A Glove			
	19a. INFORMANT'S NAME (Type/Print)	<u> </u>	19	b. MAILING AD	DRESS (Street	et and Number or Rura	Route Number, City or Tox		Code)	
2	DIANE PAG	3	7	2564	wdha	vest Stre	et, Baltin	PORE,	MARYLA	and 2122
	20a, METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Re	moval from State	20b. PLACE cametery_cre	AND DATE OF I	nlacak	The state of the s	4		City or Town, S	
	4 □ Donation 5 □ Other (Specify)	JCENSEE	HABO	1145	22, NAME	METERY AND ADDRESS OF F	ACILITY	1 1 1 1	1	1 ARYLAND
	X/18	DIM	5		505	CPH 14.	GROWN 3			
7	23. PART I. Enfer the diseases, or	complications th	at caused the de	eeth. Do not	enter the r		LTON AVEN			Approximate
(impok, or heart failure IMMEDIATE CAUSE (Final	. List only one ca	use on each line	e.						Interval Between Onset and Deat
	disease or condition resulting in death)	a.	(SEP.	212				į	one non
		DUE TO	O (OR AS A CONSE					(2 1
	Sequentially list conditions,	bDUE TO	O (OR AS A CONSE						, , ,	2 brok
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	С	STR	OKE						Jeans
	that initiated eventa reaulting in death) LAST	DUETO	O (OR AS A CONSE	OUENCE OF):						
CERTIFICATIO		d								
EDICAL	PART II. Other algnificant condition	ons contributing t	o death but not	reaulting In	the underly	ring cause given i		NAUTOPSY RMED?	AWA	RE AUTOPSY FINDINGS ILABLE PRIOR TO
בַּ							1 TYES	2 NO	OF	MPLETION OF CAUSE DEATH?
Σ	DID TOBACCO USE CON	TRIBUTE TO C	AUSE OF DEA	ATH YES	□ NO	☐ UNCERTA	IN D		10	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			CE OF DEATH						
YSI(1 TES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 DOA 4	Nursing H	lome 5 - Residence	8 Other (Specify)			
-	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE C (Month,	Day, Year)	28b. TIME (Y	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OC	CURED	
BÁ	2 Accident Investigation 3 Suicide 6 Could not b	28e. PLACE	OF INJURY - At h	. 17			281. LOCATION (Street		or Rural Routs	Number,
ו ב	4 Homicide determined	building	g, etc. (Specify)	N	A		City or Town, Steh	"MA		
COMPLET	ana)						ue to the cause(s) and m			
ទី	2 MEDICAL EXAMI		examination end/or	Investigation,	In my opinior		e time, date and place, e			
BE	296. SIGNATURE AND TITLE OF CENTIFIC	lland	+			D · 3	00 469	29d. DAT	E SIGNED (Moi	2 2 No. 199
일	30. NAME AND ADDRESS OF PERSON V	CET DE	USE OF DEATH (IT	EM 27) (Type, P	rint)		T City	. · H	D · 2	1047
	31. DATE FILED (Month, Day, Year)	2 REGISTE	AR'S SIGNATURE	2			-			,
	AUG 2 7 1996	wa Lavidso	- Madage	2 ;						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

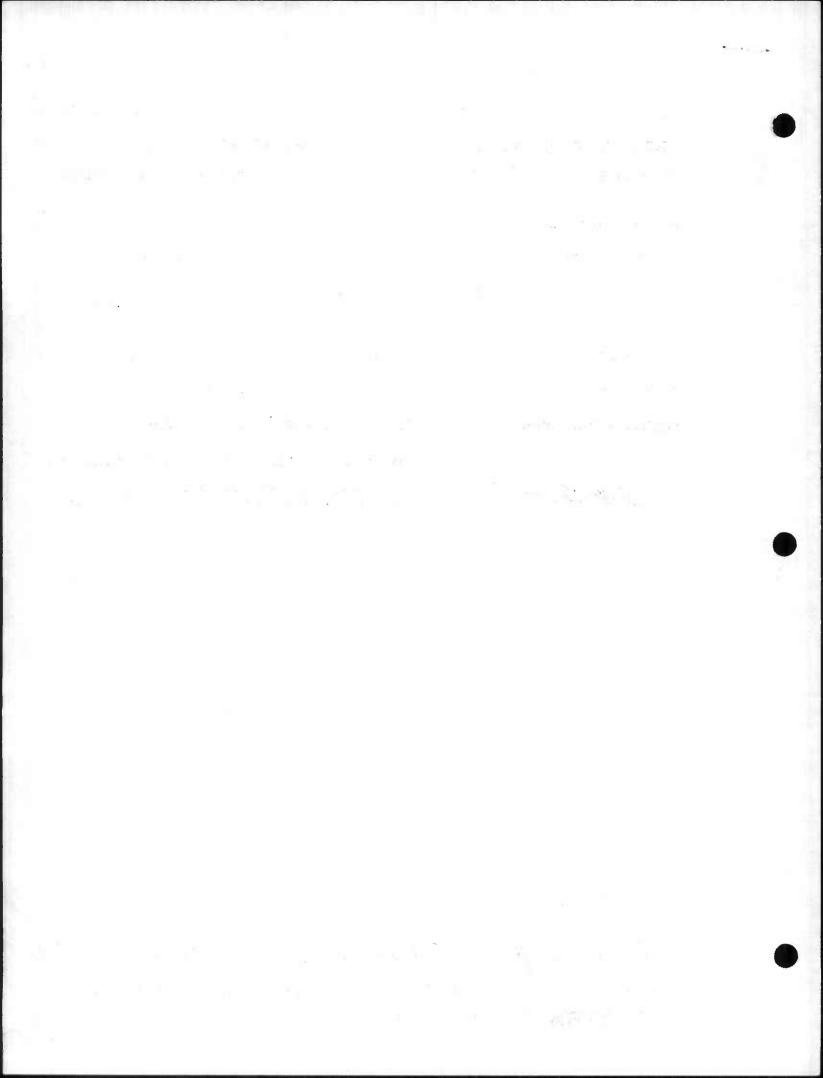


State of Maryland / Department of Health and Mental Hygiene

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						C	ertifica	ate of	Death			Reg. No.				
Е	3. 5.		1. Decedent's Neme (First, Middle, L.	ast)							2. Dete of D Month	eeth Dey		Yeer	3. Time of Deat	1
	Physic /Medi		CHRISTINE	M	POTEE						AUGUS			1996	10:50	a
	Exami		4a. Fecility Neme (If not institution, gi						4b. City, To	own, or Lo	ocation of Dee			of Death		
			THE JOHNS HOPKI	NS HOSP	TTAT.				BAT.T	TMOR	E CITY	N.	/A			
	Funeral			Sex	7. Age (In yrs.	last birthd		der 1 Yeer	If Under	24 Hrs.	8. Date of B		11	9. Birthpi	iece (Stete or Fore	ign
	Director		219-10-7983	1□M 2\\ F	70	Yrs	Month	ns Deys	Hours	Min.	DEC.	12, 19	925	MAR	YLAND	
-			Usual Residence of Decedent								Dag.	, .				
	/land		10a. Stete 10b. County		10c. Ci	ty, Town o	Location							10	0d. Inside City Lim	its
	Man Man	ò	MARYLAND HARFOR	D	.TO	PPA									1 ☐ Yes 2 🖔	No
	the 28s	Director	10e. Street and Number				10f. i	Zip Code				10g. Citiz	zen of V	Vhat Coun	try?	-
	with with	ā	812 FOXWELL ROAD)				.085				U.S.			,	
	ne 23	Funeral		_	edenf Ever in U	18 1			Henanio Os	riala? (Sa	ooihi Vae or N			e - Americ	an Indian	_
	item item	S	11. Marital Status	Armed F	orces?	,3.	If Yes, s	pecify Cut	en, Mexica	n, Puerto	ecity Yes or N Rican, etc.)	0-		k, White,		
20	s within 72 hours after death with the Maryland liene. I then 'neturel', or items 23a or 28a-f ehow The Medical Examiner must be notified at	by F	1 ☐ Never Merried 2 ☐ Merried 3 ☐ Widowed 4 ☐ Divorced	If Yes, Gi	ve		1 🗆 Yes	2 ∑ No	Specify	:			Specify	WHI	TE	
21215-0020	hou	P			70(05.	10- 0-	and antic 11					100 100	-1-(5)			_
Ċ		Completed	15. Decedent's E (Specify only highest gi	ade completed)		(G	ive kind of e. DO NOT	work done	during mos	st of work	ing	160. KA	na or Bu	isiness/Ind	lustry	
7	filed within Hyglena. ther then	dm	Elementery/Secondery (0-12)	College (1-4or 5+)				10)			Orm	T TTC	ME		
7	filed within Hyglena. other then		10 TH GRADE	43		HOP	IEMAKE	LK	10.14-11	a da Maria	· (Class Adiabat		N HC			-
Ĕ	2 2 2 2	Be	17. Father's Neme (First, Middle, Las	t)							e (First, Middle		Sumam	Θ)		
3	should be filed ind Mental Hygi i marked other umatic event, I	10	TROFEM MICHALUK						ANN	A KA	SINOVIO	H				
Maryland	0 6 6 2		19e. Informent's Neme/Reletionship	(Type, Print)			_				al Route Num		Town,	Stete, Zip	Code)	
	CZNL		CHARLES POTEE (H	USBAND)					ROAD	, J0	PPA, MI). 2	1085			
ore Ore	of Haalt ittem 2		20e. Method of Disposition			Plece of Di	sposition (A	veme of or other pie	ice)		Date	20c. Lo	cation -	City or To	wn, Stete	
Baltimore,	Pag int: H		1 X Buriai 2 ☐ Cremetion 3 [4 ☐ Donetion 5 ☐ Other (Speci		VA	CEM A	T GAF	RRISO	N FOR	EST	8/27/96	OW:	INGS	MIL	LS, MD.	
	permit. Pagas 1 Department of H important: If the any injury or ot stice.		21. Signeture of Funerei Service Lice	insee			22. Neme	end Addre	ess of Fecil	ity						
m	Deparimpo impo any ir		1/11/2								HOME OF			-		
	_		23e. Pert1. Enter the disease, or con	polications that	onue and the idea	h Do not					OAD, BE		K, M	ID. Z	1014 Approximete	
			shock, or heart fellure. List only	one ceuse on	eech line.	in. Do not	enter the m	lode of dy	ing, such es	Cardiec	or respiretory	errest,			Intervel Between Onset end Deeth	
y -	Physician /Medical		Immediate Cours (Final	^			-								6 ,	
	Examiner		Immediate Cause (Finel disease or condition resulting in death)	Θ.	ardi	ac	10	mi	one	ade	,				Thou	n
			resulting in dealtry	~	Due to (or as a con	sequence o							1		
	D #	ine		h P	erica	rdie	A F	Sffu	5101	7				1	aday:	5
	certificata be assected ding physician and isa as the burial-transit	Examiner	Sequentially list conditions,	D	Due to (or as e con	sequence c							1	1	
ŠĆ.	san san san san san san san san san san		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury	R	cota	1 0	anc	0,0						- 1	18 mont	h
68/60,	hysic the b	/Medical	that Initiated events resulting in death) Lest	C.	Due to (d	r es e con	sequence o	f):								
9	ding p	Me														
XOX			·	d										1		
ă	death a atte ed for	Physician	Pert II. Other eignificant conditions	contributing to d	eath but not res	ulting In th	e underlyin	g cause gi	ven in Pert	l.	23b. Die	1 tobacco	USO COI	ntribute to	the cause of dea	th1
r Ö	t the	hy	- -								10	Yes 2	No No	3 ☐ Prot	ably 4 Unkn	ow
	requires that the death been signed by tha atte hould be detached for	by F											V			
ğ	n sig											s an autop	sy		re eutopsy finding	js
00	3e 10 00	Completed									per	formed?		COI	mpletion of cause	
Ö	has b	ם											1		death?	
<u></u>	cata ha	ပိ									1□	Yes 2	No	1 [Yes 20 No	
	Physician: The mis certificata ral director, par	Be	25. Wes case referred to medical examiner?	The Net No.				I a		e of Deel	h (Check only	one)				
of Vital Records,	lis of min	2	1 ☐ Yes 2 No			ER/Outpa	tient 3	DOA		ursing Ho	me 5 Res	sidenca 8	□ Oth	er (Specify	1)	
	D age	ü	27. Manner of Deeth 1, ØNeturel 5 ☐ Pending	28e. Dete (Mor	of Injury th, Dey Year)	28b. Tim Inju		28c. Inju	ry et rk?		28d. Describe	how injur	y occur	red		
sion	S to to	atic	2 Accident investigetion	on			М		Yes 2	No						
\$	4 th th	Certification:	3 ☐ Suicide 6 ☐ Could not to determined	200. Place	of Injury - At h	ome, ferm,	street, fect	ory, office				(Street end		er or Rura	i Route Number,	
2	8 1 2 2	Se		Dalla	ing, oto. (Dpoor.	37					ony or re	J, O.u.o,	,			
	y in the		29e. Certifying Pi	hysician: To the	best of my kno	wledge, de	eth occurre	ed et the ti	me, dete ei	nd plece,	end due to the	e cause(s)	end me	nner es st	eted.	
-	24 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	edicai	(Check only 2 Medical Examone)	miner: On the b end men	asis of exemine iner steted.	etion end/o	r Investigeti	on, in my	opinion, de	eth occur	red et the time	, dete end	plece,	and due to	the cause(s)	
	within 2 To the I	ž	29b. Signature end title of certifier					29c. Licen	se number			29d. Det	e signe	d (Month,	Dey, Year)	
			Sumanum	0.M/	ofto	T.M	D	()x	101			Aug	100	+ 2	5 1991	4
,	M		30. Name and address of person who	completed on	ea of death fire	n 23a) /T	ne Print)	00	211			TUO	JUD.	100	2/1/14	2
	IV		C - a ma	Lo c	o oi deeth (itel	1 230) (TY	C CI	coo +	- 2	11	imor	O . N	T		1707	
	V		31. Dete filed (Month, Dey, Year)	30 1	Registrer's Sign	ture	1C 1	100	U	111	1110	11	1	a	100/	
	Sta	ite	ALIC 9 7 100C	delica	Confidence	13. 2. 4	0.									

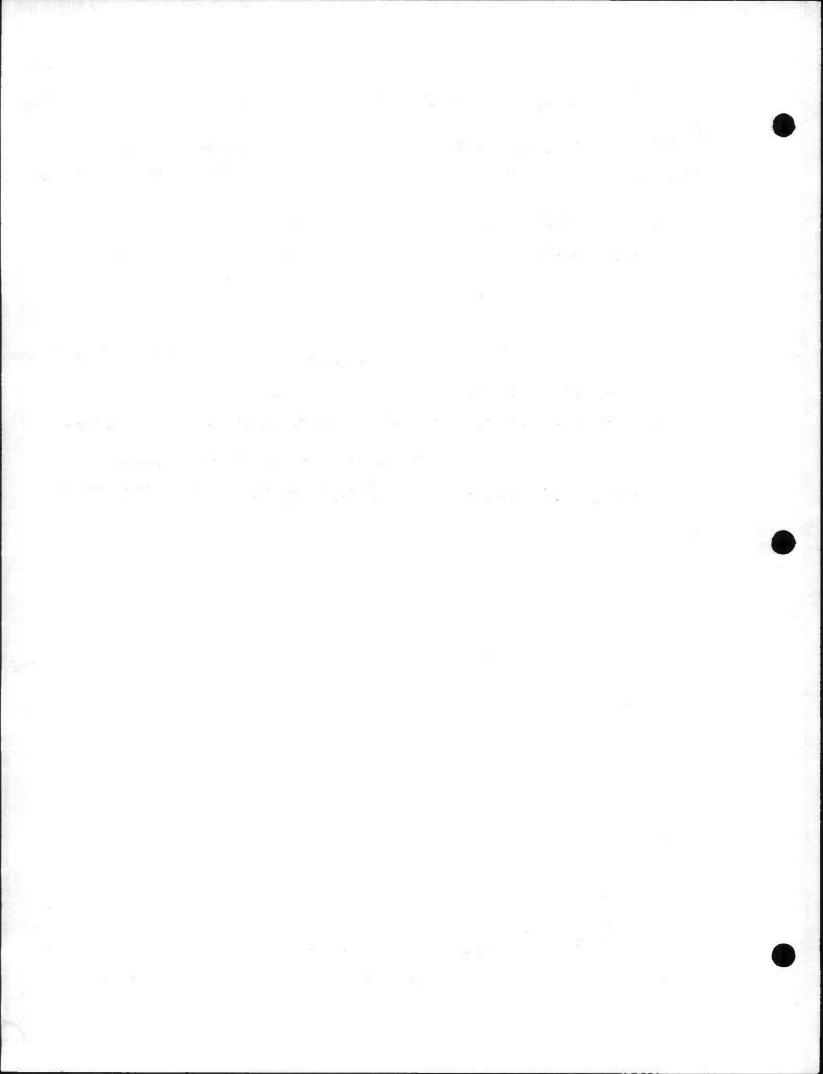


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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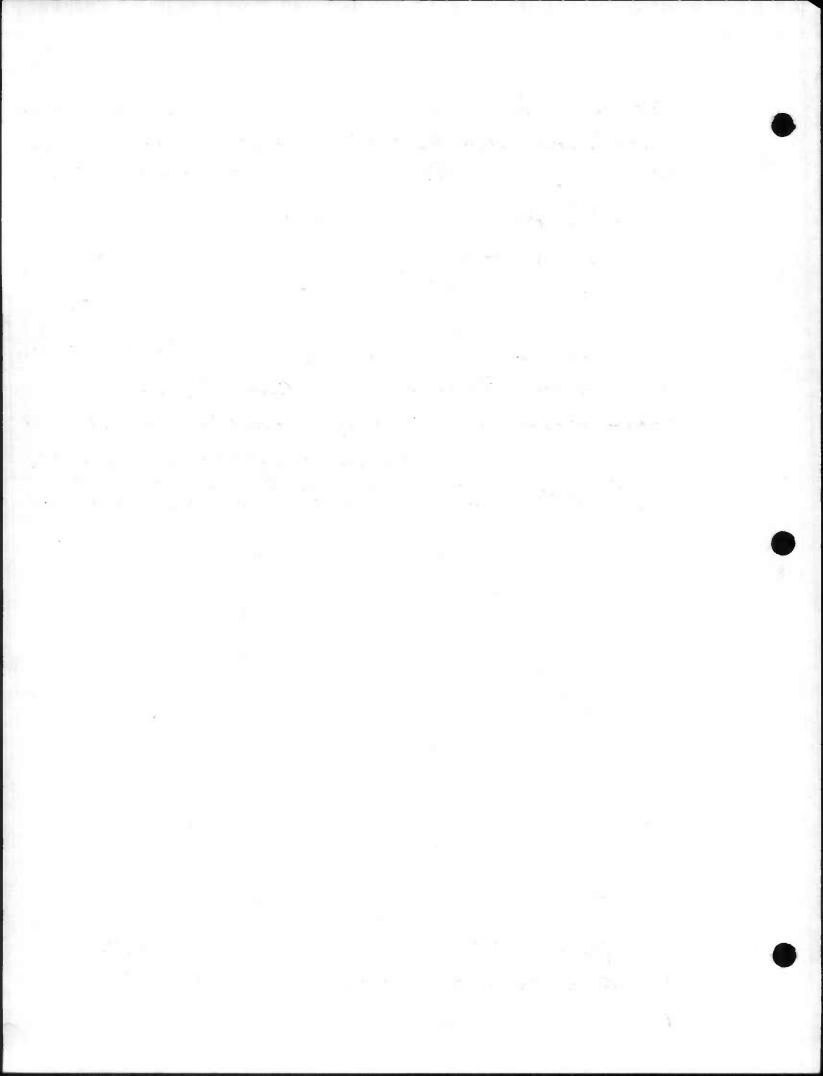
_						Certificati	e oi L	ealli		Reg. No.		
	Physic /Medi		1. Decedant's Nama (First, Middla, L	M. PETE	ERK	11			AMONTH AUGUS.	Day ,	29°E	3. Tima of Death 4-55 AM
	Examir		4a. Facility Nama (If not institution, g	iva street and number)			4b	. City, Town, or Lo	cation of Deat	h 4c. County	of Death	
	Funeral Director		Northwest Hos 5. Social Sacurity Number 6. 275-30-2120		a (In yrs. last birt	hday) If Undar Months	1 Yaar Days	Randal If Undar 24 Hrs. Hours Min.	lstowr 8. Data of Bi (Month, Di Aug.	ly, Year)	timo 9. Birthp Cour 3 Wes	ore placa (Stata or Foraign ntry) st Virginia
	2 .		Usual Rasidance of Dacedant								1102	70 121921120
	Marylar Med at	tor	MD 10b. County Carro	ll County	10c. City, Town	or Location	Svk	esville			1	10d. Insida City Limits 1 ☐ Yas 2 ☐ No
	or 28	Director	10e. Street and Number			10f. Zip				10g. Citizan of V	What Cour	ntry?
	th wil	ai L	7200 Third Ave	nue			2	1784		U.	S.A.	
0	s 1 and 2 should be filed within 72 hours after death with the Maryland I Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be notified at	/ Funeral	11. Marital Status 1 Nevar Married 2 Married	12. Was Decedant E Armed Forcas? 1 Yas 2 N If Yas, Giva		13. Was Deced		panic Origin? (Spo , Maxican, Puarto Specify:	ecify Yas or No Rican, atc.)		ck, Whita,	
90	ural',	d by	3 Widowed 4 Divorced	Yaar or Datas:			- X	opouny.		Specify	w Whi	Lte
21215-0020	nett.	Completed	15. Decedent's i (Specify only highast g	Education rada complated)	16a.	Decedant's Usua (Giva kind of wor	rk dona du	tion uring most of work	ing	16b. Kind of Bu	usinass/Ind	dustry
12	withlic than	du	Elemantery/Secondary (0-12)	Collega (1-4or 5	+)	lifa. DO NOT us				Cirl	Coout	a of Amoni
	Hygi H,		17. Fathar's Nama (First, Middla, Las	et)		Cons	sulta	nt 18. Mothar's Name	(First, Middle			s of Ameri
Maryland	should be filed with nd Mental Hygiena. marked other than umatic event, the M	To Be	William Gard	dner Peterk		NA-III A AA		Ora	Martin			
Ma	d 2 sho		19a. Informent's Neme/Ralationship					nd Number or Rura				
	1 and 2 Haalth em 27		Mrs. Constance P 20a. Mathod of Disposition	· SHILLI (SI		Disposition (Nan		Circle	Data	20c. Location -	-	
Baltimore,	Page nent o int: If i		1 ☐ Burial 2 X Cremation 3 4 ☐ Donation 5 ☐ Other (Spec	ity)	cematar	ll Crema	thar place ation	Serv. 8				
Bal	permit. Departr Importa any inje		21. Signature of Funeral Service Lice	L. Haigh	4		FUN	e of Facility ERAL HOMI , MD 2178		pel (P.	o. Bo)195)
-			23a. Part1. Entar the diseese, or con shock, or haart feilure. List onl	mplications that caused y ona causa on each lin	tha death. Do n	ot antar tha mode	a of dying,	such as cardiac	or raspiratory a	rrast,		Approximata tntarval Between
	Physician			11.	410	4					į	Onsat and Death
	/Medical Examiner		immediate Ceusa (Final disaasa or condition rasulting in daath)	a. He	1POX1	A					i	IDM
	000	liner	rassing in death)	BIL	Dua to (or as a c	onsequence of):	IN	EUMDI	VIA			1DAY
60,	certificate be executed nding physician and use as the burial-transit	ai Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avants	· ADO	Due to (or as a c	onsequance of): ARCUN	SOM	A DU	10 DE	NUM	1	1 YEAR
ox 68760,	certificata nding phys usa as the	n/Medical	rasulting in death) Last	l d	Dua to (or as a co	onsequance of):				•		
Bo		clan										
P.O.	that the death ed by the atter detached for t	Physicia	Part II. Other significant conditions	contributing to death bu	t not rasulting in	tha undarlying ca	ausa givar	n In Part I.				o the cause of death?
0	signed by								1	Yes 2 No	3 Proi	bably 4 Nonknown
Records,	requ been shoul	Completed by							24a. Was	an autopsy omed?	av co	Vera autopsy findings vallable prior to completion of cause
Re	a has	ᇤ								Van attibus		daath?
a			25. Was casa rafarred to medical					00 Disease (Death	10		11	Yas 2 No
of Vital	ysician: Tha is s cartificata he director, paga	o Be	axaminer?	Hospitel:	nt 2 ER/Out	patient 3 DO	Other	26. Placa of Deatl			or /Coosil	4.1
on of	£ 5 8	 -	27. Manner of Death 1 Matural 2 Accidant 5 Panding invastigation	28a. Data of Injur (Month, Day			8c. Injury			dance 6 Oth		<i>y)</i>
Division	if or Attending is after death. Director: After d in by the fune	Certification:	3 Sulcida 6 Could not datarmine	be 200 Place of Injur	ry - At homa, far . (Specify)	m, street, factory	, office		28f. Location (City or To		er or Rura	al Routa Number,
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edicai C	29a. Cartifiar (Check only one)	hysician: To the best o miner: On the besis of and manner sta	axamination and	daath occurred a for invastigation,	at tha tima In my opi	n, data and place, a nion, daath occurr	and dua to the ed at tha tima,	causa(s) and ma data and piace,	inner as s and dua to	itated. o tha cause(s)
	within 2 To the	Me	29b. Signatura and the of certifiar			290	. Licansa	number	,	29d. Data signe	d (Month,	Day, Year)
	60	1	> Attom	M	D		614	439128		Anhus	T 21	1, 1996
	104		30. Nema and addrass of person who THOM AS GEDRG	E MD. YOU	EM ESTY	HESPITAL	57	HOI OLD L REISTE	OURT R	COAD A	2113	3
	Sta Registr	-	AUG 27 1996	32. Registre	75 970911202							1



State of Maryland / Department of Health and Mental Hygiene O.C.

			Certifica	nte of Death		1. No.	23419
	-		Decedent's Nama (First, Middla, Last)		2. Data of Death		3. Time of Death
	Physici /Medic		Edmunds Keinsons		August a	Day Year 23, 1996	9:10 A.H.
)	Examir		4a. Facility Nama (If not institution, giva street and number)	4b. City, Town, or Lo		4c. County of Death	
			ANNE ARUNDEL MEDICAL CENT	ter HNNAPE	olis	ANNE A	RUNDEL
	Funeral		5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) If Und		8. Data of Birth (Month, Day,)	9. Birth	place (Stata or Foreign
	Director		311-46-1111	Days Hours IIII.	June 7,	1919	LATVIA
	pu »		Usual Rasidance of Dacedant 10a. Stata 10b. County 10c. City, Town or Location				40.4.1.1.1.00.41.1.
	anyla athor	5	=0	gewater			10d. Inside City Limits 1 ☐ Yes 2 ☐ No
	Ne M	Director	TITE THAT ATOLOGY TO SEE				
	Neith to		A second	2/037	100	g. Citizen of What Cou	
	r death with the Maryland ema 23a or 28a-f show er must be notified at	Funeral	30 VIRGINIA Avenue		-14 - 24 21	U. S. A	
		Ş	11. Marital Status 12. Was Decedant Evar In U,S. Armed Forces? 1 □ Never Married 2 ☑ Married 1 □ Yas 2 □ N	edant of Hispanic Origin? (Spe secify Cuban, Maxican, Puarto I	Rican, atc.)	14. Race - Amari Black, Whita	
20	hours after ural', or its	by 8	3 Widowed 4 Divorced Yaar or Datas:	2 No Specify:		Specify:	shite.
21215-0020			15. Decedent's Education 16a. Decedent's Us	ual Occupation	16	Bb. Kind of Business/Ir	ndustry
215	n nat	Completed	(Specify only highast grada completad) (Giva kind of w	vork dona during most of working usa ratired)	ng		·
21	d with	EO	Elementary/Secondary (0-12) Collega (1-40r 5+) 12 years 2 years execu	ctive	1	/ uns 11	og · Hentin
and	othe othe	Bec	17. Fathar's Name (First, Middla, Last)	18. Mothar's Nama	(First, Middla, Ma	ildan Sumama)	
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lan	and Pand			ss (Street and Number or Rura	I Routa Number, (City or Town, Stata, Zi	
2	and selth		ZENTA REINSONS - WIFE 30 VII	RGINIA AUC	Edgen	rater, M	d 21037
ore	of He		20a. Mathod of Disposition 1 Burial 2 © Cramation 3 Ramoval from Stata 20b. Place of Disposition (No cematary, cramatory or	othar place)		c. Location - City or T	own, Stata
Ě	Pag nent ant: It		4 Donation 5 Othar (Specify) Metro	Rematory 8	124/96	BAILIM	one, Md.
alti	Ponty Porty N Inj			and Addrass of Facility			
B	88158		1/1/2 2 mm	Red). 1	-0 1-	14	d 21421
	Direction of		23a. Parti. Enter the disease, or complications that caused tha death. Do not antar the most shock or heart failure. Ust only one cause on each line.	oda of dylng, such as cardiac o	r raspiratory arras	t.	Approximata Intarval Between
а	Physician			(Onsat and Death
a	/Medical Examiner		Immediata Causa (Final disaasa or condition la continuo a Intracerebral Hen	nornhage B)		12"
	LAGITITIE	į.	Dua to (or as a consequence of				0
	pe #s	Examiner	BCVA				3 who
	tificate be executed g physician and as the buriel-transit	xan	Sequentially list conditions, if any, leading to immediate cause. Entar Undarlying Cause (Disease or Injury that initiated avents Due to (or as a consequence of the injury that initiated avents Due to (or as a consequence of the injury that initiated avents				10.
09289	be e slcian burle		If any, laading to immadiate cause. Enter Underlying Cause (Disease or Injury that injurated awards and the state of the s		C	<u> </u>	10 years
687	fficete be g physicia as the bur	edical	resulting in death) Last Due to (or as a consequence of	•)	1	Зо усал
Вох	nding use a	M	d 11110 (119x 000	sod presu	(ie)		30 years
m	es thet the death cert Igned by the attendin be detached for use	Physician/N	Part II. Other significant conditions contributing to death but not resulting in the underlying	cours oiven in Part I	23h Did toh	eco use contribute t	o the cause of death?
P.0.	the by the	hys	The state of the s	Causa given in Fait i.		2□No 3□Pro	
S, F	The law requires that that ate has been signed by the page 2 should be detached.	by P				20110 00111	
ğ	w require been sk should b	8			24a. Was an		ara autopsy findings
000	aw requisite been 2 should	plet			pononne	C	ompletion of cause death?
m.	The it	Completed			1 ☐ Yas	2 ₩6 1	□Yas 2□No
ta	intifice otor, I	Bec	25. Was casa refarred to medical	28. Place of Death	(Check only ona)		
5	Physician: rthis certific rral director,	70	axaminar? 1 Yas 2 No Hospital: 1 Department 2 ER/Outpatient 3 D	OOA Other: 4 Nursing Hor	na 5 🗆 Rasiden	ce 6 Othar (Speci	fy)
בַּ	fter th		27. Mannar of Death 28a. Data of Injury 1 ☑ Natural 5 ☐ Panding (Month, Day Year) Injury	28c. Injury at Work?	28d. Dascribe how	injury occurred	
Sio	Attending ar death. ector: After by the fune	catl	2 Accidant invastigation M	1 Yas 2 No			
Division of Vital Records,	or Att	Certification:	3 Suicide 6 Could not be datarminad 28a. Place of Injury - At homa, farm, streat, factor building, atc. (Specify)	ory, office	28f. Location (Stre City or Town,	et and Number or Rui Stata)	al Routa Number,
	the Hospita hin 24 hours the Funeral npletely filler	edical	29a. Cartifier (Check only one) 1 ☐ Certifying Phyeician: To the basis of my knowledge, death occurred to the basis of axamination and/or invastigation and mannar stated.	a at tha tima, data and place, a on, in my oplnion, daath occurre	and dua to tha cau and at tha tima, dat	sa(s) and mannar as a a and place, and dua	stated. o tha causa(s)
	di di	Mec	and married stated.	9c. Licansa number	290	I. Data signed (Month,	Day, Year)
	7 - 5		Colpula MD	D31997		8/23/96	
	(8)		20. Name and address of source the source of			//	
	0		30. Nama and addrass of person who complated causa of daath (Itam 23a) (Type, Print) ANDREW GORDON MD 2003 Medical Phwize	, Suite 100 A	mapoli	Md 214	01
	Sta	te	31. Data filad (Month, Day, Year)	/			•
	Registr:		31. Data filad (Month, Day, Year) AUG 2.7 1996				

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

10d. Inside City Limits

White

21401

29d. Date signed (Month, Day, Year)

Porcepho, no 21401

Approximate Intervel Between Onset end Deeth

8hg

1 | Yes 2 | ™o

22. Name and Address of Facility
Hardesty Funeral Home, P.A.

12 Ridgely Ave. Annapolis, MD

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month **Physician** 1996 2034 August Gabrielle Noel Ritterspach /Medical 4b. City, Town, or Location of Deeth 4e. Facility Neme (If not institution, give street end number) 4c. County of Deeth **Examiner** Anne Arundel Anne Arundel Medical Center Annapolis If Under 24 Hrs. If Under 1 Year 8. Dete of Birth

July 6, 1996 5. Social Security Number 7. Age (In yrs. last birthdey) 9. Birthplece (State or Foreign **Funeral** Hours Months 1 M 2 XF Pays 0 Maryland Yrs. Director N/A Usuel Residence of Decedent the Maryland 10a, Stete MD 10c. City, Town or Location Anne Arundel 28a-1 show traumetic event, the Medical Exerciner must be notified at Pasadena Director 10e. Street and Number 10f. Zip Code 21122 10g. Citizen of What Country? 0 114 Maple Avenue or items 23a Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 and 2 should be filed within 72 hours efter of Health and Mantal Hygiana. 8m 27 Is marked other than "natural", or ites 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 1 Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ 3 Widowed 4 Divorced eted 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) n/a n/a n/a 18. Mother's Name (First, Middle, Meiden Sumeme) 17. Fether's Name (First, Middle, Lest) Kimberley Lawson Steven Alan Ritterspach Sr. 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 114 Maple Avenue, Pasadena, MD 21122 19e. Informent's Neme/Reletionship (Type, Print) permit. Pages 1 end 2
Depertment of Health er
Important: if Item 27 is
any injury or other trau Steven Alan Ritterspach Sr. 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) Dete 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removal from State 8/28 Glen Haven Cemetery Glen Burnie, MD

Physician

Examiner

/Medical

Examiner

pue

physician e s the burial-

for use es

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signed by the

page 2

director.

certificata

to the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certifica

after death Director: A

m 24 hour.
Funeral Directilled in

The law requires that the death certificete be axecuted

Box 68760

P.O.

Records,

Division of Vital

23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Immediete Ceuse (Final

diseese or condition resulting in deeth)

4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses

homas

Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last

29b. Signature end title of certifier

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

sur Do

22. Registrar's Signature

LOCAC

BurdEk

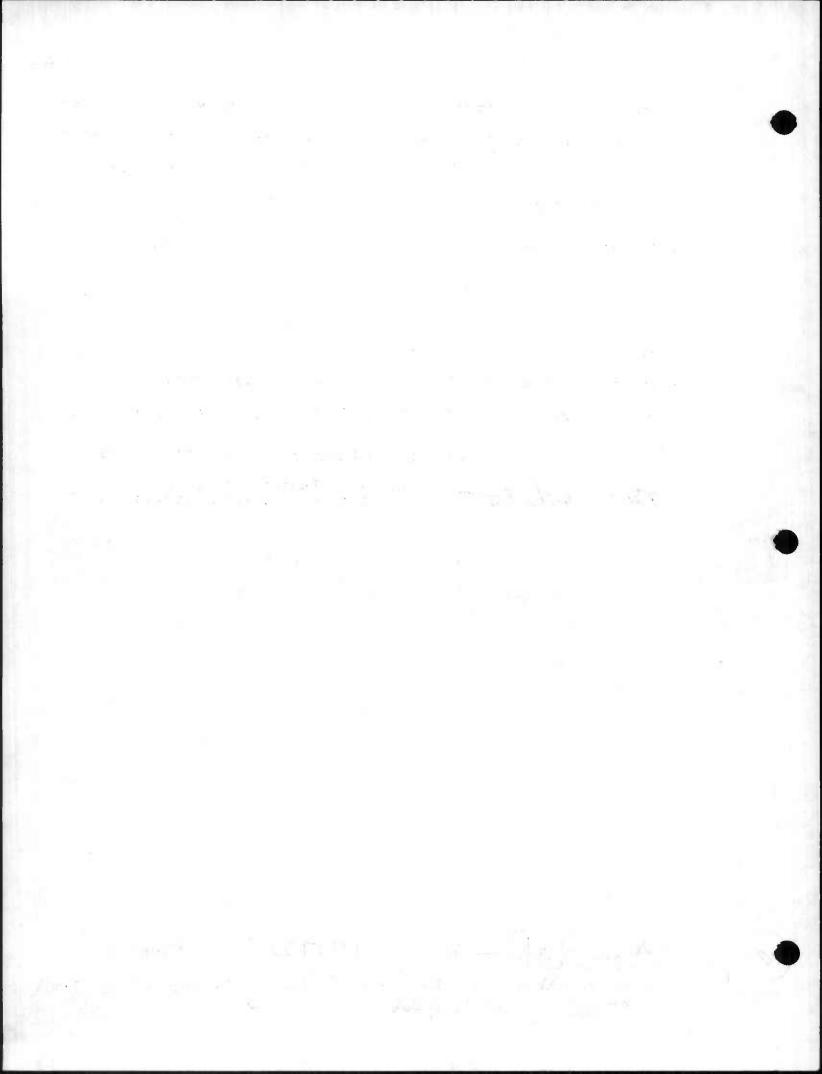
Overwhe Imie Due to (or es e consequence of): Necrotzia Due to (or as e consequence of)

Due to (or es a consequence of):

Physician/Medical Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings eveilable prior to completion of cause of death? 24e. Wes an autopsy performed? Completed 1 ☐ Yes 2 No 1 ☐ Yes 2 No Be 25. Was cese referred to medical examiner? 28. Piece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No investigetion 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide 156 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and piece, and due to the ceuse(s) end manner as steled.
21 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, and due to the ceuse(s) end menner steled. 29e. Certifier Medicai

29c. License number

Suzanue 31. Dete filed (Month, Dey, Year) AUG 2 7 1996 State Registrar



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ENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1,	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE PESIMEN OF ITTENDING PHYSICIAN: The	TO THE FUNERAL DIRECTOR: After this certificate !	be filed within 72 hours after death with the State	IMPORTANT: If Item 28 is marked, or Item

												96	251	121
	FOR 1 - STATE	STATE OF N	ARYLAND /						MENTA	L HYGIEN	E			_
_	REGISTRAR		Ci	ERTIF	ICAL	E OF	DEA	Н		REG. NO.				
	t. OECEDENT'S NAME (First, Middle, Last)								2. DATE MONT	OF DEATH	Y	YEAR	3. TIME OF DEA	TN
	SAMUEL	I. ROS	EN						Augu	st 19.	199	6	8:45 P	М
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	at birthdey)	IF UNDE		IF UNDER			OF BIRTN h, Day, Year)		8. BIRTHE	LACE (State or F	oreign
	579-09-3648A	1½ M 2 □ F	88	YRS.	MONTHS	DAYS	HOURS	MIN.			007		•	DC
	9e. FACILITY NAME (If not institution, give e	treet and number)			9b. CIT	, TOWN C	R LOCATIO		Nov.	10, 1	9c, COU	NTY OF DE	ington,	DC_
œ														
DIRECTOR	Springbrook Adven	tist Nur	sing Cer	iter	51	ver	Spri	ng			Mon	tgom	ery	
S I	10e. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CIT	Υ
뜻	Manual and Manual			m - 1		D1							LIMITS?	1 110
5	Maryland Mont	gomery		1 1ak	coma	Park	ZIP CODI				40- 017		HAT COUNTRY?	NO
FUNERAL						101	10.1				100		HAI COUNTHY?	
밀	8117 Hammond Aver						209		_			S.A.		
5	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AR	NO NO						f? (Specify Yes Rican, etc.)	or No-	14, RACE Black.	- American Ind White, etc.	len,
ВУ	1 Never Married 2 X Merried 3 Widowed 4 Divorced	IF YES, GIVE W					2 🔯 NO			, , , , , ,		Specify	/ :	
												W	hite	
E	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(G	CEDENT'S	work done	during mo		g	16b	. KIND OF BUS	INESS/INE	DUSTRY		
<u> </u>	Elementery/Secondary (0-12)	College (t-4 or 5 +) life.	. Do NOT u	se retired.)									
	12 Years		Co	onsti	ucti	on				U.S. C	Gover	nmen	t	
COMPLETED	t7. FATHER'S NAME (First, Middle, Last)						18. MOTI	NER'S NA	ME (First,	Middle, Meiden	Sumeme)			
BE (David William Ros	en					Sa	ra (ssia	ıs				
	19e, INFORMANT'S NAME (Type/Print)		19	b. MAILING	AOORES	\$ (Street e				ber, City or Town	, Stete, Zip	Code)		-
2	Anna Rosen		8	117 F	i amme	nd /	MODII	о Т	Cakon	na Park	MT	20	912	
	20e. METNOD OF DISPOSITION		20b. PLACE									City or Tow		_
	1 → Buriel 2 □ Cremation 3 □ Rem 4 □ Donation 5 □ Other (Specify)	ovel from State	cemetery, cre	emetory or o	ther place,)	8/	22/1	1996T					
	21. SIGNATURE OF FUNERAL SERVICE LIG	ENSEF	Mount	Leba			D ADDRE		CHITY	L_Ade	lphi	, Ma	ryland	_
		1								RIAL FU	MERA	L HO	ME, INC	
	Gonald (.	Xtot	Themes	er									DC 2001	
	23. PART I. Enter the diseases, or	complications the	caused (Ne de	ath. Do	not ente	the mo	de of dy	ng, suci	h as care	diac or respi	ratory an	rest,	Approxim	
	shock, Dr heart fallure.	List only one cau	se on each line	9.									Onset an	
- 1	IMMEDIATE CAUSE (Finel disease or condition	100	10	/			7	que						
ŀ	resulting In death)	nue for	OR AS A CONSE	OLIENCE O	E):		Des	COL	A Q				Bea	· L
			TO A COMBE	OOLIIOL O	,								i	
ERTIFICATION	Sequentielly list conditions,	b	(OR AS A CONSE	OUENCE O	E).								_	
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임	CAUSE (Disease or Injury	c. DUE TO	(OR AS A CONSE	OHENCE O	E)-		_						-	
Ē	that initiated events resulting in deeth) LAST	502 10	(OII AG A CONSE	OOLIVEE O	٠ .								i	
		d												
CC	PART II. Other significant condition	s contributing to	deeth but not r	resulting	In the u	nderlying	ceuse (jiven In	Pert I.	24s. WAS AN	AUTOPSY	24b.	WERE AUTOPSY I	INDINGS
2										PERFOR			AVAILABLE PRIOF	
									— 1	t TYES 2	DENO		OF DEATH?	
Σ													1 YES 2	NO
ä	DID TOBACCO USE (CONTRIBUTE	TO CAUS	SE OF	DEA	TH Y	ES 🔲	NO	X					
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			and a second		ACE OF D	EATN (Ch	eck only or	ne)				
S	1 WES 2 10	1 Inpetient 2	ER/Outpatient 3	□ DOA	PANE		e 5 🗆 Re	eldence	6 🗆 Othe	er (Specify)				
ξl	27. MANNER OF DEATN	28e. DATE OF (Month, D		28b. TIN	IE OF JURY	28c. INJ	URY AT		28d. DE	SCRIBE HOW II	NJURY OC	CURED		
ВУ	1 Value 5 Pending Investigation	(Month), D	uy, roary	1	M		ES 2	NO						
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE O	F INJURY — At ho	ome, ferm,	street, fac	tory, offic	,			ATION (Street o	nd Numbe	r or Rural Ac	oute Number,	
Ē	4 Nomicide determined	bullding,	etc. (Specify)						City	or Town, Stete)				
iii l	29e. CERTIFIER													_
d N	(Check only													
COMPLETED	2 MEDICAL EXAMINE	H: On the basis of	ramination end/or	investigati	on, In my	opinion, d	eath occur	red at the	time, date	end place, en	d due to ti	he ceuse(e)	end menner ee	stated.
ш	266. SIGNATURE AND TITLE OF CERTIFIE	//					29c. LICI	ENSE NUI	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
8	TIEN	Miller					D	1.57	66			8/2	1196	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	SE OF DEATH (ITE	M 27) /5m/	Print)	100				- 1		-	100	

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

SCHUM VV

32 REGISTRAN SPIENARUM

31. DATE FILED (Month, Day, Mar) AUG 2 7 1996

14201 Laurel Park Drive,

Maryland

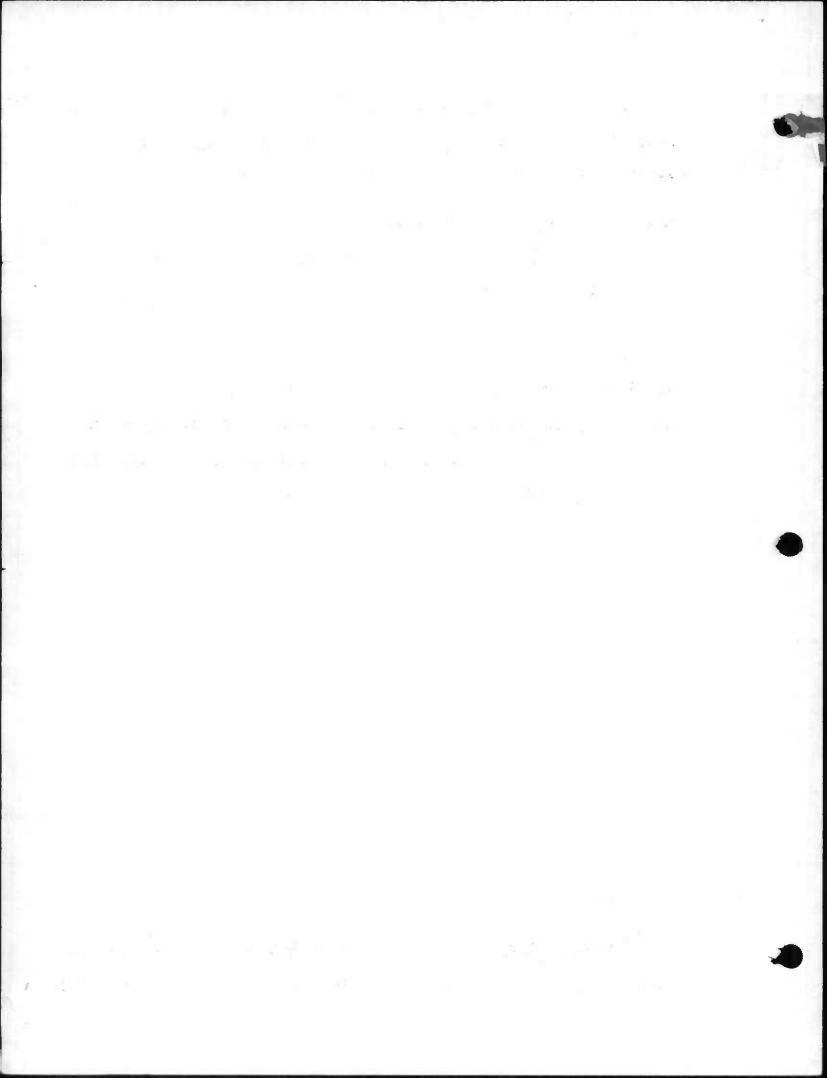
Laurel

Suite

State of Maryland / Department of Health and Mental Hygiene 96

25422

				Certificate of	f Death	,	Reg. No.	20	40466
Physic	an	Decedent's Neme (First, Middle, Last)	n			2. Dete of Dee		Yaar	3. Time of Deeth
/Medi		MARY E	1<0	061ns0	2	0		1976	-10:37
Exami		4a. Facility Nema (If not institution, giva street and number)	1. /	0	4b. City, Town, or L	ocation of Deeth	4c. County	of Deeth	
		Good Samarifan h	to yet	el	Back	more	_	NIA	
Funeral Director		5. Social Security Number 6. Sex 7. Aga 1 M 2 F	(In yrs. lest bit	thday) If Under 1 Ya Months Dey		8. Data of Birt (Month, De)	h y, Year) - 1928	9. Birthple Count	
pur *		Usuel Residence of Decedent 10e. Stete 10b. County	10c. City, Tow	n or Lonation					
anylan	ž	1.						10	od. Inside City Limits 1 Nas 2 □ No
the Mary	ect	10e, Streel end Number	Dal	Promore					
≘ 8 €	Funeral Director			10f. Zip Code			10g. Citizan of		ry?
seth w	eral	1620 E. Balredere A		21	239			S. A	•
ter dee	in in	11. Marilal Stafus 12. Was Decedent E- Armed Forces? 1 □ Never Merried 2 Married 1 □ Yes 2 M No	var in U,S.	If Yes, specify C	f Hispenic Origin? (Sp uban, Mexican, Puerto	ecity Yes or No- Ricen, atc.)	Ble	ce - America ck, While, e	
72 hours efter natural, or its	by	1 □ Never Merried 2 Married 1 □ Yes 2 Not If Yes, Giva Yeer or Detas:	· · · · · · · · · · · · · · · · · · ·	1□ Yes 2X	lo Specify:		Specif	lack	
72 h natu	Completed	15. Decedent's Education (Specify only highast grade completed)	16a	Decedent's Usual Occ	cupation na during most of work	ina	16b. Kind of B	usiness/ind	ustry
within ene. then	dr	Elementery/Secondary (0-12) College (1-4or 5+)		na during most of work ired)		. 3		
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should be nd Mentel marked c	P	William Denso			Claro				
2 6 6 2		19e. Informent's Neme/Reletionship (Type, Print)		. Melling Address (Stre		-	1	Stete, Zip	Code)
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00		20e. Melhod of Disposition 1 ■ Buriel 2 □ Cremetion 3 □ Removel from State	cemete	f Disposition (Neme of ry, cremetory or other p		Dete	20c. Location		
Pa Pa		4 □ Donetion 5 □ Other (Specify)	Gar	rison Fold	ST V.A.	3-28-96	Owings	Mills.	Md.
permit. Page Department of Important: If any injury or once.		21. Signeture of Funerel Service Licensea		00 11	A. Mort		- 1		
205 20		Minness a. Monton			rens St.	BAI	b. Md.	217	.17
		23a. Perf. Enter the diseesa, or compilections that caused I shock, or heart failure. List only one causa on aach line	he death. Do			or raspiratory er	rasf,		Approximata
Physician	9	organ, or noon failure. Elsi only one couse on each me							Intervel Between Onset end Deeth
/Medical		Immediate Cause (Finel disaase or condition	+	Paron	(12.	Dec/1	1510m		e
Examiner		resulting in deeth) 8.	ue to (or es a	consequence of): /			3101	-	mrunp.
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an e		Sequentially list conditions, if eny, leading to immediala cause. Entar Underlying Cause (Disease or injury	,						
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ertificate be ling physicia ia as the bur	Med	resulting in deetily Less							
that the desth certificate be executed ed by the attending physician end datached for usa as the burial-transit	Physician/	Doct II Other significant and disease contribution to death but		A	To the post	Look Million			
that the ced by the datacher	hys	Part II. Other significant conditions contributing to death but	not resulting if	the underlying ceuse	given in Pert I.				the cause of death?
	by P	Pialentes Me	11. tu	1		101	res 20 No	3 Prob	ably 4 Unknown
requires een sign hould be							en autopsy	24b. Wei	re sutopsy findings llable prior to
law re las bev	ojet					perior	mad?	com	nplation of ceuse
The la	Completed					400	0.00		
		25. Wes case referred to medical					as 200 No	10	Yes 2□ No
cert	o Be	exeminer?	- T -		26. Piece of Daeti			200	
Physician: rthis certific trai director,	1: 10	- I mpation		ilbetient 3D DOX	4 Li Nursing no	ma 5 ∐ Resid 28d. Describe h)
Attending in death.	tior	1 DNeturel 5 Pending (Month, Dey	Year)	njury V	lork? □ Yes 2 □ No	2001 00001100 11	ion injury coour	, ou	
or Attendi after death Director: A lin by the f	fica	2 □ Culdide 6 □ Could not be	v - Af home fe			28f. Location (S	treet end Numb	per or Rurel	Anlite Number
after Direction of the control of th	Certification:	4 Homicide determined 288. Piece of Injur- building, etc.	(Specify)	rm, street, factory, offic		City or Tow	n, Stete)	0, 1,20,0,	Tiodio Manibor,
	edical C	29e. Cartifier (Check only 2 Madical Examiner: On the basis of e	my knowledge	, deeth occurred et the	time, dete end plece,	end due to the o	ceuse(s) end me	enner as sta	ited.
Te st	Med	end menner stets	ed.						
0 = 0	-	29b. Signature and title of certifier		29c. Lica	nsa number	- 1	29d. Deta signe	d (Month, D	Jay, Year)
		to on the		2	1475	9	81	23/	96
1		30. Name end eddress of person who completed cause of dee	th (Ilem 23e)	(Type, Print)	4-		1	1	
5		FELIX TAN, M.D. 4	000 E	ROMAN AL	BALT	1140K E	, MD	21	213
Sta	te	31. Dete filed (Month, Dev. Yeer) 32. Registrar	s Signature					10	
Registr		AUG 27 1996	man-Nauk	4936					



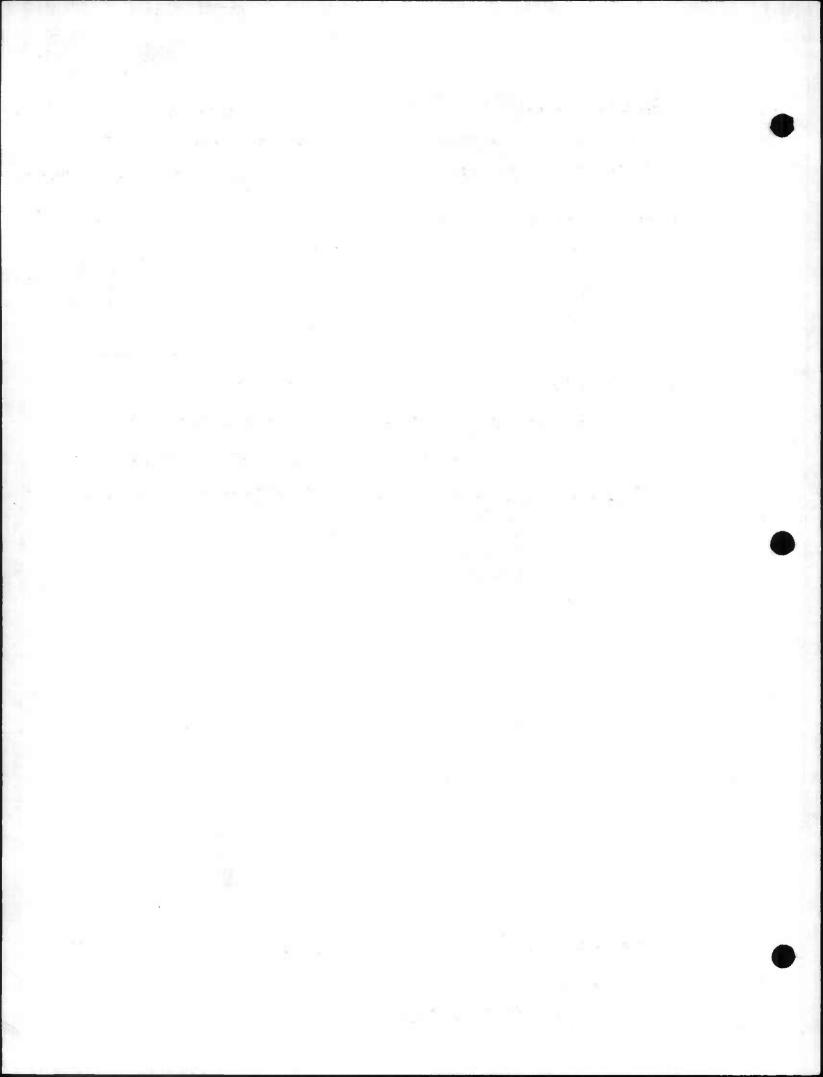
Item1 8-27-96 FilmG738 W.H.Per Hosp.
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

	C	2	[·	1.	2	0
7	6	Com.	J	4	6	

_	_	Decedent's Nama (First, Middla, L.)	est)			rtificate	of	Death	2. Data of D	Reg. No.		3. Tima of Death
Physic /Medi		HELEN ST	Helen	Ste	wart +C/CS	Ricks			Month Augus	Day	1996	11050
Exami		4a. Facility Nama (If not Institution, gi	va street and number)				4b. City, Town, or		-	y of Death	
		Harford Memor:	ial Hosp:	ital				Havre d		е На	rford	d
Funeral Director	Di	213-38-6806-A	· Class of Co	ga (In yrs. 34	last birthday) Yrs.	If Undar Montha	Days Days	If Under 24 Hr Hours Mir	. (Month, D	irth Pay, Year) 2,1912	9. Birthpl Count Baltir	aca (Stata or Foralgi try) nore City, Mo
and *		Usual Rasidence of Decedant 10a. Stata 10b. County		10c. Cit	y, Town or Lo	ocation					10	Od. Insida City Limits
Sa-f sho	ctor	Maryland Baltin	nore		ingsvi							1□Yas 2⊠No
3a or 2	al Dire	10e. Street and Number 2613 Rohe Dri	ve			10f. Zip	Coda 210	87		10g. Citizan of		try?
be filed within 72 hours effer death with the Marylan stal Hygiene. Taturel, or flems 23a or 28a-f show other than "naturel", or flems 23a or 28a-f show event, the Medical Examiner must be notified at	Funeral Director	11. Maritai Status 1 ☐ Nevar Married 2 ☒ Married	12. Was Dacedan Armed Forcas 1 Yas 2 1	Evar in U, ? No				lispanic Origin? (an, Maxican, Pua	Specify Yas or N rto Rican, atc.)	14. Rs	ce - Amarica ack, Whita, a	
emit. Peges 1 and 2 should be filed within 72 hours of Department of Health and Mental thygiene. mportant: If item 27 is mericed other than "natural", or myortant: If item 27 is mericed other than "natural", and injury or other traumatic event, the Medical Examples.	by	3 ☐ Widowed 4 ☐ Divorced	If Yas, Giva Yaar or Datas:			1 ☐ Yas 2	₩ No	Specify:		Speci	y: Wh	ite
natur	eted	15. Decedant's E (Specify only highast gr	Education rada complated)		16a. Dece (Giva	dant's Usual kind of worl	Occup dona	eation during most of widd)	orking	16b. Kind of I	3usinass/Ind	lustry
withir then then	omp	Elemantary/Secondary (0-12) 1 2	Coilega (1-4or	5+)	_	retar		a)		Mayor	Jackso	n
and 2 should be filed within 72 hours efter death with the Maryland selth and Mental Hygiene. 127 is marked other than "natural", or items 23s or 28s-f show freumatic event, the Medical Examiner must be notified at	To Be Completed	17. Fathar's Nama (First, Middla, Las Bernard P. Rohr	t)		l .		_	18. Mother's Na		a, Maldan Suma		
should Mark	F	19a. Informant's Name/Ralationship	(Type, Print)		19b. Maili	ng Address	(Street	and Number or F	Rural Routa Num	ber, City or Town	n, Stata, Zip	Coda)
and 2 paith a		Gordon Ricks (Husband)		261	3 Rohe	Dr	ive Ki	ngsvill	e,Md.21	087	
permit. Peges 1 and 2 should be filed withir Department of Health and Mental Hygiene. Important: If Item 27 is marked other than any injury or other traumatic event, tra M once.		20a. Mathod of Disposition 1 ☑ Buriai 2 ☐ Cremation 3 [4 ☐ Donation 5 ☐ Othar (Speci			lace of Dispo ematary, crea hview			Aug.10	Data 1996	20c. Location		
epartm epartm nporta ny inju		21. Signature of Funaral Sarvice La	nsee		2:	2. Nama and	Addra	ss of Facility	1			
20539		E.7.00	sooku	1				sahn Fur air Road			Md. 21	.087
Physician /Medical Examiner		23a. Part1. Enter tha disease, or con shock, or heart failure. List only Immediate Causa (Final disease or condition rasulting in death)	ona causa on aach l	ina.		,		ng, such as cardio				Approximata Intarvai Batween Onsat and Death
ileli -	er	Tassing it dawny		Dua to (o	r as a conse	quance of):	1.	•				
b d ansit	Examiner	Sequentially list conditions	b	Dua to (o	r as a consec	mance of).						
icata be asscuted physician and s the burial-transit	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or Injury		- V	4 0	(uarios or).					1	
hysici the bi	edical	that initiated avants rasulting in death) Last	c	Dua to (or	as a consec	uance of):						
leath certific ettending p			d								i	
death e ette	sicia	Part II. Other significant conditions	contributing to death I	out not rase	ulting in the u	ndarlying ca	usa oiv	ran in Part t.	23b. Die	i tobacco usa c	ontribute to	the cause of death
requires that the death certificate be assecuted een signed by the ettending physician and hould be detached for use as the burial-transit	by Physician/M									(Yes 2□ No	3 Prob	
. D m	Completed b				7 11 28				24a. Wa	s an autopsy formed?	ava	ra autopsy findings ilabla prior to nplation of causa leath?
The ate h	Con								1□	Yas 2 No	1□	Yas 2□ No
certificate irector, pag	Be	25. Was casa rafarred to medical axaminar?	Hamital				0		eath (Check only	ona)		
this aldi	. To	1 ☐ Yas 2 ☑ No 27. Mannar of Death	Hospital: 1 Anpati		ER/Outpatier		_	4 U Nursing		how injury occu)
Ing When	tlon	1 Natural 5 Pending 2 Accidant Invastigation	(Month, Da	y Year)	Injury	м	c. Injur Wor	k? Yas 2 □ No	200. Dascribe	riiow injury occe	med	
or Attending after death. Director: After d in by the fune	Certification:	3 Sulcida 6 Could not to datamined	00 000 000	jury - At ho ic. (Specify	ma, farm, sti	eat, factory,	office		28f. Location City or To	(Streat and Num own, Stata)	ber or Rural	Routa Number,
Hospita 24 hours Funeral staly fille	edical C	29a. Certifiar (Check only one) Certifying Pi	hysician: To the best miner: On the basis o and manner si	f axaminat	wledga, daati ion and/or in	occurred a	t tha tir	na, data and piac pinion, daath occ	e, and dua to the urred at tha time	a causa(s) and n	nannar as sta , and dua to	atad. tha cause(s)
of the of the omple	Me	29b. Signatura and titia of certifiar				29c.	Licans	a number		29d. Data sign	ed (Month, L	Dav. Year)

State Registrar



	F	item #20b, filmg 738, film G738 item 4 per F	8730/96, H 8-27-96	ylaryla l W, pe rja	pd Depa Cei	artmen <i>rtificat</i>	it of H	lealth a D <i>eath</i>	nd Mer		jiene g	6	25424
·		1. Decedent's Neme (First, Middle, La	st)							Dete of Dee Month		Vaar	3. Time of Death
Physic /Med Exami	ical	CHARLES RONAI 4e. Fecility Name (If not Institution, giv	110	HDE			4	b. City, Tow	/	AUG.	26, 16 4c. County	Yeer 196	6.25 AM
LAGIIII	iici	GOOD SAMARIT		SPIT					TIMOF			TIME	N/A
Funeral Director		5. Sociel Security Number 6. S 215-34-0911 Usuel Residence of Decedent	DIA OFF	Age (In yrs	Yrs.	If Under Months	Deys	If Under 2	Min.	Dete of Birth (Month, Dey arch 1	Year) , 1939	9. Birthpl Count Mary	ece (Stete or Foreig try) Land
yland		10a. Stete 10b. County		10c. C	ity, Town or Lo	cation						10	Od. Inside City Limits
e Mar	ctor	Maryland N/A		Bal	timore	City	,						1 ☐¥es 2□N
vith th	Directo	10e. Street and Number				10f. Zip				1	Og. Citizen of \		try?
a 23e	Fa	5130 Belair Road	10 Mas Doods	at Even in I	16 40 1		1206		1-0 /016		U.S.A.		an Indian
Juithin 72 hours after death with the Maryland jiena. I than "natural", or Itema 23s or 28s-f show the Modical Exercitor trust be notified at	by Funeral	11. Maritel Stetus 1 Never Merrled 2 Marrled 3 Widowed 4 Divorced	12. Was Decede Armed Force 1 A Yes 2 If Yes, Give Yeer or Dete	s? ⊒No		f Yes, spec			Puerto Rice	Yes or No- en, etc.)	Specify	e - America ck, White, e	
5 9	Completed	15. Decedent's Ec (Specify only highest gra Elementery/Secondary (0-12)	lucation de completed) Collega (1-40	Nr. 5.4.\	18e. Deced (Give lifa.	tent's Usua kind of wo DO NOT us	el Occupi rk done d se retired	etion furing most	of working		16b. Kind of B	usiness/ind	ustry
filed within Hygiena. ther than	Com	12th Grade	120112	1 3+)	Monit	or					Alarm S	Syster	n
S a S	To Be	17. Father's Neme (First, Middle, Last) Charles Louis Roho							· ·		Meiden Sumen Schmidt		
2 8 8		19e. Informent's Neme/Reletionship (r, City or Town,		
land Haath		Peggy Ann Rohde/Wi	Lie	20b					1		laryland 20c. Location		
Se o L		1 ☐ Buriel 2 🖾 Cremetlon 3 ☐		te Che	Plece of Dispo cemetery, cremes sapeak	netory or o	ther plec	e) 6/2	10/ 40				Maryland
		4 ☐ Donetlon 5 ☐ Other (Specification 21. Signeture of Funerei Service Licen		CITC				s of Fecility			Deresva	riie,	ratytana
permit. Departminents Imports any inju		Karlo	In he	0	Jo	hn C.	Mil	ler,	Inc.	.	e, Mary	1-42	21206
Physician		23a. Pert1. Enter the disaese, or compshock, or heart feilure. List only	olications that caus one cause on each	ed the dee								Land .	Approximete Interval Between Onset and Deeth
/Medicai Examiner		Immediate Ceuse (Final disease or condition resulting in death)	ө.		or as a consec		LK						2 DAYS
bet #st	Examiner		b. AS	PIRA	TION	PN	JEUN	HONI	A			i	2 DAYS
n and	Exar	Sequentially list conditions, if any, leeding to immediate		Due to (or as e c <i>on</i> seq	uence of):							
cata be executed obysician and the burial-transit	dical	cause. Enter Underlying Ceuse (Disease or injury that initieted events resulting in deeth) Lest	c	Due to (or es e conseq	uence of):							
eath certifica attanding ph for usa as th	Physician/Med	resulting in deeth) Lest	d										
death	sicia	Pert II. Other significant conditions of	ontributing to death	but not res	sulting In the u	nderlying o	euse give	en in Pert I.		23b. Did to	obacco uss co	ntribute to	the causs of death
res that tha de signed by the a	by Phy	MULTIPLE	SCLEROS	SIS						1 🗆 Y	es 2 No	3 🗆 Prob	ably 4⊡Unknow
aw requi	Completed									24a. Wes e perform	en eutopsy med?	ava	re autopsy findings ileble prior to apletion of cause leath?
The ata h	Con									1 🗆 Y	es 2 No	10	Yes 2□ No
Physician: The this cartificata iral director, page	Be	25. Was case referred to medical examiner?	Hospital:				Othe	Mr.		heck only or			
5 m 5	1: To	1 ☐ Yes 2 ☑ No 27. Mannar of Deeth	1 🖾 Inpa		ER/Outpetien		<i>/</i> ^	4 LI NUIS			ence 6 Oth)
Attending or death. actor: After by the fune	ation	1 ØNatural 5 ☐ Pending 2 ☐ Accident Investigetion	28e. Data of Ir (Month, I	Jay Year)	Injury	М	8c. Injury Worl 1 □ `	(? Yes 2 □ N	1		,,		
To the Hospital or Attending Ph within E4 hours after death. To the Funeral Director: After th completely filled in by the funeral	Certification:	3 Sulcide 6 Could not be determined	286. Piece of	injury - At h etc. (Speci	ome, ferm, str	eet, fectory	, office		28f.	Location (Si City or Town		er or Rurel	Route Number,
e Hospi 24 hou e Funer	edical	29e. Certifier (Check only one) 1 Certifying Physical Example (Check only one)	/sician: To the besing the control of the basis and menner	of examine	owledge, daeth ation end/or Inv	occurred astigation	et the tim	e, dete end Inion, deeth	plece, and occurred e	due to the cott the time, d	ause(s) and ma ete and place,	nner as sta and due to	ated. the cause(s)
vithir To th	Me	29b. Signeture and title of certifier					. License			2	9d. Dete signe	d (Month, E	Day, Year)
		Bromas					PIO	582			AUG.	26,	1996
6		30. Name and address of person who co		daath (Ital	m 23a) (Type,	Print)	Loc	H RA	VEN B	LUD.	BALT	MOR	3.
St	ate	31. Dete filed (Month, Dey, Year)	32. Regi		eture								

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

25425

Phy	sician
/M	edicai
Exa	miner

1. Decedent's Neme (First, Middle, Last) Joseph George

Rolnick

2. Dete of Deeth Month August 22 3. Time of Death 9: 15 PM

4e. Fecility Neme (If not institution, give street end number) O'Donnell Street 6718

Baltimore

4b. City, Town, or Location of Deeth

4c. County of Death NA

1996

"Funeral Director

r than "natural", or iten the Medical Examiner. filed within 72 hours after

Hygiene.

. Pages 1 and 2 should be fill iment of Health and Mental H lant: If New 27 is marked off

nt of Health a if Bern 27 is or other trai

Department of Important: If any injury or

Physician

Examiner

and

the

use es

signed by t

peen hes

certificate

ral or An.
cours after death.
** at Director: After b.
** by the funeral director.

To the Hospital of within 24 hours af To the Funeral D completely filled i

Physician/Medical

by

Completed

Be

10

Certification:

Medical

The law requires that the death certificate be executed

P.O. Box 68760.

Records,

of Vital Physiclan:

Division

/Medical

Baltimore, Maryland 21215-0020

5. Sociel Security Number 213-32-8432 Usual Rasidance of Decadent

1 □ M 2 □ F

If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 7. Age (In yrs. last birthday) Days 60 Yrs

Birthplece (State or Foreign Country)

10e. Stete

Director

Funeral

by

Completed

Be

10b. County 10c. City, Town or Location NA

Baltimore

Maryland

10d. inside City Limits 1 Yes 2 No

Maryland

10f. Zip Code

10g. Citizen of Whet Country?

10e. Street end Number

O'Donnell Street 6718

12. Wes Decedent Ever In U,S. Armed Forces? 1 Tyes 2 No If Yes, Give Yeer or Detes: 1954

 Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ Yes 3 € No Specify:

U.S.A. 14. Raca - American Indien, Bleck, White, etc. Specify: White

1 ☐ Never Merried 2 Married 3 ☐ Widowed 4 ☐ Divorcad

15. Decedent's Education (Specify only highest grade completed)

16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired)

21224

16b. Kind of Business/Industry

Elamantary/Secondary (0-12) 12

College (1-4or 5+) NA

Chemical Operator

Soap Manufacture

17. Fether's Neme (First, Middle, Last)

Rolnick

18. Mother's Name (First, Middle, Maiden Sumeme) Mary

Kaczrowski

George

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)

19e. Informent's Neme/Relationship (Type, Print)

Gloria Rolnick (Wife)

20b. Plece of Disposition (Name of cemetery, crematory or other place)

O'Donnell Street 6718 Baltimore, Maryland 21224 20c. Location - City or Town, Stete

20a. Method of Disposition

1 Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify)

Holy Roasry

August 26

Dundalk, Maryland

21. Signature of Funeral Service-License

22. Name end Address of Fecility W. Dabrowski / Chojnacki F.H. P.A.

Enter the disease, or complications that castled the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate or heart failure. List only one cause on such line.

Approximate

Immediate Cause (Final disease or condition resulting in deeth)

Naso placen Due to (or es e oppsequenca of):

Approximate Interval Between Onset end Deeth

Sequentielly list conditions, if any, leeding to immediate causa. Enter Underlying Ceuse (Diseese or injury that Initieted avants resulting in deeth) Lest

Due to (or es e consequença of):

Due to (or es e consequence of):

Pert II. Other eignificant conditions contributing to death but not resulting in the underlying causa given in Pert I.

23b. Did tobacco use contribute to the cause of death? 1 10 No 3 Probably 4 Unknown

24e. Wes en eutopsy performed?

24b. Were eutopsy findings eveileble prior to completion of cause of daeth?

1 Yes 2 Q No 1 ☐ Yes 2 ☐ No

25. Wes case referred to medical exeminer's 1 Yes 2 No

5 Pending invastigation

6 Could not be detarmined

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 28e. Date of Injury (Month, Day Yaar) 28b. Time of

28e. Place of injury - At homa, farm, street, fectory, office building, atc. (Specify)

28c. Injury et Work? 1 ☐ Yas 2 ☐ No

Othar: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

26. Plece of Deeth (Check only one)

DRIVE, BALTUS MD

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

29a. Certifian (Check only one)

27. Manner of Deeth

1 Naturel 2 Accidant

3 ☐ Sulcide

4 Homicida

1 Certifying Physicien: To the best of my knowledge, death occurred et the time, date end piece, end due to the ceuse(s) end manner es stated.

2 Medical Examiner: On the basis of exeminetion and/or investigation, in my opinion, deeth occurred et the time, dete end place, and due to the ceuse(s) end menner stated.

29b. Signeture end title of certifier

29c. License number

29d. Date signed (Month, Day, Year)

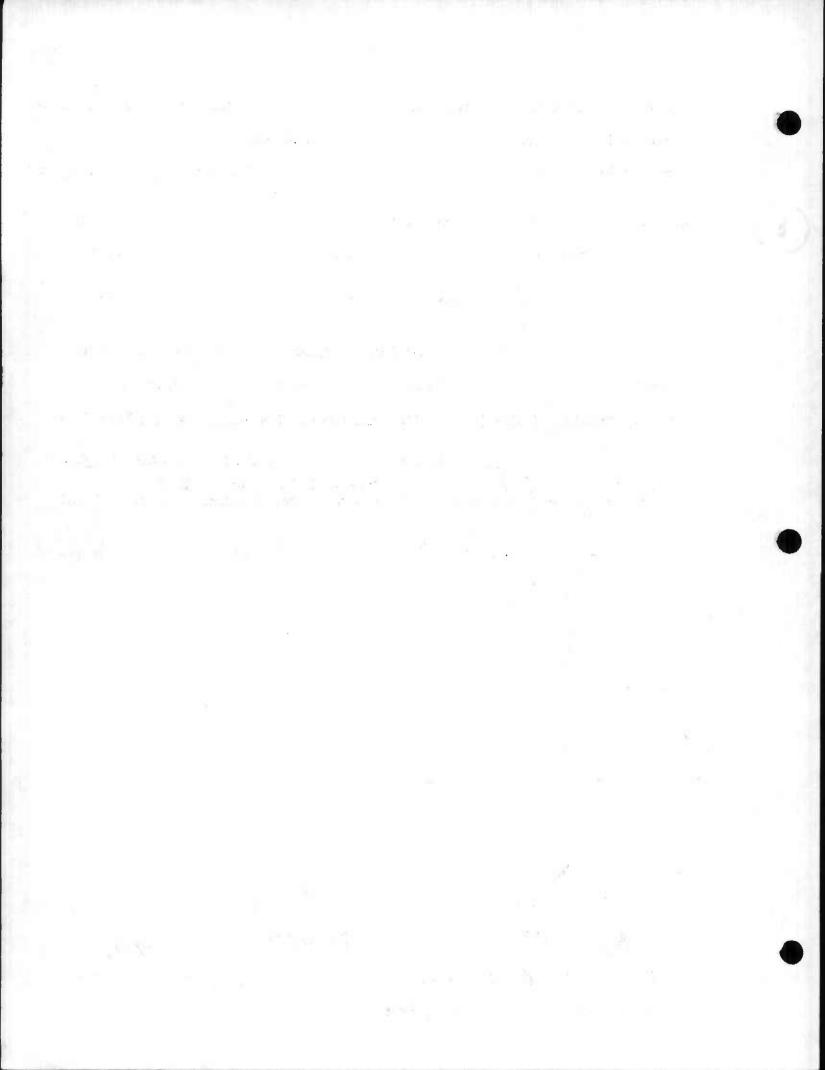
30. Name and address of person who complated cause of death (Itam 23a) (Type, Print)

MYO TITANT 8830 HOSPITAZ

31. Dete filed (Month, Day, Year) AUG 2 7 1996



State Registrar



State of Maryland / Department of Health and Mental Hygiene

96 25426

					Ce	rtificate	of I	Death		R	eg. No.														
Physicia /Medica		1. Decedent's Name (First, Middle, La Richard J. Red	,							Date of Deet Month 8 / 2 3 /	h / 9 6	Yeer	3. Time of Daath 11:00 A												
Examine		4a. Facility Neme (If not institution, given The Hartlands			ge Rd.	Apt. 125		b. City, Town			4c. County														
Funeral Director		216-01-9424	Sex IDM 2□F	7. Age (In yrs. 8 9	last birthday) Yrs.	If Under 1 Months	Year Days		Hrs. 8. [Min. Ma	pate of Birth Month, Day, Y 25	, 1907	9. Birthp	place (State or Foreign stry)												
death with the Maryland ms 23s or 28s-f show	Il Director	Usual Residence of Decedent 10a. State 10b. County MD. Howard			ity, Town or Lo		7					1	1 □ Yes 2 No												
th with the		10e. Street and Number 3004 N. Ridge	Rd. Ap	t 125		10f. Zip C				10	0g. Citizen of		ntry?												
urs efter	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Midowed 4 Divorced		edent Ever in U rces? 2 1 No		Wes Deceder If Yes, specify	7	ispanic Origin in, Mexican, F Specify:	? (Specify Puerto Rica	Yes or No- n, etc.)		ce - Americ ick, White, Whi	etc.												
c 3	отріете	Сощріете	15. Decadent's E (Specify only highest gra Elementary/Secondery (0-12)	ducation ade completed) 2 + College (1	-4or 5+)	(Give	dent's Usual (kind of work DO NOT use Intant	done d retired	ation during most of	f working		16b. Kind of B													
should be filed withing Mental Hygiene, marked other than umatic event, the M	e a	17. Fathar's Name (First, Middle, Last, Richard J. Red									Maiden Sumar Eberle														
end Me is mark sumatio	2	19a. Informant's Name/Relationship (•	19b. Mailie	ng Address (S					City or Town		Code)												
of Heelth of Heelth item 27		Nancy R. Sande 20a. Method of Disposition 1 Buriel 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specif	Removal from S	20b. I	Place of Dispo cemetery, crei	sition (Name natory or othe	of er plac	e)	De	ete 2	20c. Location	21152-1088 c. Location - City or Town, State altimore, MD.													
permit. Peg Department Important: If eny Injury o	A Donation 5 Other (Specify) New Cathedral Cemetery8/26 Baltimore, M 21. Signeture of Funeral Servica Licansee Sterling Ashtton Funeral Home, Inc. 736 Edmondson Ave. Balto., MD. 212									nc.															
g physicial as the but	Aedicai Examiner		Ca		Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or injury that initiated evants resulting in death) Last	a	Oue to (c	Or es a consecutiva a consecutiva a a consecutiva a consec	uenca of):	ca,	teng	cequality a	ist f	laski eu.	ray	Slugal-									
		Part II. Other significant conditions o	ontributing to de	ath but not res	ulting in the u	nderlying cau	sa give	en In Part I.		23b. Did tol		ntribute to	o the cause of death?												
2 20 8		2	ò	ρ	۵	P S	2	2	2	2	2	2	5								Protections.	24a. Was ar perform	autopsy	24b. We	era autopsy findings allable prior to mpletion of cause daath?
The ate h										1 □ Ye	s 20 No		Yes 2 No												
Physician: The Christon and director, peg		25. Was case referred to medical examiner? 1 ☐ Yes 2 🛣 No	Hospital:	npatient 2	ER/Outpetien	t 3□ DOA	Othe	26. Placa of			nce 6 Oth	er (Snacih	v)												
		27. Manner of Death 1 D Natural 5 Panding 2 Accident investigation	28a. Date o (Month		28b. Time of Injury		Injury Work				w Injury occur														
of Attending Parties of Attentions Cortification		3 ☐ Sulcide 6 ☐ Could not be 4 ☐ Homicide datermined	Zoe. Place	of Injury - At he g, etc. (Specif	ome, farm, stra y)	aat, factory, o	ffica			ocation (Str City or Town,		per or Rura	I Route Number,												
Medical		29a. Cartifier (Check only one) 1 Certifying Ph. 2 Medical Exam	vaician: To tha tiner: On the baand mann	sis of examina	wladga, daath tion and/or inv	occurred at t estigation, in	ha tim my op	a, data and pl	lace, and d	ue to the ca tha time, da	use(s) and ma te and place,	anner as st end due to	ated. the cause(s)												
or or or or or or or or or or or or or o	1	296. Signature and title of certifier	00					number	4	29	od. Date signe														
		30. Nama and address of per who of LUIS ZUN TGA				Print)			7. 6	sa Iti	b. MD														

1101 Maiden Choice Un. Balto. MD

DHMH 16 Rev 6/95

State Registrar 31. Date filed (Month, Day, Year) AUG 27 1996

32. Registrar's Signatur

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State of Maryland / Department of Health and Mental Hygiene

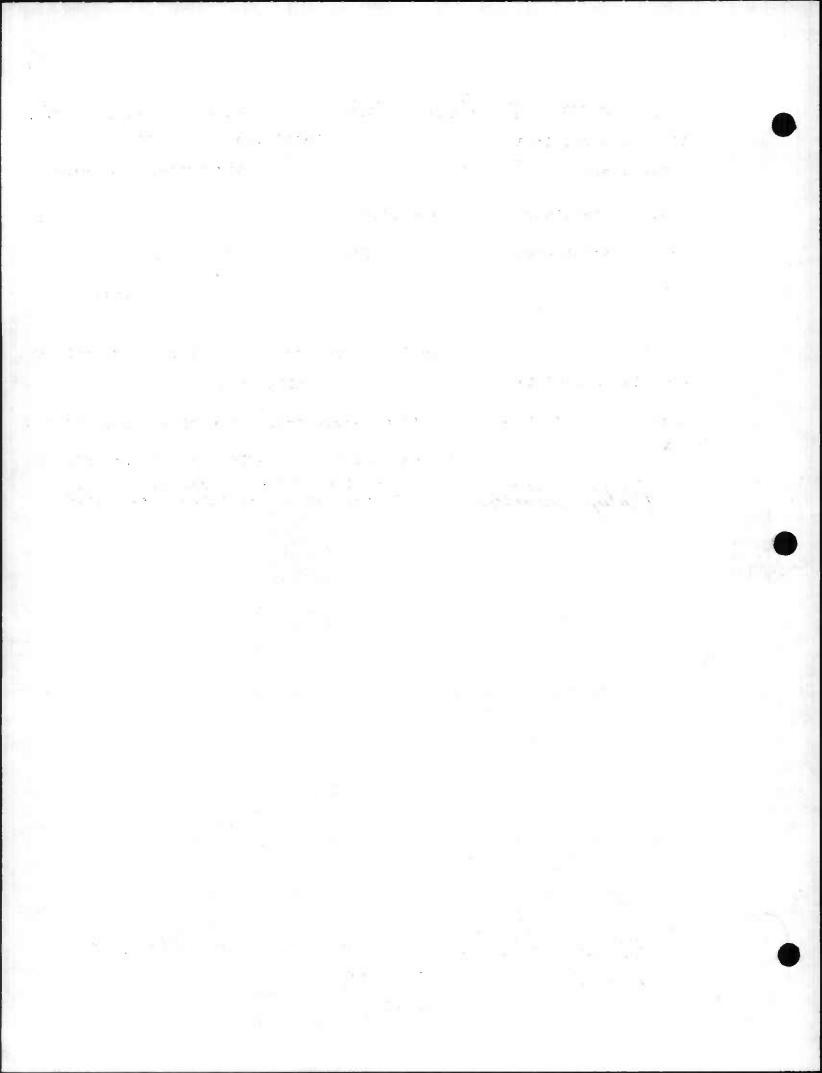
25427 Certificate of Death 1. Decadant's Nama (First, Middla, Last) 3. Tima of Death 2. Data of Death **Physician** Kosendale orothy AUG 5:45 AM /Medical 4a. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Baath 4c. County of Death Examiner Baltimore N/A Agnes Hospital 5. Social Sacurity Number 6. Sax If Undar 1 Yaar | If Undar 24 Hrs. 7. Aga (In yrs. last birthday) 8. Data of Birth OMonth Day, Year) 01/16/1906 9. Birthplaca (Stata or Foreign **Funeral** 10 M 20 F Months Days Hours 90 Maryland 215-09-5060 Director Usual Rasidance of Dacedant death with the Maryland 10h County 10c. City. Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f shot traumstic event, the Modical Examinar must be notified at Baltimore Catonsville Funeral Director 1 Yas 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 6410 Altamont Ave. 21228 U.S.A. 12. Was Dacedant Evar in U,S. Armad Forces? 1 ☐ Yas 2 ☐ No or items Was Dacedant of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. Pages 1 and 2 should be filed within 72 hours after 1 Navar Marriad 2 ☐ Married 21215-0020 1 Yas 2 No Specify: Specify: White Completed by 3 ☐ Widowad 4 ☐ Divorced 15. Dacedant's Education 16a. Decedant's Usual Occupation 16b. Kind of Business/Industry (Specify only highast grada complated) (Giva kind of work dona during most of working lifa. DO NOT usa ratired) Hygiana. Elamantary/Secondary (0-12) Collaga (1-4or 5+) Retired Accountant Burns & Russell Co. Baltimore, Maryland 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Department of Haalth and Mantal Important: if Item 27 is marked or any Injury or other traumatic ave Aloysius Rosendale Nelle Downey 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Carleen Cross/ Niece 115 Glenmore Ave. Catonsville, MD. 21228 20b. Place of Disposition (Nama of cematary, crematory or othar place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 □ Cramation 3 □ Ramoval from State New Cathedral Cem 4 ☐ Donation 5 ☐ Other (Specify) 8/26 Baltimore, MD. 21. Signatura of Funaral Sarvice Licenses Sterling Ashton Funeral Home, Edmondson Ave. Balto., MD. 21228 Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one cause on each line. Approximata Intarval Batween Onsat and Death **Physician** /Medical Immediata Causa (Final Kespina to disaasa or condition rasulting in daath) Examiner Brond I or Attanding Physician: Tha law requires that the death certificate be associated attandamb.

After death.

Director: After this cartificate has been signed by the attanding physician and of in by the funantial director, page 2 should be datached for uses as the burial-transit of in by the funantial director, page 2 should be datached for uses as the burial-transit. Sequantially list conditions, if any, laading to immediata cause. Entar Undarlying Causa (Disaasa or Injury that Initiated avants rasulting In daath) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? Right of del Dent Fri aire 1 Yes 2 KNo 3 Probably 4 Unknown Completed by triugsil q' mitol ryung date 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy Chronic Atil F. M. Materia 1 ☐ Yas 2 No 1 □ Yas 2 □ No 25. Was casa rafarrad to medical axaminar? Be 26. Placa of Death (Check only ona) Hospital: 1 Impatiant 2 ER/Outpatient 3 DOA 1 ☐ Yas 2 No Certification: To Other: 4 Nursing Home 5 Residence 6 Other (Specify) 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28h Time of 28c. Injury at Work? 28d. Dascribe how Injury occurred 1 Natural 5 Panding 1 Yas 2 No Invastigation 2 Accidant 6 Could not ba 3 Suicida 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 4 Homicida M hours Funeral Cartifying Physician: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. Medicai 29a. Cartifiar (Check only one) 29b. Signatura and itla of certifian 29c. Licansa number 29d. Data signed (Month, Day, Year) 23 96 D34551 30. Name and address of person who complated cause of death (Itam 23a) (Type, Print) Rd & & (0) EDMUND C. TROUNDE 32 Registrer's Signature 31. Data filed (Month, Day, Year) State AUG 27 1996

DHMH 16 Rav 6/95



MARYLAND 21215-0020	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 14 hours after death. Page 6 may be retained by the hospital or attending physicial
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	X
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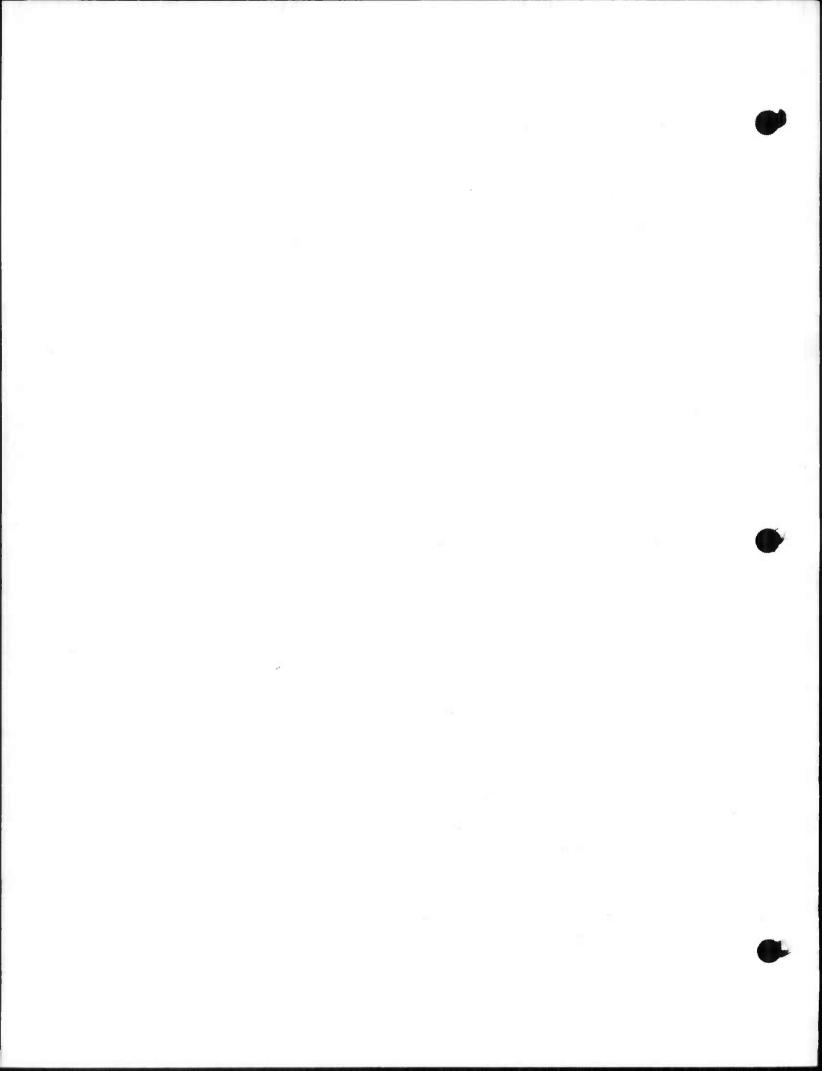
DIVISION OF VITAL RECORDS, P.O. BOX 68760 (BALTIMORE, MARYLAND 21213-UUCU
TOTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

To a structure of the state of the state benefit of the physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be flam within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
R	CERTIFICATE OF DEATH	REG. NO.

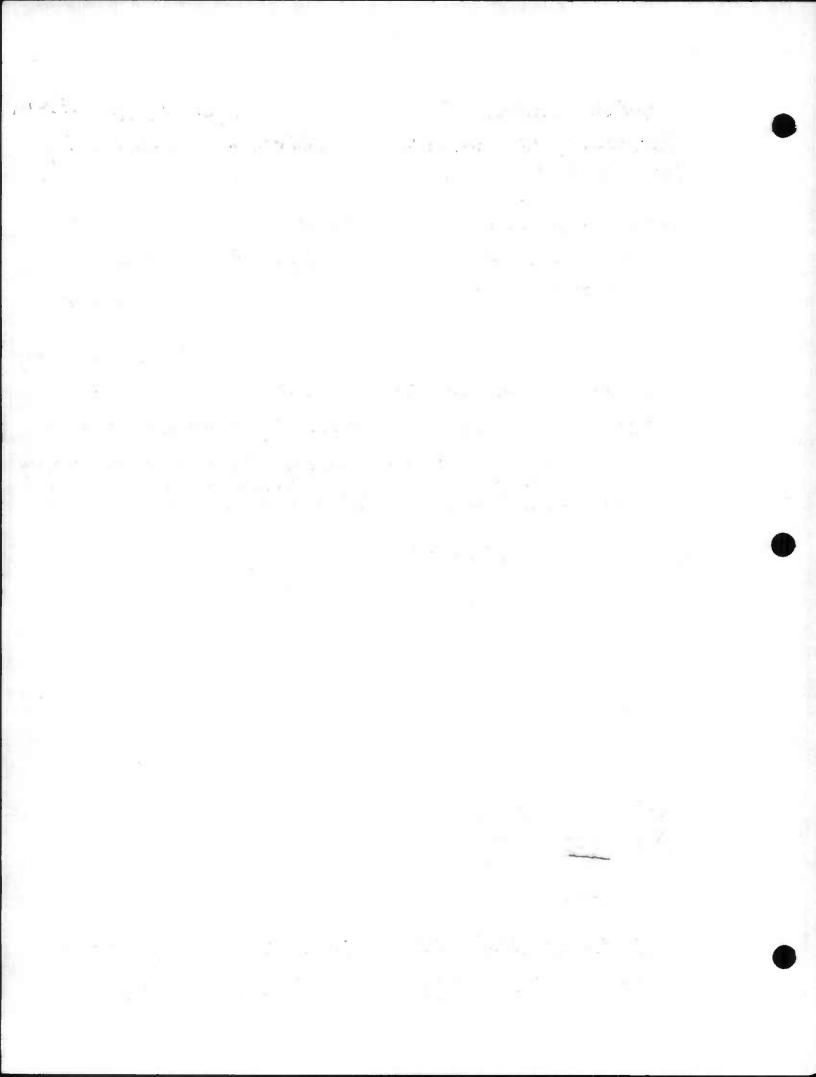
	1 - FOR STATE REGISTRAR	ATE OF MARYLAND /	DEPARTMEN	NT OF HE	ALTH AND	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)				JEAN I	2. DATE OF DEATH		3. TIME OF DEATH			
	JOHN S.	ROBERTS	JR.			August 8	B, 1996	2:05 P M			
	4. SOCIAL SECURITY NUMBER 5. SE	SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 H						THPLACE (State or Foreign			
	578-36-0881 1X	M 2 F 76	YRS. MONTHS		LOCATION OF DI	(Month, Day, Year) 6-23-2	20 VI	RGINIA			
TOR	VA Maryland Health C										
DIRECTOR	Maryland Charles Co. 10c. CITY, TOWN OR LOCATION WALDORF							10d. INSIDE CITY LIMITS? 1 YES 2 ANO			
AL	10e. STREET AND NUMBER			10f. 2	IP CODE		10g. CITIZEN OF	F WHAT COUNTRY?			
FUNERAL	6107 Ronna Circl										
5		AS DECEDENT EVER IN U.S. ARN		3. WAS DECEN	DENT OF HISPAI	IIC ORIGIN? (Specify Ye	# 07 No - 14. RA	ICE — American Indian, ack, White, etc.			
ВУ Е	1 Never Married 2 Merried IF	ORCES? 1 TYPES 2 NO YES, GIVE WAR OR DATES	°		Ify Cuben, Mexica	n, Puerto Rican, etc.)		eck, White, etc.			
		1944- 1945			Λ			WHITE			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete	rted) (Gtv	CEDENT'S USUAL,	e durina most		16b. KIND OF BU	SINESS/INDUSTRY				
벌	Elementary/Secondary (0-12) Colle	ege (1-4 or 5+)	Do NOT use retired.	1.)		Self					
ME	17. FATHER'S NAME (First, Middle, Last)	5+ Att	ornev								
	John S Roberts				18. MOTHER'S NA	ME (First, Middle, Meiden	Surneme)				
8	19e. INFORMANT'S NAME (Type/Print)	404	MARING ADDRE	100 (0)		ret Jenkin					
6	Susannah H Roberts	190.									
	20a. METHOD OF DISPOSITION	20h BLACEA	OLU/ I			Waldorf N	D 2060 CATION - City or				
	1 XBurial 2 Cremetion 3 Removal fro 4 Donation 5 Other (Specify)	om State cemetery, crem	natory or other place	(0)		8/14/96	Arlingto				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	I ALLI	ngton Na	ALIONA NAME AND	AODRESS, OF FA		_	on, va			
	Dahr C Eu	eller		1500	W Brad	tley Funer dock Rd. A	al Home				
	23. PART of Enter the diseasee, or complications that covariant the deeth. Do not enter the mode of dying, such as cerdiac or respiratory street, shock, or heart feliure. List only one cause on each line.										
	IMMEDIATE CAUSE (Final disease or condition	· ·						Interval Between Onset and Death			
		Probable Acute DUE TO (OR AS A CONSEQU						<5 Minute			
CERTIFICATION	If any, leading to immediate	OUE TO (OR AS A CONSEQU		iovasc	ular Di	sease		5 Years			
5		lypertension				-		10 Years			
Ë	that initiated events resulting in death) LAST	OUE TO (OR AS A CONSEQU	UENCE OF):								
빙	d										
AL	PART ii. Other algnificant conditions cont	ributing to deeth but not re	sulting in the u	underlying o	euse given in	Part I. 24a. WAS AN		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
8						1 _ YES :		COMPLETION OF CAUSE OF DEATH?			
ME							-	1 YES 2 NO			
ż	DID TOBACCO USE CONTRIBUT	E TO CAUSE OF DEAT	H YES	NO 🗆	UNCERTAIL	V 🖸					
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE	OF OEATH (Chec								
YSI		npetient 2 - ER/Outpatient 3	DOA 4 N		5 Residence	6 Other (Specify)					
PHYSICIAN: MEDIC	144	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJUR WORK		28d. DESCRIBE HOW	NJURY OCCURED				
BY	1X Natural 5 Pending 2 Accident Investigation		М		S 2 NO	_					
	3 Suicide 8 Could not be determined 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Nut City or Town, State)										
COMPLET	29a. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN: To	o the best of my knowledge, dear	th occurred at the	time, data an	d place, and due	to the cause(a) end ma	nner as stated.				
OM	one) 2 MEDICAL EXAMINER: On the							e(e) and manner ae stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER				9c. LICENSE NUN			EO (Month, Day, Year)			
BE C	Angel IXC	2000			D30951			st 8, 1996			
2	30. NAME AND ADDRESS OF PERSON WHO COMP	PLETEO CAUSE OF DEATH (ITEM	27) (Type, Print)		200001		riagai	00 07 1000			
	ANGELO J. LUCCO, M.D	Perr	y Point	, MD	21902						
	31. DATE FILED (Month, Day, Year)	2. AGISTRAR'S SONATURE DE L'AUMOSON MONDESON									
	AUG 2 7 1996 gula	The Marian	:								



Items 23 Par 1, 25, 27, 8-27-96. Film G738 Will Per Doctor All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

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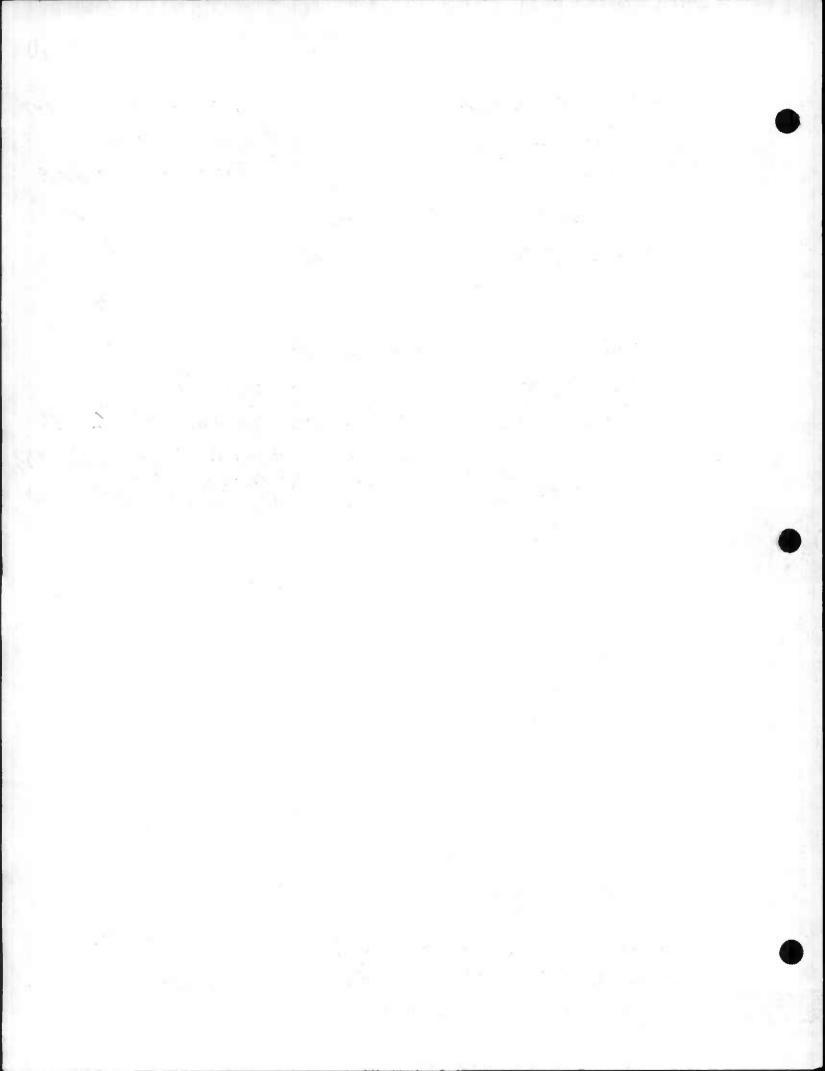
					Ce	ertificate d	of Death	Re	g. No.		
	Discontinu		1. Decedent's Name (First, Middle,	Last)				2. Dete of Deeth	1	3	. Tima of Death
	Physici /Medi		WINFRED S	SHIELDS	JR.			August	20, 19	96	5:38 A
	Examir		4a. Fecility Nema (If not institution,	give street and number)			4b. City, Town, or	Location of Deeth	4c. County of		
			UNIVERSITY	OF MAR	LYLAND		Baltimore	MD	Baltin	none	City
1	Funeral		5. Social Security Number		(In yrs. last birthday	/) If Undar 1 Ye		8. Data of Birth	Yearl	9. Birthplace (Country)	a (Stata o Foreign
C	Director		231-14-3051	1/2(M 2LIF	16 Yrs.	I MORRIS DO	70 110010 111111.	Month, Day, JUNE 9,	1920	VIR	GINIA
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enyla	-	1.		TOC. City, Town or t	m .		1.71			Insida City Limits 1 X Yas 2 □ No	
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Fe, Mal yield ZIZID-UUZU s 1 and 2 should be liled within 72 hours efter deeth with the Menyland if Heelih and Mental Hyglene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic avant, the Medical Evantinar must be notified as	rai	13 N, CA	RLTON =	STREET		2120	43	us	SA.		
er de	E	Funeral Director	11. Maritai Status	12. Was Dacedant E Armed Forcas?		. Wes Dacedant of If Yes, specify C	of Hispanic Origin? (S Suban, Mexican, Puerl	Specify Yes or No- to Rican, etc.)		 Amarican I White, etc. 	ndlen,
s eft	8	by F	1 ☐ Never Merried 2 Merried 3 ☐ Widowed 4 ☐ Divorced	If Yes, Giva '	lo	1 Yas 2 1	No Specify:		Specify:	BLA	nr
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d within 72 hours of plene. r than "natural", or the Medical Eram	Completed	15. Decedant's (Specify only highest	grada complated)	(Giv	edant's Usuel Oc a kind of work do DO NOT use re	cupation na <i>duri</i> ng most of wo tired)	rking	6b. Kind of Bus	iness/indust	ry	
within	than than	E C	Elamentary/Secondary (0-12)	College (1-4or 5	+)	ABOR			ONSTRUC	OTRAN	CAMPONI
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should	s mark	70	19a. Informant's Name/Ralationship				eet and Number or Re	urel Pouts Number	City or Town S	Reta Zin Co	del
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	0		1 Burial 2 Cremation 3			ametory or other					
mit. Pages 1 ar	mportant: If any injury or once.		4 □ Donation 5 □ Other (Spe 21. Signature jof Funaral Sarvice Lic	To the same of the		ON CEM	ETERY !	8-24-96		,	MARYLAN
permit	Important: h any injury o		21. Signature of Pullaray Sarvice Lie	DA		TOSEPH 3142 N	drass of Facility H, BROC	UN JR. 1 AVE, BA			ME, P.A.
	-		23a. Part1. Entar tha disaasa, or co shock, or heert fellura. List or	omplications that caused	the death. Do not e	nter the mode of	dying, such es cardia	c or respiretory erre	st,	Ap	proximete
Ph	ysician		SHOOK, OF FIGURE 1 CINC OF		herosclerot:					On	arval Batween sat and Death
//\	fedical		Immediala Causa (Final diseesa or condition	UNK	HWOV					1	
Ex	aminer		rasulting in death)	a	Dua to (or as a conse	equance of):					
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cute	rans	Examiner	Sequentially list conditions.	■ b	Dua to (or es a conse	equence of):		-			
9 6 26	an e		Sequentially list conditions, if any, laading to immediata cause. Enter Underlying Causa (Disaasa or Injury that initiated events							i	
The lew requires that the death certificate be executed	physician end s the burial-transit	Medical	that initiated events rasuiting in death) Last	c	Due to (or es e conse	quanca of):				1	
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990	the ett hed fo	Physician	Part II. Other significant conditions	a contributing to death bu	it not rasulting in tha	undarlying causa	givan In Part i.	23b. Did tol	pacco use cont	ribute to the	cause of death?
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quir	been signed I should be det							24e. Wes er		24b. Wara e availab	eutopsy findings ble prior to
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	certificate rector, pag	Bec	25. Was case rafarred to medical				28. Place of Day	ath (Check only one	1)		
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Ph	£ 2	n: T	27. Manner of Daath	28a. Data of Injur (Month, Day			njury at Work?	28d. Describe ho			
ulpu	. Aft	at o	1 Natural 5 Pending 2 Accidant invastigat		Year) injury		vonkr I∐Yas 2∐No				
Attending	Director: After	IIIC	3 Suicide o could not datarmine	28a. Placa of Inju	ıry - At homa, farm, s	treat, factory, offi	сө	28f. Location (Str	eet and Number	r or Rural Ro	outa Number,
0	Dir	Certification:	4 Homicida	building, afc	. (Specify)			City or Town	, Stata)		
To the Hospital	within 24 hours after occur. To the Funeral Director: A completely filled in by the fo	edical ((Uneck only 2 Medical Ex	Physician: To the best of aminer: On the basis of	f my knowledga, daa axaminetion and/or t	th occurred at the	a tima, data and place	a, and dua to the ca	usa(s) and man	nar as state	d.
the t	the		oney	and mennar sta	ted.						
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-	3	ĺ	30. Nama and addrass of person wh	o complated causa of	eath (Itam 23a) (Type	, Print)	0 0 4	6-00	· ct	-	
			University of	Marjan	Nosp.Ta	1 2	- 3007-	Alteron	Man	land	
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	Registr	ar	HUG 2 7 1990 (-						



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			Certificate of Death	Reg. No.	
	Physic	an	1. Decedent's Name (First, Middle, Last)	2. Date of Deeth Day	3. Time of Death
	/Medi Examir		4a. Facility Name (Egot institution, give street and number) 4b. City, Town, or Lo	ocation of Deeth 4c. County of De	7.WAM
1	Examin	ter	117 (9/5010/7501 ALMS. 9561TIM	nors NA	4
	Funeral Director		5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) If Under 1 Year If Under 24 Hrs. Months Days Hours Min.	8. Date of Birth Confidents, Day Year	irthglace (State or Foreign Contry)
	Maryland a-f show	tor	10a. State 10b. County 10c. City, Town or Location Pay Innort		10d. Inside City Limits 1
	ith with the 23s or 28	ral Director	10e. Street and Number 10f. Zip Code 21216	10g. Citizen of What (Country?
020	hours efter death with the Maryland tural, or items 23a or 28s-f show al Examinet is suit be notified at	by Funeral	1 Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced 12. Was Decadent Ever in U,S. Armed Forces? 1 Yes, Give 1 Yes, Specify Cuban, Mexicen, Puerto 1 Yes, Give 1 Yes, Give 1 Yes 2 No Specify:	ecify Yes or No- Rican, etc.) 14. Rece - An Black, Wi Specify:	24 24
5-0	natural',	eted	15. Decedent's Education 16e. Decedent's Usual Occupetion (Specify only highest grede completed) (Give kind of work done during most of work)	16b. Kind of Busines	ss/Industry
21215-0020	d within	Completed	Eiementary/Secondary (0-12) College (1-4or 5+) College (1-4or 5+) College (1-4or 5+)	Hospi	70/
pue	be filed tral Hygin d other event, to	Be	17. Farner's Neme (First, Middle, Lest) 18. Mother's Name	(First, Middle, Maiden Sumeme)	
Maryland	d 2 should be filed in end Mental Hyg 7 is marked othe traumatic event,	ပ	19a. Informant's plame/Relationship (Type, Print) 19b. Mailing Adgress (Street and Number or Purg	LIA PEARSON	Zin Code)
	1 end 2 sho Health end Bm 27 is m		VATRICIA F. NARRYS (117 Glandon A	BAIT, MD	212/6
altimore	S - E		20e. Method of Disposition 1 Br Burlai 2 Commation 3 Removel from State 20b. Place of Disposition (Name of cametery, cremetory or other place)	Dete 20c. Location - City of	or Town, Stete
Itim	는 은 근 는		4 Donation 5 Other (Specify) 21. Signature of Funda Sunjice Licensee 22. None and Addies of Scriptophy 21.	30/9/ Ungy65/	JUST PIV
B	Depe Impo any I		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	HUBBAI GOME	Dece Con
			231. Party Epiter in office a, of complications that caused the death. Do not enter the mode of dying, such as cardiac cannot be a facility on the cause on each line.	or respiretory arrest,	Approximate Intervel Between
	Physician /Medicai		Immediate Cause (Final	9 1	Onset and Death
	Examiner		disease or condition resulting in deeth) a. Due to (or es a consequence of):	7501018	
	po sit	lner	The text of the sale of the sa	ent legi	185
_6	eath certificate be executed ettending physician and for use es the bunat-transit	Examiner	Sequentially list conditions, if any, leading to immediate	- V 4	
09289	ertificate be execut ling physician and ie es the burial-trar		Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of):	•	
×	ertifica ling ph	Medical	d		
Bo	death o	clan	_ v.		
0	0 0 0	Physician	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	23b. Did tobacco use contribu	te to the cause of death? Probably 4 Unknown
S, P	requires thet the een signed by th hould be detache	by	SCIETOCETIVA	70.10	Tiobably 4 disklowii
ecord	- LO 00	Completed		24e. Was en eutopsy performed?	Were autopsy findings eveileble prior to completion of cause of deeth?
E B	The lay	Com		1□ Yes 20 No	1 Yes 2 No
₹ Ş	certificate	o Be	25. Was case referred to medical exeminer? 1 Yes 2	\ /	
on of	Attending Physician: or death. ector: After this certific by the funeral director.	\vdash	27. Manner of Death 28e. Dete of Injury (Month, Day Year) 28b. Time of Injury Work? 28c. Injury at Work?	me 5 Residence 6 □Other (Sp 28d. Describe how injury occurred	pecify)
Division of Vital Records,	or Atten efter deal Director: In by the	Certification:	3 Suicide 6 Could not be	28f. Location (Street end Number or I City or Town, State)	Rurel Route Number,
	To the Hospital or Attending Physician: The Is within 24 hours effect death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edicai C	29a. Certifier (Check only one) (Check only one) (Check only one) (Check only one) (Check only one)	and due to the cause(s) and menner of the time, date and piece, end do	es stated. ue to the cause(s)
	To the within To the comple	X e	29c. License number	29d. Date signed (Mod	nth, Dey, Year)
	,		Christia / 2000 100 03226	5 8.27.	96
	4		30 Name and address of person who completed cause of death (Item 23a) (Type, Print)	altimas.	21223
Ä	Sta Registra		31. Date filed (Month, Dey, Year) AUG 27 1996 32. Registrer's Signature Augustus Augustus Andres		



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** Month Evelyn L Shaffer 1996 6:45 pm August 20, /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 327 Radnor Road Baltimore 5. Social Security Number If Under 1 Yaar 7. Age (In yrs. last birthday) If Under 24 Hrs. **Funeral** 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foreign Country) 1□M **X**□F Days Hours 212-10-0684 Director 88 Yrs. 1908 Maryland Aug. 17, Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Exacitner must be notified at Yes 2□ No Director MD NA Baltimore, 10e, Street and Number 10f. Zip Code 10g. Citizen of What Country? ò 327 Radnor U.S.A. 21212 238 Funeral | Items 11. Marital Status 12. Was Decedenf Ever in U,S Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black, White, etc. filed within 72 hours efter 1 ☐ Never Marriad 2 ☐ Marriad 1 Yes No If Yes, Give Year or Datas: 21215-0020 "natural", or 1 ☐ Yes TXNo Specify: White þ 3€Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grada completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Peges 1 and 2 should be filed withir Department of Health and Mental Hygiene. Important: If Item 27 Is marked other than any Injury or other traumatic event, traumatic Elamentary/Secondary (0-12) College (1-4or 5+) Chief Operator Telephone Co. 12 altimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middla, Maiden Sumama) Be Lizzie G. Sheffer William Walter Jones 19a. Informant's Name/Ralationship (Type, Pnint) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Donald P. Shaffer -son 327 Radnor Rd., Baltimore, MD 21212 20b. Place of Disposition (Name of cematery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burlat 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Green Mount Crematory 8-22 Baltimore, MD 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Henry W. Jenkins & Sons, Co. 4905 York Rd., Baltimore, MD illian R. Vario IVI 21212 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one causa on each line. Approximate Intervai Batween Onset end Death **Physician** /Medical Immediate Cause (Final 2 months disaasa or condition resulting In death) **Examiner** Examiner SCV The law requires that the death certificate be executed buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) P.O. Box 68760, Physician/Medical the Dua to (or as a consequence of): Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 2 1 Tes 2 No 3 Probably 4 → dnknown Records, 2 Completed 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy performed? atrial flutter certificate hes

1 ☐ Yas 2 No

26. Place of Death (Check only one)

25. Was cese referred to medical examiner? 1 Yes 2 No 27. Manner of Death

5 Pending Investigation

28a. Date of Injury (Month, Day Year)

Hospital: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 28b. Time of

28c. Injury at Work?

1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5. Rasidence 6 Othar (Specify) 28d. Describe how Injury occurred

6 Could not be determined 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a, Certifier (Check only one)

1- Naturai

2 Accident

3 Suicida

4 Homleide

Be

10

Certification:

Medical

After this Director: After this d in by the funeral

deeth

Lecritying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and fitteen certifie auro

29c. License number

29d. Date signed (Month, Day, Year)

30. Name and address of person who completed cause of death (item 23a) (Type, Print)

Carl Sperling MD, 5601 Loch Raven Blvd., BAltimore, MD 21239 31. Date filed (Month, Day, Year)

Registrar

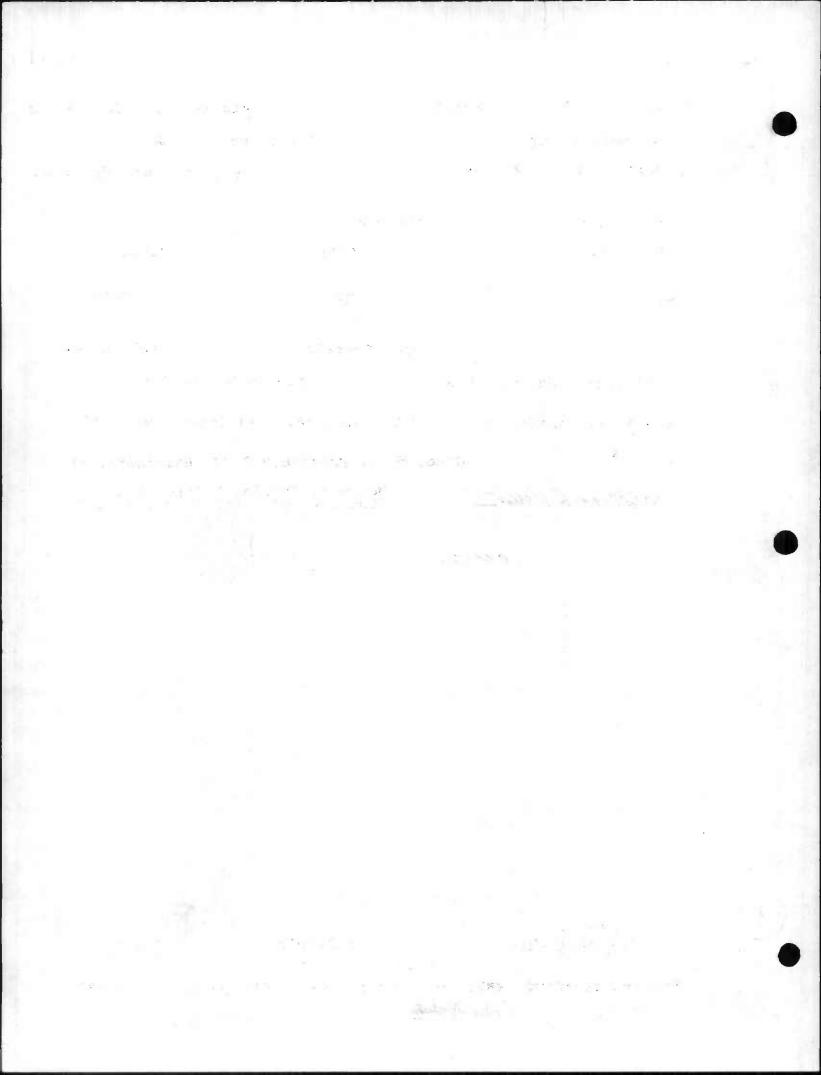
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AUG 27 1996



of Vital Physician:

Division or Attending



96-4533-033

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

ITEMS: 23 PART I, 27, APER MED FILM G-739 9/16/96 t.t

State of Maryland / Department of Health and Mental Hygiene

if Under 1 Year

Days

APITOL HEIGHTS

16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

10f. Zip Code

Months

Certificate of Death

Physician /Medical

O'NEIL SEARLES

1 MM 2□ F

7. Age (In yrs. last birthday)

Yrs.

10c. City, Town or Location

2. Date of Death AUGUST

25432 3. Time of Deeth

10d. Inside City Limits 1 Yes 2 □ No

7:00P.M.

Examiner

4a. Facility Name (If not Institution, give street and number) 8520 EDGEWORTH DRIVE
5. Social Security Number 6. Sex

15. Decedant's Education (Spacify only highest grade completed)

1. Decedent's Nama (First, Middla, Last)

4b. City, Town, or Location of Death

CAPITOL HGTS PRINCE GEORGES
If Under 24 Hrs.
Hours Min.

B. Date of Birth
(Month, Day, Year)

DEC. 1, 1931

South CAROLINA

1996

4c. County of Death

10g. Citizen of What Country?

USA

16b. Kind of Business/Industry

29d. Date signed (Month, Day, Year)

AUGUST 13,1996

111 Penn Street, Baltimore, Maryland 21201

Funeral Director

ns 23a or 28a-f show

with the Maryland

5-0020

Baltimore, Maryland

UNKNOWN Usual Residence of Decedent 10a. State

11. Marital Status

10b. County Directo PRINCE GEORGES 10e. Street and Number 8520 Funeral

1 Never Married 2 Married

3 ☐ Widowed 4 ☐ Divorced

DGEWORTH DRIVE 12. Was Decadent Ever In U,S. Amed Forces? 1 N Yes 2 No /2-28-50 If Yes, Give If Yes, Give Year or Dates: 12-11-53

College (1-4or 5+)

20743 Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1□ Yes 2NNo Specify:

 Race - American Indien, Black, Whita, etc. Specify: BLACK

ò ompieted Elementary/Secondary (0-12)

permit. Pages 1 and 2 should Department of Health and Menimportant: If Item 27 is merimany injury or other traumaticans.

Physician /Medical **Examiner**

attending physician and for use as the buriel-transit or Attending Physician: The law requires that the death certificate be executed been signed by t should be detach deeth. after deeth Director: within 24 hours a To the Funeral D Hospital

Division of Vital Records, P.O. Box 68760

, ,	UNKHOWN		BODY 41	FENDER	WORK	ER &	AUTO A	30 DY ME	CHANIC	
	17. Father's Neme (First, Middle, Last)		,	18. N	lother's Name	(First, Middle, M	la <i>iden Surn</i> an	n <i>e)</i> /		
	ANDREW	SEARLE	5	Jo	SEPH	INE	4	+NE		
	19a. Informent's Name/Relationship (7	ype, Print)	19b. Meiling Addr	ress (Streat and Nu	mber or Rura	l Route Number,	City or Town,	State, Zip Code	9)	
	KEITH SEA	FRIES	641911	EBANON	AVE.	PHILAI	VELDHI	a DA /	9151	
2	20a. Method of Disposition	20b. P	lece of Disposition (Name of	1101	PHILAL Date 2	Oc. Location	City or Town, S	itate	
	1 Burlai 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specify	Removal from State	RRISON 1	FOREST (
	21. Signature of Fundral Service Licens	D. Br	RRISON 22. Name	e and Address of F EPH, H, 40 N, F	BROW	AVE.	EUNER BALTIM	AL HOI	ME, P.A.	
	23a. Pert1. Enter the disease, or comp shock, or haart failure. List only of the companies of the compani	lications that caused the deeth one cause <i>on</i> each line.	n. Do not enter the n	node of dylng, such	h as cardiac o	r respiratory arre	st,	Inter	roximate val Between et and Death	
1	Immediata Cause (Final disease or condition resulting in death)	a. CARDIONYOPATHY						1		
	esuling in death)	Due to (or	as a consequenca	of):						
		h								
	Sequentially list conditions, if any, leading to immediate	Due to (or as a consequence of):								
1 6	cause. Enter Underlying Cause (Diseese or injury	G.								
1	that initiated events resulting in death) Last	Due to (or es e consequenca of):								
		4								
F		0.								
P	art II. Other eignificant conditions co	ntributing to death but not resu	Iting in the underlyin	g cause given in P	ert I.	23b. Did tob	acco use co	ntribute to the o	ause of death	
						1□ Ye	2516	3 Probably	4 Unknow	
-										
						24a. Was an	eutopsy	24b. Were au evailable	topsy findings	
-						penonn	ear	completi of death	on of cause	
						1 5 Yes	2 No	1 Yes	2□ No	
2	5. Was case referred to medical			26. P	lace of Death	(Check only one)			
	examiner? 1XX) Yes 2 No	Hospital:	ER/Outpatient 3	+ 045 000		ne 5 💢 Rasiden		er (Specify)		
2	7. Mannar of Death 1 Natural 5 Anding 2 Accident investigation	28a. Data of Injury (Month, Day Year)	28b. Time of Injury	28c. Injury at Work?	2	8d. Describe hov	-			
	3 ☐ Sulcide 6 ☐ Could not be 4 ☐ Homlcide datermined	28e. Placa of injury - At ho building, etc. (Specify	28f. Location (Street and Number or Rural Route Number, City or Town, Stata)							
2	9a. Certifier 1☐ Certifying Physical (Check only one) 1☐ Medical Exami	elcian: To the best of my know ner: On the basis of examinati and manner stated.	rledge, death occurre on end/or investigati	ed at the time, date lon, in my opinion,	and place, e deeth occurre	nd due to the cau ed et the time, dat	use(s) and ma e and placa,	nner es stated. and due to the c	ause(s)	

29c. License number

O.C.M.E.

State Registrar

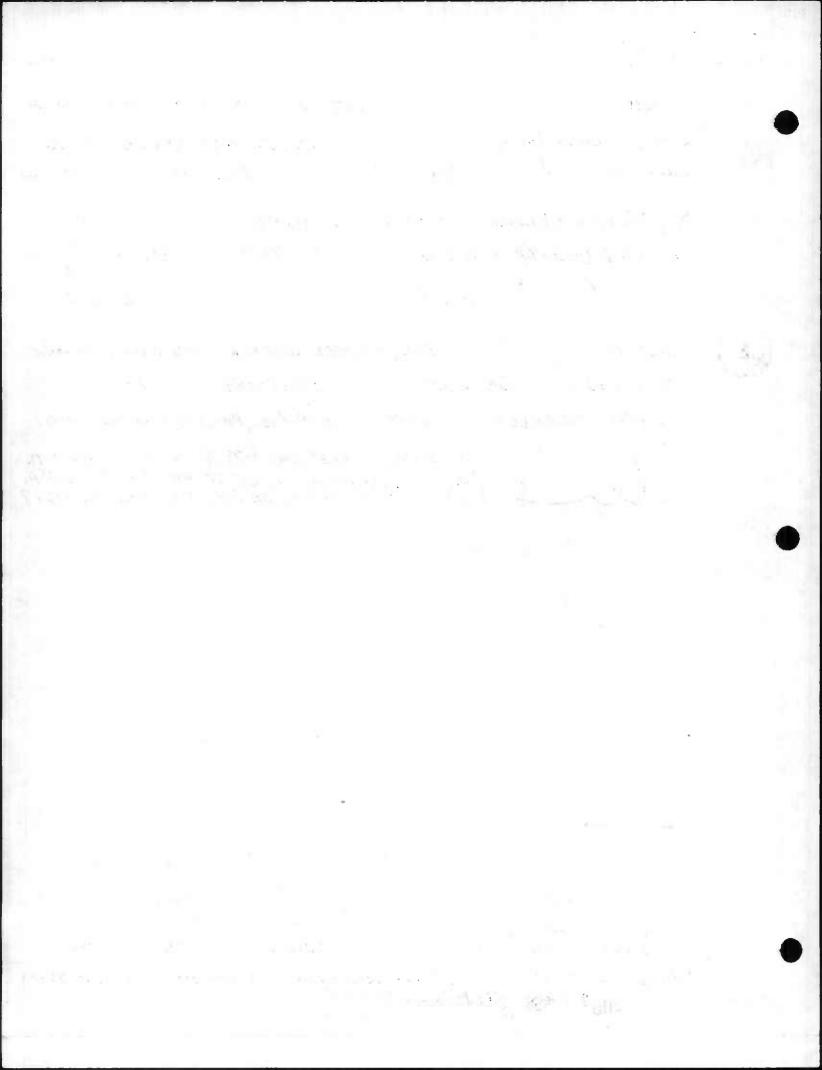
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29b. Signature and title of cartifier

MARGERIOS

31. Date filed (Month, Day, Y2r) 7

30. Name and address of person who completed cause of death (Itam 23a) (Type, Print)



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		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Leaor	5	Squire		П	MONTH	REG. NO. OF DEATH DA US t 23		YEAR F.	OO AM M
	4. SOCIAL SECURITY NUMBER 230~22~3659 9a. FACILITY NAME (If not institution, give s	5. SEX	6. AGE (In yrs. le	yrs.		YEAR IF UNDE DAYS HOURS	MIN.	Nov.	Day, Year)	1916	Country)	
TOR	7847 St. Bonisa Residence of Decedent					Dundalk		ATH .			timor	
DIRECTOR	10a. STATE 10b. COUNT Maryland	v Baltimo)	re	10c. CITY	, TOWN OR	LOCATION	Di	undal	k			INSIDE CITY LIMITS? YES 2 X NO
FUNERAL	1935 Dineen Dr	ive		101. ZIP CODE 27222				10g. CITIZEN OF WHAT COUNTRY? United States				
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced		NT EVER IN U.S. A VES 2 (1) MAR OR DATES	RMEO NO	If yes, specify Cuban, Mexican, Puarto Rican, etc.) 1 YES 2XXNO Specify:					or No —	14. RACE — American Indian, Black, White, atc. Specify: White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 8 Years	ECEDENT'S (Give kind of w le. Do NOT use Jaitre										
BE CO	17. FATHER'S NAME (First, Middle, Lest) Robert Lea 190, INFORMANT'S NAME (Type/Print)				4000000	18. MO	G)	race				
10 T	Pam Stewart /	Daughte	r	7847	St.	Bonifac		ine '	Dundal	ck, Mo	vrylan	
	20b. PLACE AND DATE OF DISPOSITION 1 Removal from State 4 Donatton 5 Other (Specify) Date 20b. PLACE AND DATE OF DISPOSITION (Name of cognetary), cremetory or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of cognetary), cremetory or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of cognetary), cremetory or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of cognetary), cremetory or other place) 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State Baltimore, Maryland 22c. Name and Address of Facility Duda-Ruck Funeral Home of Dundalk, Inc.										ryland	
	SACIL	2			7	922 Wi	se Au	10.	Dundal	ck, Mo	vrylan	k, Inc. d 21222
	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Liet only one cer	use on eech IIn	ie.		he mode of d	ying, suc	h aa cerd	lac or respi	ratory arre	eat,	Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										I MONTH YEARS	
PHYSICIAN: MEDICAL C	ACUTE AND CHRONIC RENAL FAILURE 1 YES 25/NO OF DE										RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 NO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		3 DOA	OTHER:	ng Home 5 📢	Pesidence	8 🗆 Other	(Specify)			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26e. DATE OI (Month, I	F INJURY Day, Year)	28b. TIMI INJ	E OF 2 URY M	8c. INJURY AT WORK?	□ NO	28d. DES	CRIBE HOW I	NJURY OCC	URED	
	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE 6 building	OF INJURY At It , atc. (Specify)	nome, farm, s	treet, factor	y, offica			ATION (Street a or Town, State)		or Rural Route	Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ER: On the beels of										I manner as stated,
TO BE (296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. 23-96											96
	30. NAME AND ADDRESS OF PERSON WIND BERTO M. 31. DATE FILED (Month, Day, Year)	MACHIR 32 REGISTR	AN N	1D	720	CA	MAID	EN	CHOIC	E LA	NE	BALTO, 143 21228
	AUG 27 1996	Gira Da	widson-Ra	TOPES								

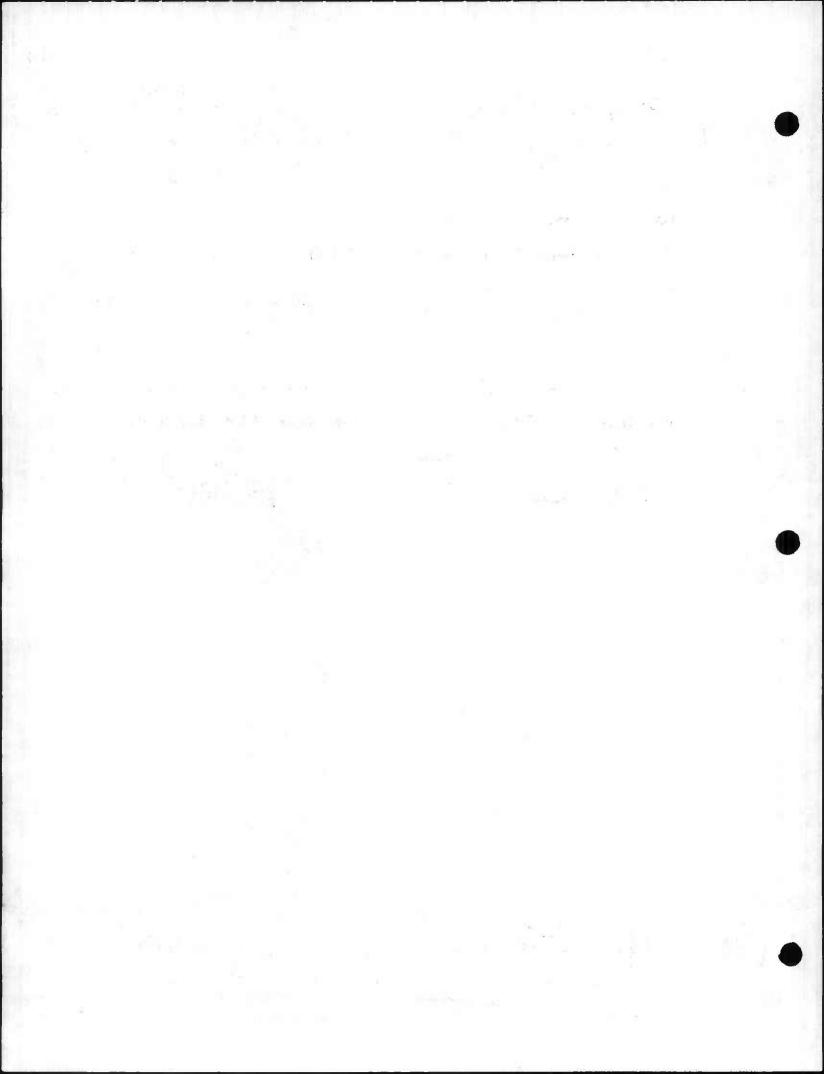
MACHIRAN, MD

JA REGISTRANS SIGNATURE
GINA DANISON-RANGEME

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

25434

			CE	ertificate o	i Death		Reg. No.			
Discontinu	1. Decedent's Neme (First, Middle,	Last)				2. Date of D	eath augur-	ł,	3. Time of Deer	
Physician /Medical	Baby Ba 4e. Fecility Neme (If not Institution, 5t. Agner	1 Spatz				Month	Dey J	Year	1835	
Examiner	4e. Fecility Neme (If not Institution,	giva street and number)	on Cont	on ave	4b. City, Town	n, or Location of Dea	th 4c. County	of Deeth	1000	
	St. agnes	blocostal	00 000	ondive	Balt	n, or Location of Dea	9 Balts	d.	tu	
Funeral Director	5t. agnes 5. Social Security Number 6	Sex 7. Age (In)	yrs. lest birthday Yrs.	Months Day	r If Undar 24 s Hours	Min. 8. Date of B		-	(Stete or For	
	Usuei Residence of Decedent				/	5	70	11.1		
how	10a. State 10b. County	10c.	City, Town or L					10	d. Inside City Lin	
28a-f show	MD HOWAT	FD	Ellicott	City					1 Yas 2	
be notified Director	10e. Street and Number			10f. Zip Code			10g. Citizen of Whet Count			
238 0	3053 OAK GY	reen Circle	Apt. H	210	043		US	A		
iene. r than "natural", or items 23a or 28a-1 show tra Medical Examiner must be notified at ompleted by Funeral Director	11. Maritel Status	12. Wes Decedent Ever in Armed Forces?	n U,S. 13.	Was Decedent of	Hispenic Origin	? (Specify Yes or N		- Amarica		
or to	1 Never Merried 2 Married	d 1 ☐ Yes 2 ☑ No		_		Puerto Rican, etc.)		k, Whita, e	tc.	
natural, or items 23a or 28a-f show doal Examiner must be notified at eted by Funeral Director	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Detes:		1 ☐ Yes 2 ☑ N	o Specify:		Specify:	Whi	1	
decal decal	15. Decedent's (Specify only highest)	Education	16e. Dece	edent's Usuel Occ e kind of work don	upetion	funding	16b. Kind of Bu	siness/Indi	ustry	
438	Elementery/Secondary (0-12)	College (1-4or 5+)	life.	DO NOT use retir	ed)	WOIKING	X 1)_			
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7 Is marke traumatic	19e. Informent's Name/Reletionship		19b. Meili		et e <i>nd N</i> um <i>ber</i> (Rurel Route Number, City or Town, Stete, Zip (
252	hlen Spatz	Father	3053	ONK EVE	en Circle	Apt. H	Ellicoff Cit	cy m	2104	
Department of Heal Important: If Item 2 any Injury or other 2006.	20a. Method of Disposition 1 Burial 2 Cremetion 3 4 Donation 5 Other (Special Control of Control	Removel from Stata		osition (Name of ometory or other pi	lece)	August 2	20c. Location - 0		m, Stete	
lnju					ress of Facility	Evens show	7 1996 DAILIMOTE 3 Chapel of Memories			
Depa Impo any Ir	1 V.	=				8800 HANGO	rd RI	167		
	23a. Part 1. Enter the disease or co	omplications that caused the ri	leeth Do not an	ter the mode of de	ring auch ac an		MD. 2127		A	
ysician	23e. Pert1. Enter the disease, or co shock, or heart feilure. List on	ily one cause on eech line.	ooun bonocan	nor the mode of o	711g, 30011 03 CC	reliec of respiretory	a11651,		Approximete Intervel Between Onset end Deeth	
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ched f	Pert II. Other significant conditions	contributing to death but not	resulting in tha u	underlying ceuse g	iven In Pert i.	23b. Did	I tobacco use con	tribute to 1	the cause of dea	
deteched for u	Pert II. Other significant conditions	contributing to death but not	resulting in tha u	underlying ceuse g	iven In Pert i.					
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b ad	Pert II. Other significant conditions	contributing to death but not	resulting in tha u	underfying ceuse g	iven In Pert i.	1 [Yes 212No	3 Probe	ably 4 Unkn	
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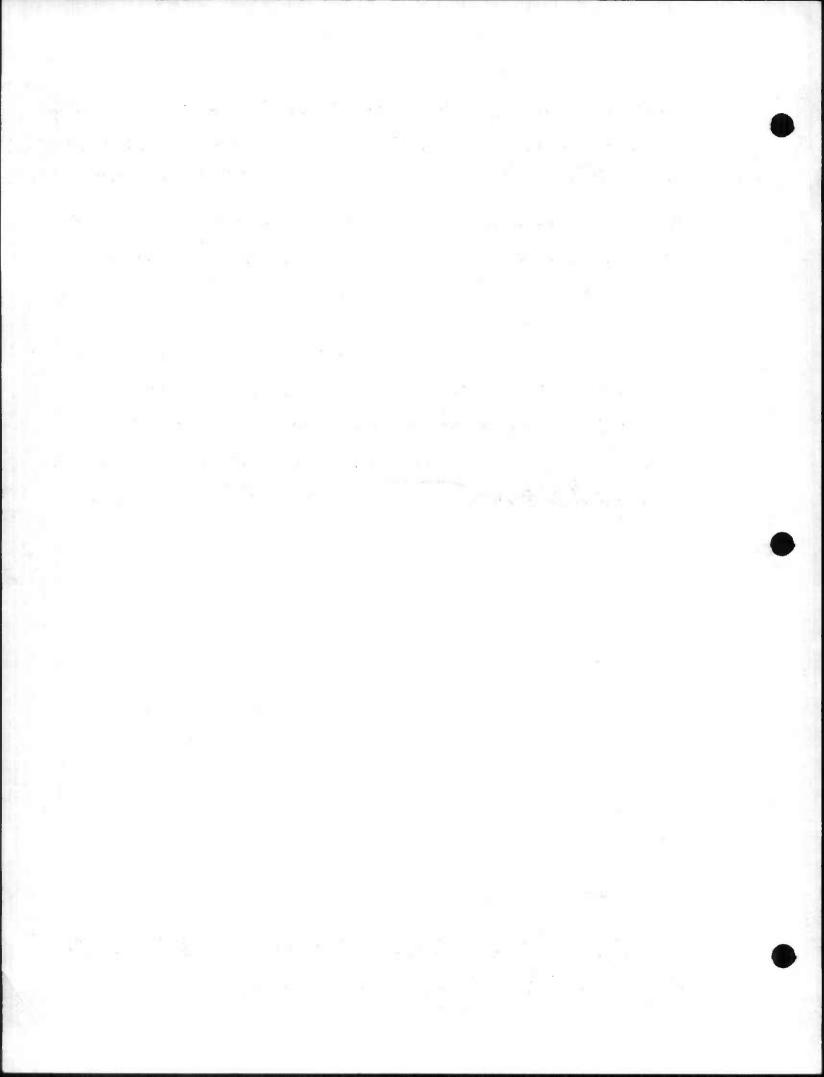
State of Maryland / Department of Health and Mental Hygiene

25435 Certificate of Death 1. Decedent'a Nama (First, Middla, Last) 2. Dete of Deeth 3. Tima of Death **Physician** SCRIBER (MN-BONNIELEE VONNE 24-1996 AUGUST /Medical 4e. Facility Nama (If not Institution, giva streat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner RITCHIE HOSPICE BALTIMORE BALTIMORE 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. 8. Date of Birth Hours Min. (Month, Day, Year) Birthplace (Stata or Foreign Country) 7. Aga (In yrs. last birthday) **Funeral** 1□ M 2/2 F Months Days 316-68-578 Usual Rasidance of Decadent Yrs. Director with the Manylend 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examinal must be notified at 1 X Yas 2 □ No MARYLAND BALTIMORE Director BALTIHORE 10e. Street end Number 10g. Citizen of What Country? AVENUE 503 permit. Pages 1 and 2 should be filed within 72 hours after deeth 1 Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a and injury or other traumatic event, the Merical Examination 2008. LOUDON USA, Funeral 14. Race - Amaricen Indien, Biack, Whita, etc. 12. Wes Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yas, specify Cuban, Maxicen, Puerto Ricen, etc.) 11. Maritei Stetus 1 Yas 2 No If Yas, Give Yaar or Datas: 1 ☐ Never Married 2 Married Baltimore, Maryland 21215-0020 1 □ Yas 2 No Specify: BLACK þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Dacedant's Usuai Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) College (1-4or 5+) PASHIER ESTAURAN 17. Fathar'a Nema (First, Middla, Last) 18. Mother's Name (First, Middla, Maiden Surnama) LEROV ANDERSON 10 SCRIBER 19e. Informent's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 503N, LOUDON AVENUE, PINKNEY 13/4/LTTHORE, IAD 20c. Location - City or Town, Steta VONNE 20a. Method of Disposition

1 Buriai 2 Cramation 3 Ramoval from State Place of Disposition (Nama of cemetery, cremetery or other place) Data CREMATOR 4 □ Donation 5 □ Othar (Specify) Name and Addrass of Fecility
OSEPH H. BROWN FULTON AVE, BALTIHORE, MO. 2121 2140 N. Part 1 Enter prid disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock or head failure. List only one cause on each line. **Physician** Immediata Causa (Final disaasa or condition resulting In daath) /Medicat NEymonia Examiner Due to (or as a consequence of): Examine As venia The lew requires that the death certificate be executed signed by the ettending physician and d be detached for use as the buriel-transit Sequantially list conditions, if any, laading to immadiata cause. Enter Undarfying Cause (Disaase or Injury that initiated evants rasulting in daeth) Lest Dua to (or es a consequence of): Division of Vital Records, P.O. Box 68760. in in uno d Physician/Medical Dua to (or es a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Ware autopsy findings aveilable prior to completion of ceuse of death? should I 24a. Wes an autopsy performed? Completed certificate hes b 2UNO 1 ☐ Yas 1 Yas 2 No To the Hospital or Attending Physician: I within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, p 25. Was casa referred to medical axaminar? Be 26. Place of Death (Check only one) Hospital: Othar: 4 Nursing Home 5 Residence 6 Othar (Specify) 1 Yas 2 No Certification: To 1 Inpatiant 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28d. Dascribe how injury occurred 28b. Time of 28c. Injury at Work? 5 Panding investigation Natural 1 Yas 2 No 2 Accident 6 ☐ Could not be datarmined 3 Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At home, farm, street, factory, office building, atc. (Specify) 4 - Homicida Certifying Phyeician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the best of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29a. Cartifian Medical (Check only one) 29b. Signatura and titla of certifier 29c. Licanse number 29d. Date, signed (Month, Dey, Year) 1000 30. Nama and addrass of person was composted cause of death (Itam 23a) (Type, Print) , 29 South Paca St. Baltimore, MD J. Kear Dept. FM MO 31. Pate filed (Month, Pay, Year) 32. Registrate Signatur State Registrar



			State of Ma	aryland / [ment of licate of				giene Reg. No.	96	25431
Physici	an	1. Decedent's Neme (First, Middle, L Catherin		Sch	rufer				2. Dete of De Month	elh Dey	Yeer	3. Time of Death
/Medic	cai	4e. Fecility Neme (If not Institution, gr		101	10161		4h City To	oum or L	ocation of Deeth	2.6 4c. County	96	1:50 Pr
Examin	ner	BAPTIST Home of 1	A TOTAL STREET				Dwings				YOLDBRILL	
۶Funerai		Sociel Security Number 6.		e (In yrs. last bir	Mo	Under 1 Year	If Under	r 24 Hrs.	8. Dele of Bir (Month, Da	th y, Year)		lece (State or Forei
Director		215-50 - 1115 Usuel Residence of Decedent		88	Yrs.				Nov 21,	1907	Virgi	
Mental Hygiena. arked other than "natural", or frems 23a or 28a-f show attic event, the Medical Examinet must be multiped at	Director	10a. State 10b. County Md. Baltimor	د	10c. City, Tow Spout K		on					1	0d. Inside City Limi
a or 2		10e. Street end Number	D I		10	Of. Zip Code				10g. Citizen of	Whet Cour	ntry?
rs 23	erai	Bcx 525, 14919 Yerk	12. Wes Decedent I	Ever in U.S.	13 Was	21152		rlain? (Sn	acify Vas or No	USA 14 Be	ce - Americ	en Indien
of other than 'natural', or flems 23a or 28a-f show event, the Medical Examinet must be notified at	by Funeral	1 ☐ Never Merried 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	Armed Forces? 1 Yes 2 If Yes, Give Yeer or Detes:			s, specify Cut Yes 2 No			ecify Yes or No Rican, etc.)	Specif	ck, While,	elc.
netur	eted	15. Decedent's E (Specify only highest gi	Education rade completed)	16e.	(Give kind	s Usuel Occu of work done	one during most of working		ina	16b. Kind of Business/Ind		dustry
the Me	Completed	Elementary/Secondery (0-12)	College (1-4or 5		life. DO N	IOT use retire	ed)			Home		
other ent,	Be C	17. Fether's Neme (First, Middle, Las	t)			3.70	18. Moth	er's Nem	e (First, Middle,	Maiden Surnar	ne)	
marked matic ev	OB	2 James Wade Hensell IDA Florence H					ence Hu	FFman				
EE	-	19e. Informent's Name/Relationship	19b	. Melling Ad	Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)					Code)		
them 27 is other trau		Hester Schmidl Box 525 14917 York Rd SPARKS, Md. 21152									2	
2 0		20a. Method of Disposition 1 Buriel 2 Cremetion 3 [4 Donetion 5 Other (Special Control of Control		20b. Plece of cemeter				A	Dete 1928 1996	20c. Location		
Important: If any Injury or once.		21. Signeture of Funeral Service Licensee 22. Name end Address of Feolitity EVANS Chapel of Chimes 232. Pertl. Enter the disease, of complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Intervel Between										
sician edical miner		Immediate Ceuse (Final disease or condition resulting in deeth) Bue to (or es e consequence of):										1 day
ansit	Examiner	b. cerebral vascular accident									1 yea	
nysician and the burial-transit	<u>ee</u>	Sequentietly list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or Injury thel initiated events resulting in death) Lest	c. ath	Oue to (or es e	Cero	515						15 yea
ISB 88	Physician/Medic		a hyp	erte.	rsion	~						20 yea
ed for	sicia	Pert II. Other eignificant conditions	contributing to death bu	it not resulting in	the underly	ylng ceuse gi	iven in Pert	l.	23b. Did	tobacco use co	ntribute to	the cause of deat
been signed by the attending phys should be datached for use as the	by Phy	dementia,							1	Yes 2□ No	3 Pro	pably 4 dnkno
2 should b	Completed								24e. Wes perfo	en eutopsy rmed?	ev	ere eutopsy findings elleble prior to mplelion of cause deeth?
rector, page 2 s	Com								10,	Yes 2 No	10	Yes 2 No
director,	Be	25. Wes case referred to medicel exeminer?					26. Plec	e of Deet	h (Check only c	ne)		
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tor: Alter The funer	Certification	27. Menner of Deeth 1 Naturel 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be		Year) II	rime of njury		iryet ork?]Yes 2□	l No		now Injury occur		
		28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)										r noute Number,
e Funeral pletely filled	edical	29a. Certifier (Check only one) 1 Certifying Pl 2 Medical Example	nysician: To the best of miner: On the basis of end manner ste	examination en	, death occu d/or investig	urred et the ti getlon, in my	me, date er opinion, des	nd plece, eth occurr	and due to the red et the time,	ceuse(s) end m date end pleca,	enner es si end due to	eted. the ceuse(s)
	٤							Day, Year)				
JA	1		200			D	411	04		8.2	7 9	6

Towson, maryland 21204

State Registrar

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

Dr. Ted Houk 7625 York Rd To

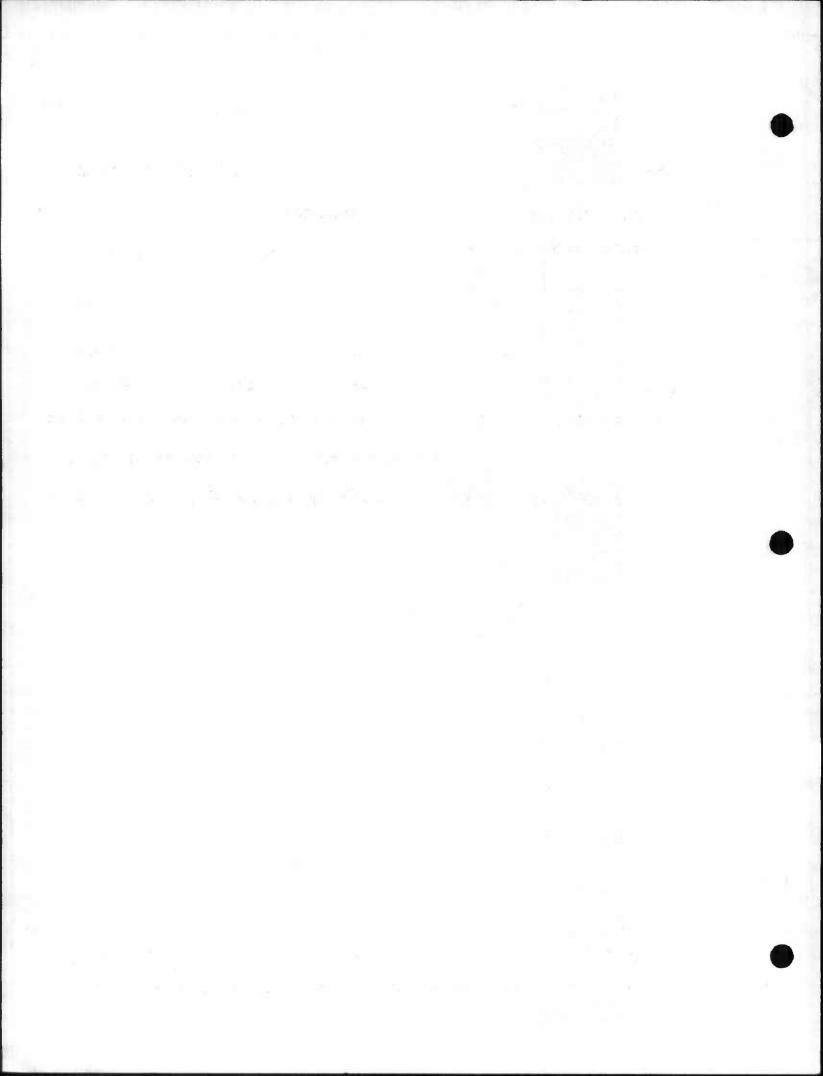
31. Dete filed (Month, Day, Year) AUG 27 1996

32. Register's Signeture Transcription

State of Maryland / Department of Health and Mental Hygiene 96

					Certifica	te of	Death		Reg. No.		
Division		1. Decedent's Name (First, Middle, Last)						2. Date of De Month	eath Dey	3. Time of Death	
	ician dical	Leonid Tresku	nov					Augus	1 23	1996 62:59	
	niner	4e. Fecility Neme (if not institution, give	street end number)					n, or Location of Deal	h 4c. County		
		Sinai Hospital			1			more		more City	
Funer Direct		5. Social Security Number 6. Sec. 216–41–9658	7. Age	(in yrs. last bir 70	Yrs. If Under Months	Days	if Under 24 Hours	Min. 8. Date of Bi		9. Birthpiace (State or Foreign Country) UKRAINE	
pu *		Usuei Residence of Decedent 10a, State 10b, County		10c. City, Tow	or Location					10d. Inside City Limits	
the Merylen 28a-f show	ctor	MARYLAND BALTIMOR	RE .	Too. Oily, Town		BALTI	MORE			1 ☐ Yas 2 No	
death with the Merylend me 23s or 28s-f show	al Director	10a. Street and Number 3 COBBLESTONE CT.	APT. 2-1	A	10f. Z	p Code	212	215	10g. Citizen of V UKRA		
5 22	by Funeral	11. Meritel Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent E Armed Forces? 1 ☐ Yes 2 █N If Yes, Give Year or Detes:		13. Wes Dece If Yes, spo		lispanic Originan, Mexican, I S <i>pecify</i> :	n? (Specify Yes or No Puerto Rican, etc.)	Specify	ca - American Indian, ck, White, etc. WHITE	
72 hours	Be Completed	15. Decedent's Educ (Specify only highest grade	cation completed)	16a.	Decedent's Usi (Give kind of w	al Occup	ation	of working	16b. Kind of Bu	usiness/industry	
2121 d within jiene. r than '	dr.	Elementary/Secondary (0-12)	College (1-4or 5-	+)	life. DO NOT	use retired	d)	n working			
nd 21	ပိ	47.5-4-4-4	5+		P)	LOT				IR FORCE	
日本草やる	To Be	17. Father's Name (First, Middle, Last) ISRAEL		TH	RESKUNO	7	18. Mothers	CHANA	, Maiden Suman	SEREBRO	
re, Maryla s 1 and 2 should f Heelth and Mer tem 27 is marke other traumatic		19a. Informant's Name/Relationship (Ty,			-			or Rural Route Numb		State, Zip Code) DRE, MD 21215	
		MRS. IRINA GENINA	LW)				IC CI.,				
0 0 0 -			Method of Disposition 20b.				Place of Disposition (Name of cometery, cremetory or other piece) BALTIMORE HEBREW - 8-25-1996- BALTIMORE, MD				
Baltimo	DUCe.	21. Signature of Fugeral Service License	7. 1.	1	22. Name a	nd Addre	ss of Facility		-		
m 88 = 5	a	> Scett //	1. Litte	Gr.	8900	Reis	evinsc	om & Bros	íkesvill	Le, MD 21208	
		23a. Part1. Enter the disease, or compli shock, or heart failure. List only on	cations thet caused e cause on each lin	the death. Do r	ot enter the mo	de of dyir	ng, such as ca	ardiac or respiratory	rrest,	Approximate interval Between	
Physicia	_									Onset end Deeth	
/Medic Examin	_	immediate Cause (Finel disease or condition resulting in death)	Acic	losis						4h	
3		resulting in coattr)		Due to (or as a	consequence of	:				A 1	
rted	듵	Sequentially list conditions, if any, leading to immediate cause Enter Underlying									
58760, icete be executed physician and s the buriel-transit	Exa	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury c							56		
68760, ificete be expression as the burie		that initiated events	· Myo	cardia Due to (or es e o		rcti	∞			Orl	
10 0	Medical	resulting In death) Last	-		,		1			56	
Box ath cert			· ru	lmona	ry tv	nbo	l US			011	
D. B. death death ed for u	100	Part ii. Other significant conditions con	tributing to death bu	t not resulting in	the underlying	cause giv	en in Part I.	23b. Did	tobacco use con	ntributs to the cause of death?	
P.O. that the ed by the deteche	Phy	Tampasetmen ,	2-2/200	ancha.	dan .	٨	.+77	199/ 10	Yes 2 No	3 Probably 4 Unknown	
Se th	þ	1sopragedany WAY	n esophagi	Saziros	storny	Augi	ust 22	11110			
Records, P.O. Box 6 ne law requires that the death certifi s has been signed by the ettending sge 2 should be deteched for use es	Completed by Physician	Esophageal carcin	noma	June	1996				an autopsy ormed?	24b. Were eutopsy findings available prior to completion of cause of death?	
	EO							10	Yes 2 No	1 □ Yes 2 No	
of Vital I Physicien: The this certificate	Be	25. Was cese referred to medical examiner?					26. Place 0	f Deeth (Check only	one)		
of Vita Physicism: this certific ral director,	ပို	1 Yes 2D No	ospital:	nt 2□ER/Ou	tpatient 3 D	OA Oth	ier: 4□ Nurs	ing Home 5 ☐ Res	dence 6 Oth	er (Specify)	
After fune	ation:	27. Manner of Death 1 Naturel 5 Pending 2 Accident Investigation	28a. Date of Injun (Month, Day		ima of njury M	28c. Injur Wor 1 □	yat k? Yes 2∐No		how injury occur	red	
in by the	Certification:	3 Suicide 6 Could not be determined	28e. Pleca of Injubuilding, etc.	ry - At home, fa (Specify)	rm, street, fecto	ry, office			Street and Numb wn, State)	per or Rural Route Number,	
To the Harpital Within 24 To the Function Completely filled	edical Co	(Check offly 2 Medical Examin	er: On the basis of	examinetion and	death occurred	at the tir	ne, date and pinlon, death	plece, and due to the occurred at the time,	cause(s) and me	enner as stated. and due to the cause(s)	
To the twithin 2. To the f	Med	29b. Signature and title of portiller	and manner stel	ed.			e number			d (Month, Dey, Year)	
5 ₹ 5 8					A	C A a	- Indition	10/20	A .	02 1001	
		30 Name and address of access of	moleted series of d	oth (ttom 00-1)	Tyme Driet'	>140	2321/	40C8/11	August	12,196	
		30. Name and address of person who co Dr. Vaishali Patel	•			I Do	lvodos	o Arro De	ltiman	MD 21215	
		ratoriati racei	OTHER INC	PPICAL	Z-TOT W	. De	TAGGE	e Ave. Ba.	remore	LIN STATE	

Registrar

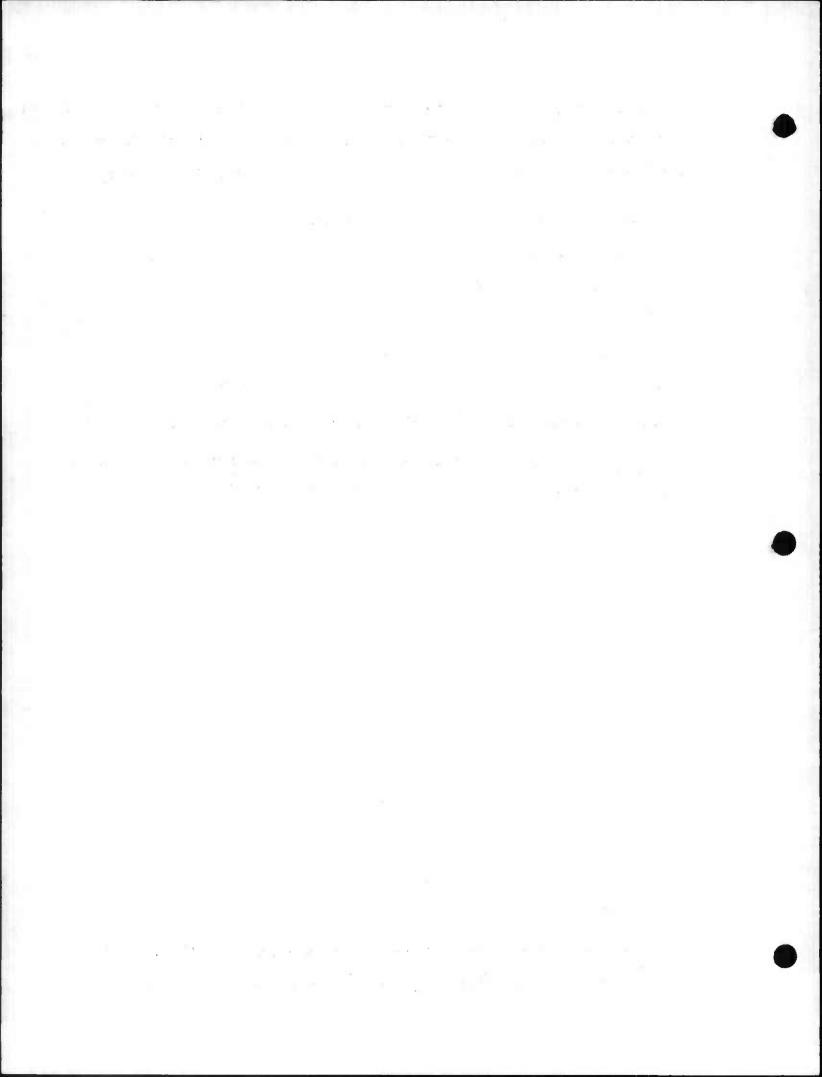


State of Maryland / Department of Health and Mental Hygiene

25438

			Otato	or waryland		ficate of		-	Reg. No.		
P	Physici	an	Decedent's Nema (First, Middle, Last)					2. Deta of De Month		Yaer	3. Time of Death
I	/Medi		NANCY	TI	HAR	PE		AUG	23/0	16	11-11 AN
	Examir	ner	4a. Facility Neme (If not Institution, giva streat and	number)			4b. City, Town, or Lo				
				JEN HO	276.		FALL	STON	HA	240	120
	Funeral Director		5. Social Security Number 218 – 52 – 3798 1□ M 2□XF	7. Age (In yrs. lest		Months Deys		8. Dete of Bir (Month, De Jan. 8	th y, Year) 1950	9. Birthple Country Mary	eca (State or Foreign Land
	pu *		Usual Residence of Decedant 10e. Stete 10b. County	10c City To	own or Local	tion				10	d. Inside City Limits
	Sa-f aho	ctor	Maryland Baltimore	100. 0.0,		Balt	imore				1 ☐ Yas 2 No
	1 2 2 X	Dir.	10e. Street and Number			10f. Zip Code			10g. Citizen of	Whet Count	ry?
	23a	Ta.	6925 Birdwood Avenue			2	1220		u.s	.A.	
020	permit. Peges 1 and 2 should be filed within 72 hours efter death with the Meryland Department of Health and Mental Hygiene. Importants: if item 27 is marked other than "natural", or items 23a or 28a-f ahow any injury or other traumatic event, if a Medical Exam or must be notified anone.	by Funeral Director	1 Nevar Married 2 Married 1 Yas,	ecedent Ever in U,S. Forces? s 2 (ANo Give Detes:		s Decedant of as, specify Cub Yes 2 No	Hispenic Origin? (Special, Maxican, Puerto Specify:	ecify Yes or No Rican, atc.)		e - America ck, White, e v: White	tc.
5-0	72 hc	ted	15. Decedent's Education (Specify only highast grade complate	d) 18	8e. Deceden	t's Usual Occu	pation during most of worki	na	16b. Kind of B	usiness/Indu	ustry
Maryland 21215-0020	d within jene. r than "	Completed by		(1-4or 5+)		NOT use retire	adming most of worki	ng	Own H	lome	
pu	office of the v	Bec	17. Fether's Nema (First, Middle, Last)				18. Mother's Neme	(First, Middle,	Meiden Suman	70)	
<u>a</u>	Aenta Aenta rked	TOE	Donald F. Buecker, S.	L.			Helen	Keck			
an	2 should and Men is marked		19a. Informent's Neme/Reletionship (Type, Print)		9b. Mailing	Address (Stree	t and Number or Rure	I Route Numb	er, City or Town,	State, Zip (Code)
>	and all h		Albert Lee Tharpe, Sr.		6925	Birdwoo	od Avenue,	Baltin	nore, MD	212	20
ore	of Head		20a. Method of Disposition 1. Burial 2 □ Cremetion 3 □ Removel fro	anm.	of Dispositi	on (Neme of ory or other ple	oce)	Dete	20c. Location -	City or Tow	m, State
E	Peges nent of I ant: If its ury or o	9	4 □ Donetion 6 □ Other (Specify)	Holl	y Hill	Mem'l	Park 8	/28/96	Baltimo	re. M	aryland
Baltimore,	pemit. Departrimportu		21. Signature of Funeral Service (deeplee		Sch	ama and Addr	ess of Facility Funeral H	omes. I	nc.		
D.	_		23a.Part1. Enter the disease, of complications the shock, or heart fellure. List only one cause or	t caused the deeth. D	Do not enter t	he mode of dy	ir Rd., Ba	r respiretory e	rest.	1236	Approximate Intervel Between
	been signed by the attending physician and should be deteched for use as the burial-transit	fedical Examiner		Due to (or es Dua to (or es	e consequer	nce of):	ly Ani	Eny	01757	4)6	
30x 6	ith certific tending p or use as	Physician/Me	d								
0	e dee the at hed fo	/sici	Pert II. Other significant conditions contributing to	death but not resulting	g In the unde	rlylng ceuse gi	ven in Pert I.	23b. Dfd	tobacco use co	ntribute to 1	the cause of death?
s, P.(and the state the short th	by Ph	B. P	WHEM	600	4		10	Yes 2 No	3 Probe	ably 4 Unknown
Records, P.O. Box	law requires that the deeth cer les been signed by the attendir s 2 should be deteched for use	Completed						24e. Was perfo	an eutopsy rmed?	evei	re autopsy findings ilable prior to apletion of cause eath?
_	Physicien: The law this certificate hes ral director, page 2	S						101	ras 2 No	10	Yes 2 No
Vita	clan: ertific ector,	Be	25. Wes cesa referred to medical examiner?				28. Plece of Deeth	(Check only o	ne)		
-	Physician: r this certific ral director,	2			Outpatient	3LI DOA	her: 4 Nursing Hor	ne 5 🗆 Resk	dence 6 Oth	er (Specify)	
Ĕ	ng P	on:	27. Menner of Death 1 ☑Netural 5 ☐ Pending (Mc	e of fnjury onth, Dey Year) 28b	b. Time of Injury	28c. Inju Wo		28d. Describe I	now Injury occur	red	
Sio	tendi leath tor: A the f	Certification:	2 Accident investigation		~ ~		Yes 2 No		P+		
Division of	or At ifter of Nrect in by	E	determined 288. Pla	ce of Injury - At home, ding, etc. <i>(Specify)</i>	, ferm, street,	, fectory, office	1	28f. Location (3 City or Tox	Street and Numb vn, Stete}	er or Rural	Route Number,
	pital prai		One Continue of the state of th		VA				7		
	The the Hospital or Attending Pr within 24 hours either death. To the Funeral Director: After the completely filled in by the funeral	edical	29e. Certifier (Check only one) 1 Certifying Physician: To the Medical Examiner: On the end me	ne best of my knowled besis of exemination onner stated.	ige, deeth oc and/or invest	curred at the ti	me, dete end plece, e ppinion, deeth occurre	ed et the time,	dete and place,	inner as sta and due to t	ted. he ceuse(s)
1	Tot	Σ	29b. Signeture end title of certifier			29c. Licans	se number		29d. Dete signe	d (Month, D	ey, Year)
ĭ)		1 y amount	- D	ME	C	CME	•	ANG:	23 9	16
	/		30 Neme and eddress of person who completed ca	use of deeth (Item 23a	a) (Type, Prir	II) FA	LLSTON	n	0 210) u ~	7 .
	Sta	te		Registrer's Signeture						7	
	Registr	ar	AUG 27 1996	ason-Manage							

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

251.30

	_	Decedant's Neme (First, Middle, La	st)	Certificate of	Death	Reg.	. No.		Time of Deeth
Physic		VIRGINIA		PON		Month	Dey	Yeer	
/Medi		4e. Fecility Nama (If not institution, giv	TEMPLE?	LON	4b. City, Town, or	AUGUST Location of Death	24, 1 4c. County		1:27 AM
Exami	ier	SAINT JOSEPH M 5. Sociel Security Number 6. S	EDICAL CENTER	irthday) If Undar 1 Yea	TOWSON		BALT	IMORE	(0)
Funeral Director			7. Age (In yrs. lest bi	Yrs. Months Deys			1922	9. Birthplace	State or Foreign
5-0020 72 hours after death with the Maryland natural, or items 23a or 28a-f show digal Examiner must be notified at	ector	10e. Stele 10b. County Maryland Bahl 10e. Street and Number	10c. City, Tov	on or Location			And the sea	1	side City Limits Yes 2 No
a 23a or	Funeral Director	9310 Carney	Rd.	10f. Zip Code	34		4.5.	het Country?	
15-0020 n 72 hours after deal natural, or items	by	11. Mentel Status 1 □ Never Merried 2 □ Merried 3 □ Widowed 4 □ Divorced	12. Wes Decedent Evar in U,S. Armed Forces? 1 Tes 2 No If Yes, Give- Yeer or Dates:	13. Wes Decedent of If Yes, specify Cult		pecify Yes or No- to Rican, atc.)		White, etc.	
d 21215-0020 filed within 72 hours af Hygiene Hysiene finetural', or ther then finetural', or ort, the Medical Every	Completed	15. Decedent's E. (Specify only highast gra	ducetion 16s College (1-4or 5+)	i. Decedent's Usuel Occu (Give kind of work done life. DO NOT use retin	during most of wa	rking 16	b. Kind of Bu	siness/Industry	
Maryland 212: d2 should be filed within th and Mental Hygiene. 7 le marked other than treumatic event, the Men	To Be C	17. Fether's Nema (First, Middla, Last, FERRO!	Bush	7 10/162 /102	18. Mother's Ner	me (First, Middle, Me.		a) [[]	
ore, Ma		19e. Informant's Name/Relationship (ROBER TEMPLE) 20a. Method of Disposition 1 □ Buriel 2 Scremetion 3 □	SON 900 Piece Commelto	b. Malling Address (Stree 3/O CARVE) of Disposition (Name of ary, cremently or other plants	f Rd.			State, Zip Code M. City or Town, S	21234
Baltimore, permit. Pages 1 a Department of Hei Important: If item any injury or othe once.		4 Donetion 5 Other (Specification of Funeral Service Light Control	Level 1	22. Nama and Addr EVANS Ch	apel of 1	De 1996 D Nemories	8800 Bal4	Halfa Malfa Mole	RYIANO Rd Rd. Nd. 2123
Physician /Medical Examiner	76	23a. Pert1. Enter tha diseese, or com shock, or heert fellure. List only Immediate Cause (Final diseese or condition resulting in death)	a MYOCARDIAL I		ing, such es cardiel	c or respiretory arrest	,	Intar Ons	roximate vel Between et and Death
ox 68760, certificate be assouted rding physician and	VMedical Examiner	Sequentielly list conditions, if any, leeding to immediate cause. Entar Inderlying Cause (Disease or Injury that initiated events resulting In daeth) Lest	С	consequence of):					
death death e attan	Physician	Pert II. Other significant conditions of	ontributing to death but not resulting	In the underlying cause o	iven in Pert I.	23b. Did toba	cco use con	tribute to the	cause of death?
P.O.	by Phys		JCTIVE PULMONA						4 Unknow
2 s t	Completed t	CONGESTIVE HEA	RT FAILURE			24a. Wes an a performed	d?	eveilable	atopsy findings o prior to ion of ceuse ?
of Vital Re Physicien: The is this certificate ha	Be	25. Wes case rafarred to medical exeminer?	Hospital: 🔏		hor	1 ☐ Yes eth (Check only one)	2 No	1 🗆 Yes	2No
VISION Of Attending Physic death. ector: Atter this by the funeral di	ation: To	1 Yes 🔊 No 27. Manner of Deeth 1 Naturel 5 Pending 2 Accident Investigation	28e. Deta of Injury (Month, Dey Year) 28b.	Time of Injury 28c. Inju	4 🗆 Nursing r	toma 5 ☐ Rasidenc 28d. Describe how			
E E E E	Certification:	3 Suicide 6 Could not be determined	28e. Place of tnjury - At home, for building, etc. (Specify)	erm, street, fectory, office		281. Location (Stras City or Town, S		er or Rurel Rou	le Number,
The Hospital in 24 hours of the Funeral I pietely filled	edica	29a. Certifier 1 Certifying Ph (Check only one) 1 Medical Example 1	ysician: To the best of my knowledge tiner: On the basis of exemination and and menner stated.	e, death occurred et tha t nd/or investigation, in my	lme, dete end piece opinion, deeth occu	, end due to the ceus irred et the time, dete	se(s) end mai end place, e	nner as steted. nd due to the c	ause(s)
14	1	29b. Signeture and title of certiful	7	29c. Licen D 46		29d.	Dete signed	(Month, Dey,	(ear)
5	/	30. Name and eddress of person who		(Type, Print)	IGON X	DULAND	2120	1	

DHMH 16 Rav 6/95

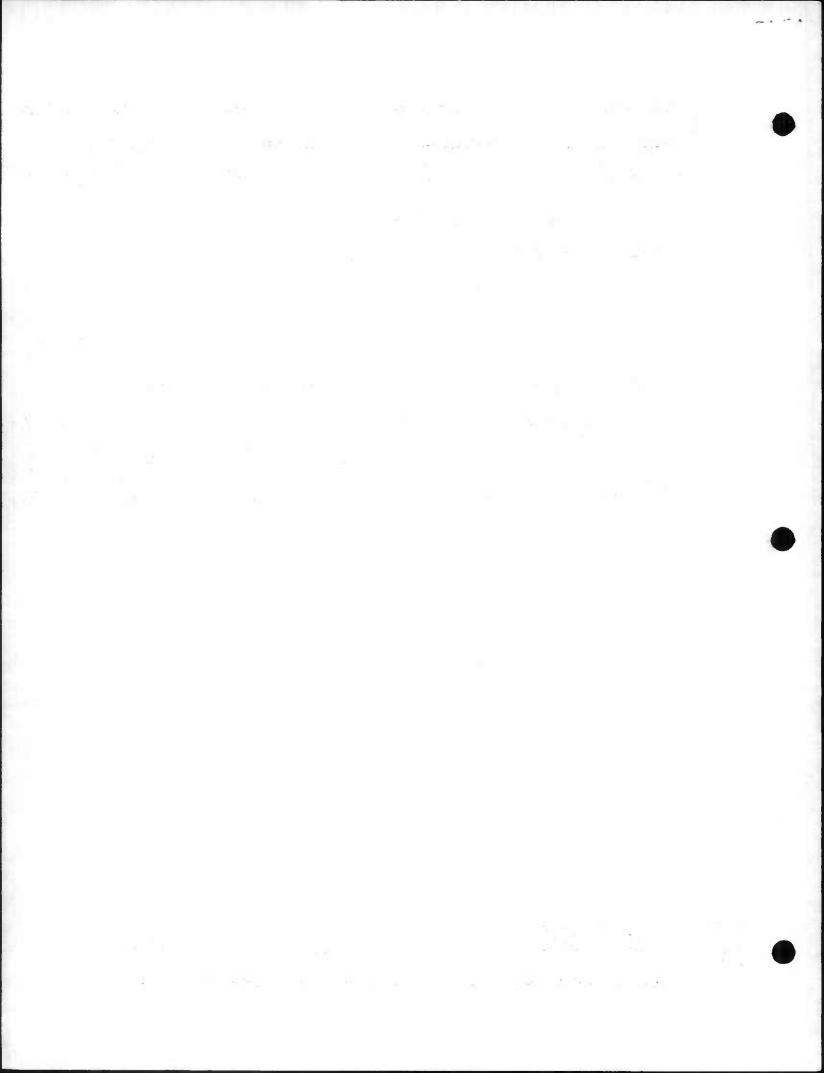
State

Registrar

31. Dete filed (Month, Dey, Year)

AUG 27 1996

32. Registrer's Signeture



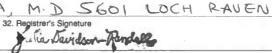
State Registrar 31. Dete filed (Month, Dey, Year)

AUG 2 7 1996

NEERU

30. Neme and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

GUPTA



AUGUST

BALTIMORE, MD

BLVD

The main The main the

State of Maryland / Department of Health and Mental Hygiene

25441

29d. Date signed (Month, Day, Year)

Film G738 item 19a per FH 8-27-96 rja Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Deeth 3 Time of Death **Physician** Month Day Joseph Edward Urban August 24,1996 8:57 P.M. /Medical 4e. Fecility Neme (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner 4158 Salem Bottom Road Westminster Carroll County 5. Social Security Number If Under 1 Year 7. Age (In yrs. last birthday) if Under 24 Hrs. Hours Min. 8. Date of Birth (Month, Day, Year) Birthpiace (State or Foraign Country) **Funeral** Deys Hours 1 XM 2 □ F 79 216-05-3300 Director Yrs Oct. 11,1916 Maryland Usual Residence of Decedent the Maryland 10a. State 10h County 10c. City, Town or Location 28a-f show 10d. Inside City Limits be notified at Director 1 ☐ Yes 2 X No MAryland Baltimore County Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ō 21 Manor Avenue 238 21206 United States death Herms 2 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2X☐ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 11 Maritai Status 14. Race - American Indian, Black, White, etc. filed within 72 hours after Hygiena. ther then "netural", or Ite 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐XNo Specify: þ Specify: 3 XWidowed 4 ☐ Divorced White Completed 15. Decedent's Education (Spacify only highest greda complated) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 4 yrs. Teacher High School marked other 17. Fether's Name (First, Middla, Last) 18. Mother's Name (First, Middla, Maidan Sumama) Be Pages 1 and 2 should be in Unknown Anthony Urban 2 Unknown Marie 19e. Informant's Neme/Relationship (Type, Print) ant of Health end I: If Item 27 Is m for other traum 19b. Mailing Address (Streat and Number or Rural Routa Number, City or Town, Stete, Zip Coda) Joseph Edward Jr. Urban, Jr. 4158 Salem Bottom Road, Westminster, Maryland-21157 20b. Piace of Disposition (Nama of cematery, cramatory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State permit. Page Department of important: If any injury or 4 ☐ Donation 5 ☐ Other (Spacify) Moreland Memorial Park 8/28/96 Baltimore 21. Signature oi Funerai Service Licensei 22. Name and Address of Fecility 6415 Belair Road John C. Miller, Inc. Baltimore, Maryland-21206 23a. Pert . Enter the disease, or complications that caused the death. on not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Onset and Death **Physician** /Medical Immediate Cause (Final CARDIAC FAILURE 1 DAY disease or condition resulting in death) Examiner Due to (or as e consequence of): Examiner TERMINAL RECIAL MOG The lew requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Last buriel-tran Due to (or as a consequence of): P.O. Box 68760, Physician/Medical Due to (or as a consequence of): use as the jo Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. deteched 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown Records, þ should be 24b. Were autopsy findings available prior to completion of ceuse of death? Completed 24a. Wes an autopsy performed? pege 2 1 Yes 2€ No 1 Yes 2 No of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, it 25. Was cese referred to medical examiner? Be 26. Piece of Death (Check only ona) Other: 4 Nursing Home 5 Aesidence 6 Other (Specify) 10 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Deeth Certification: 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? Division 5 Pending investigation 1 Natural 1 Yes 2 →No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Spacify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 D Homicide 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the bests of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical

Registrar

31. Dete filed (Month, Day, Yaar) State

POGE R

FILAMOR AUG27

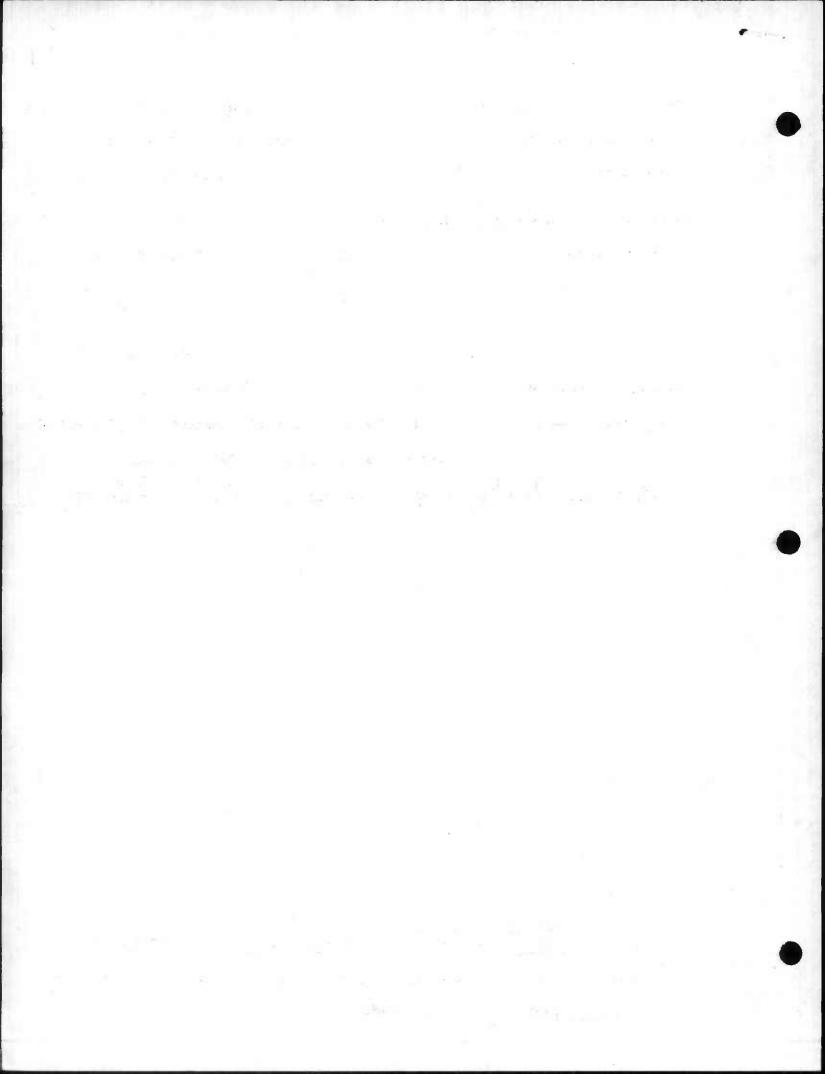
29b. Signature and title of certifier ROCER - A. FILAMOR

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

1012 OUD M, PT. 32. Registrar's Signature wie Davidson-Randelle

29c. License number

16238



State of Maryland / Department of Health and Mental Hygiene

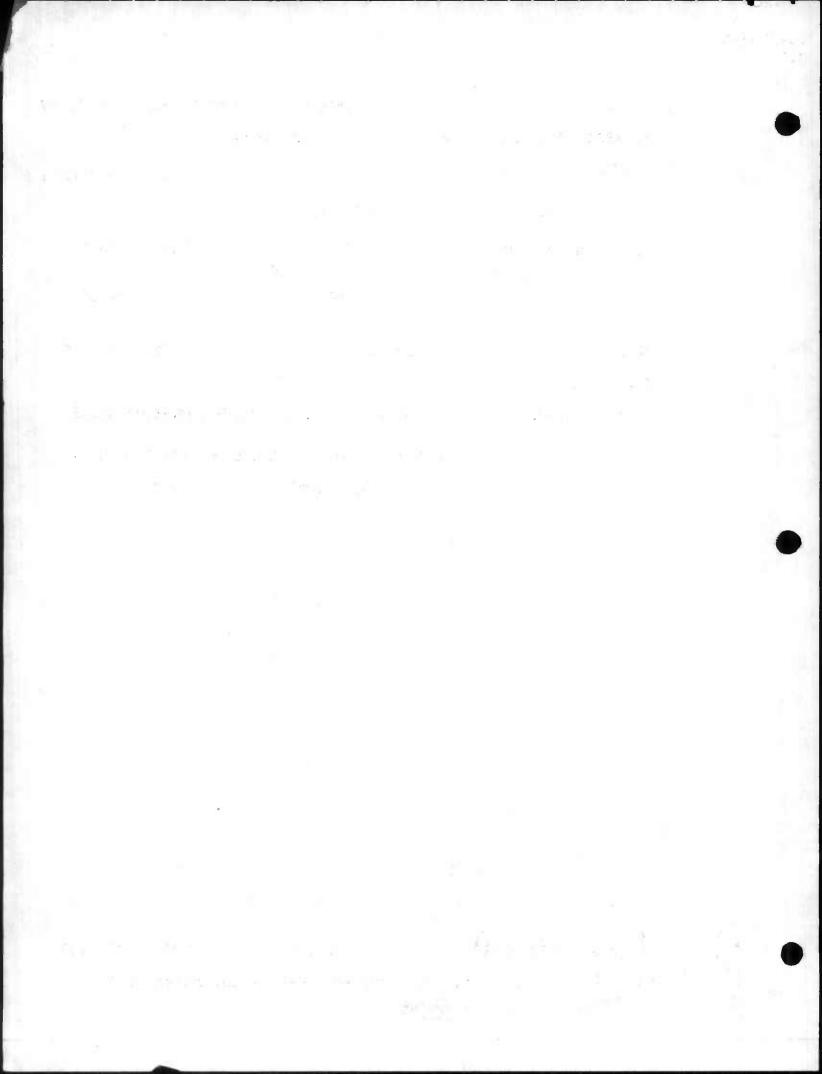
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25442

P				orato or maryia		rtificate of	Death	Wientai in	Reg. No.	20 20442	
П	Physic	ian	1. Decedent's Name (First, Middle, Last	,				2. Dete of D	eeth	3. Time of Deeth	
d	/Medi		FRANCES	G.		VAN			ST ^{Dey} 23,		
7	Exami	ner	4a. Fecility Name (If not institution, give 1659 WEST NOR	the state of the s	‡2		4b. City, Town, or BALTIN		th 4c. County	y of Deeth n/a	
	Funeral Director		Sociel Sacurity Number 6. Sa	x 7. Age (In yrs	s. last birthdey,	If Under 1 Year Months Deys	r If Under 24 Hrs	8. Dete of B (Month, D	irth ley, Year) 22,1952	9. Birthpleca (Stete or Foreign Country) STATESVILLE	
	pu *		Usuei Residence of Decadent 10e. State 10b. County	100.0	ity, Town or L	ocation			,		
	r 28a-f ehow	tor		n/a	nty, rount of E	BALTIMO	RE			10d. inside City Limits 1 ☐ Yes 2 ☐ No	
	23a or 28	ai Direc	10e. Street end Number 2709 E. PRESTO	N STREET		10f. Zip Code 212	13		10g. Citizen of UNITED	Whet Country? STATES	
21215-0020	72 hours efter death with the Maryland natural', or items 23e or 28e-f ehow pical Evantree mast be invitted at	by Funeral Director	11. Maritei Status 1 ☐ Never Married 2 ☒ Жarried 3 ☐ Widowad 4 ☐ Divorced	12. Was Decedant Evar in Armed Forces? 1 Yes 2 No if Yes, Give X Yeer or Detas:	U,S. 13.	Wes Dacedent of If Yes, specify Cut 1 ☐ Yas 2 ☐ XXX6	Hispenic Origin? (Span, Maxicen, Puer Specify:	Specify Yes or N to Rican, etc.)	o- 14. Rac Ble Specifi	ce - American Indian, ck, White, etc. y: BLACK	
15-0	n 72 hours "natural",	eted	15. Decedent's Edu (Specify only highest grad	ication e com <i>pleted)</i>	16e. Dece (Give	dent's Usuei Occu	petion during most of wa ed)	vorking 16b. Kind of Busines		usiness/industry	
121	filed within Hygiene. ther than "	Completed	Elementery/Secondary (0-12)	College (1-4or 5+)		DO NOT use retire	ed)		SEED	COMPANY	
Maryland 2	2 should be filed within and Mental Hygiene. Is marked other than eumatic event, ma M.	To Be Co	17. Fathar's Name (First, Middle, Lest) DAVID SMITH		27.0		18. Mother's Na MAR		e, Meiden Surnen		
	nd 2 shot aith and N 27 is mar ir treumal		19a. informent's Neme/Relationship (7) ELDORADO VAN	rpe, Print) CE	19b. Maili 27	ing Address (Street	RESTON	wal Route Numi	TIMORE,	Stata, Zin Code) MD 21213	
Baltimore,	permit. Pages 1 end 2 should be filed within 72 hours effer des Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or Items any injury or other treumatic event, the Medical Examerer in 2012.		20a. Method of Disposition 1 🔀 Kurial 2 □ Cremation 3 □ F 4 □ Donetion 5 □ Other (Specify) 21. Signature of Funerel Service License	GARRIS	2. Name end Addr	ST VA CEN		OWINGS	City or Town, Stata MILLS, MD		
0	20 E 20		* Welden Mich	ones Do	140	WM. C.	MARCHFH	1101	E. NORT	H AVE.	
,	Physiclan /Medical Examiner		Medical Examiner	23a. Part f. Entar the disease, or complishock, or heart feitura. List only or Immediate Ceuse (Finel disease or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse, (Disease or injury	Due to		le le	lair Abuse			Approximete intervel Between Onset end Deeth
68760,	death certificate be executed e ettending physician end of for use es the buriel-trensit	Aedical	Cause (Disease or injury that Initiated events resulting in deeth) Last	Dua to (or es e consac	quence of):					
P.O. Box	at the death cer by the ettendin stached for use	Physician/	Part II. Other significant conditions con		sulting In tha u	nderlying cause g	ven in Pert i.		tobacco usa co	ntributa to the causa of death?	
of Vital Records,	lew requires thet the es been signed by the 2 should be detache	Completed by							s an eutopsy ormed?	24b. Were eutopsy findings aveilable prior to completion of causa of death?	
Re	9 7 9	то						ng	Yea 2□No	1/X Yas 2 No	
/ital	certificate rector, pa	Bec	25. Wes case referred to medical exeminer?				26. Piece of De	-			
on of \	Phys ral di	2	1 X Yes 2 No F 27. Menner of Deeth 1 Staturei 5 Pending 2 Accident investigation	lospitel: 1 ☐ inpatient 2 ☐ 28e. Dete of Injury (Month, Dey Year)	28b. Time o	f 28c. Inju			Idenca 6 Oth		
Division	al or Attending s after death. Il Director: After ed in by the fune	Certification:	3 Sulcida 6 Could not be datermined	28e. Place of injury - At h building, etc. (Special	ioma, farm, sti	raet, fectory, office		28f. Location City or To	(Street and Numb wn, Stete)	per or Rural Routa Number,	
	the Hospital or In 24 hours afte Teneral Dir pletely filled in	edicai	(Check only) 2 Medicai Examir	ilcian: To the best of my known: On the basis of exemine and mennar stated.	owledge, deeth etion and/or in	vestigation, in my	opinion, deeth occu	, end due to tha irred et the time,	ceusa(s) end me dete and pieca,	enner es steted. and due to the cause(s)	
	20	Σ	29b. Signaffully and title of certifier	leard			. M . E .			d (Month, Dey, Year) T 23, 1996	
	1		30, Name and eddress of person who co	mpieted cause of deeth (Ite	m 23e) (Type.	Print)					

111 Penn Street, Baltimore, Maryland 21201

State Registrar



State of Marvland / Department of Health and Mental Hygiene

State of Ivial	yiand / Department of Health and I	Melli
	Certificate of Death	

Physician /Medical

Examiner

Funeral

Director the Maryland 28a-f show ŏ

Director

Funeral

by

Completed

Be

2

the Medical Examiner must be notified at items 23a death

21215-0020

Maryland

Baltimore,

permit. Pagas 1 and 2 should be filed within 72 hours after to Department of Hashin and Mental Hygiena.
Important: if item 27 is marked other than "natural", or han any injury or other traument.

Physician /Medicai Examiner

Examiner The law requires that the death cartificate be executed and Box 68760. attanding physician for usa as tha buria Physician/Medical signed by tha a d be datached f Division of Vital Records, P.O. by should s Be Completed paga cartifica Hospital or Attending Physician: director 10 this water 24 hours after death.

To the Funeral Director: After thi
completely filled in by the funeral Certification: Medical å

Reg. No. 1: Decedant's Nama (First, Middle, Last) 2. Date of Daeth 3. Tima of Daath AUG" 2 Iay 1996 1250 PM RICHMOND WISDOM JR. 4e. Fecility Nama (If not institution, giva streat and number) 4b. City, Town, or Location of Deeth 4c. County of Daath 201 NORTH WASHINGTON STREET APT.501 BALTIMORE n/a If Under 1 Year Months Days If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs_last birthday) Birthplaca (Stata or Foraign Country) ¥ M 2□ F 415-30-9956 FEB.18,28 INDIANA" Usual Rasidanca of Dacadant 10c. City, Town or Location BALTIMORE 10b. County 10d. Inside City Limits
1 ☐ Yas 2 ☐ No MD n/a 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? 21231 201 N. WASHINGTON ST., apt.501 UNITED STATES 12. Wes Dacedant Evar In U,S. Armed Forcas? 13. Wes Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. Rece - Amarlcan Indian, Black. White, etc. XXNavar Married 2 Married 1 ☑ Xes 2 □ No If Yas, Giva Year or Dates: 10-50/ 1□ Yas 2□Nig Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced BLACK 11 - 5216a. Decedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grade complated) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) g 12 PRESSER HIKEN'S LAUNDRY 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) RICHMOND WISDOM SR. MARTE COX 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 201 N. WASHINGTON ST, APT. 500, BALTO., MD WILSON CLARA 20b. Place of Disposition (Name of cemetary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Steta X Burial 2 Cramation 3 Ramovel from Stata NATIONAL 8-26 BALTIMORE, MD BALTIMORE 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Fuperal Service Licenses 22. Nama and Addrass of Facility WM. C. MARCH FH.-1101 E. NORTH AVE. Part 1. Enter the disease, or complications that endsed the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause or each line. Approximata Intarval Batween Onset end Death Immediate Causa (Final a TERMINAL THROAT CANCER disaasa or condition rasulting in daath)

Sequentially list conditions, if any, laading to Immadiata causa. Entar Undarlying Causa (Disaasa or injury that initiated evants rasulting in daath) Last

Dua to (or as a consequanca of)

Dua to (or as a consequence of):

Due to (or as e consequanca of):

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. Arteriosclerotic Cardiovascular Disease

1 Yes 2 No 3 Probably 4 Onknown

23b. Did tobacco use contribute to the cause of deeth?

24a. Was en autopsy performed?

24b. Wara autopsy findings available prior to completion of cause of death?

INSPECTION 1□ Yas XXNo

1 Yas 2 No

25. Was casa rafarrad to madical 26. Placa of Daath (Check only ona)

Othar: 4 ☐ Nursing Homa XX Rasidanca 6 ☐ Othar (Specify) XXYas 2□ No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Death 28b. Tima of

28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Panding Invastigation XXNatural 2 Accidant 1 Yas 2 No

6 Could not be 3 Suicida 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 Homleide

28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata)

(Check only

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

XX Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated.

O.C.M.E

29d. Date signed (Month, Dey, Year) AUG. 21, 1996

30. Nama and address of person who completed cause of death (Itam 23a) (Type, Print)

Theodore King M.D.

111 Penn Street, Baltimore, Maryland 21201

29c. Licansa number

State Registrar

31. Dete filed (AUG

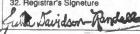
29b. Signature end titla of certifiar





				C	ertificate of	Death		Reg. No.		25444
ıysici		1. Decedent's Nema (First, Middle, DOROTHY Lee		DTEE			2. Dete of De Month August	Dav	1996	3. Time of Deeth
Medi: kamir		4e. Facility Name (If not institution,		DIDD		4b. City, Town, or Lo	_			1
		3628 Kenyon Ave	nue			Baltimore	9	N/I	A	
nerai	П			e (In yrs. last birthd	Months Days		8. Date of Bird (Month, De	th v. Year)	9. Birthpi	ieca (State or Foraign
ctor		212-36-0898	1□M X\ F	57 Yrs	. Months Days	110013		01,1938		TIMORE, MD
40		Usuel Residence of Decedent 10a. Stata 10b. County		10c. City, Town o	Location				10	0d. Inside City Limits
Examiner must be notified at	tor	MD n/a		10c. City, Town o	ALTIMORE					Yas 2□No
a not	lrec	10a. Street end Number			10f. Zip Code			10g. Citizen of		
d d	Funeral Director	3628 KENYON A	VENUE			2121	3	UNIT	ED S	STATES
E B	nue	11. Marital Status	12. Was Decedent I Armed Forces?	Ever in U,S. 1	3. Was Decedent of If Yas, specify Cub	Hispenic Origin? (Spo en, Mexican, Puarto	ecify Yas or No Rican, etc.)	- 14. Rac	a - America ck, Whita,	
ame	by F	1 ☐ Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yas 2 ☑ ★ If Yes, Give Yeer or Detas:	No	1□ Yes 2ĀXo			Specifi		LACK
COLE		15. Decedent's		16e. De	cedent's Usuel Occu	petion		16b. Kind of B		
Medi	plet	(Specify only highest of	grade completed) College (1-4or 5	(G	ive kind of work done a. DO NOT use retire	petion during most of work ed)	ing	TOO. TAILO OF D	dairioaariilo	ustry
2	Completed	Elementary/Secondery (0-12) 9 th	- College (1-401 5	+)	LABO	ORER		BALTI	MORE	CITY
ratic avent	To Be (17. Fathar's Name (First, Middla, La. CHARLES R.	WUDTEE			18. Mothar's Name MINNI	Name (First, Middle, Malden Sumama)			
traum		19a. Informant's Name/Relationship PEARLINE R	OYSTER	19b. M		t and Number or Rura AVENUE,			State, Zip	
other		20e. Method of Disposition	0	20b. Plece of Di	sposition (Name of		Dete	20c. Location -		
ry or		tXXBurial 2 ☐ Cremation 3 4 ☐ Dopetion 5 ☐ Other\Spec		N. Contraction of the Contractio	rematory or other pla MORE C EME		8-24	BALTIM	ORE.M	ID
mportan iny injury ace.		21. Signature of Funeral Service Lic	enco		22. Name and Addre	ess of Fecility			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
any		* Melous HA	HIMAN X	Vades	March Fun	eral Home orth Avenu	no Doll	+ i	MD 2	1202
		23a. Part1. Enter the disaase, or co shock, or heert failure. List on	mplications I lot caused	the death. Do not	enter the mode of dyi	ing, such es cardiac d	or respiretory er	rrest,	MD Z.	Approximete Interval Between
cian		shock, or neert failure. List on	ry one causa an each lin	ie.			9 (2)			Onset and Deeth
icai iner		Immediate Ceusa (Final	101+	11						22
		diseesa or condition	AUM	e Myr	Cardia	Intar	chon		1	Hys.
1161		resulting In deeth)	e. Acu	Due to (or as a con	cardia sequenca of)	Infar	chon		t	trs.
	niner	resulting In deeth)	. Conge	Due to (or as a con	Cardia sequenca of); Heart +	Infar	chen		1	trs 2 yrs
	Examiner	resulting In deeth)	. Conge	Due to (or as a con	sequence of)	Infar culore	chen		7	trs 2 yrs
burial-transit	cal Examiner	Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Ceuse (Disease or injury that initialed events	. Conge	Due to (or as a con Due to (or es e con	sequenca of); Heart for sequence of); Between	Infar ailore	moras	y Dise	se.	4rs . > 2 yrs > 5 yrs
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AUG 27 1996



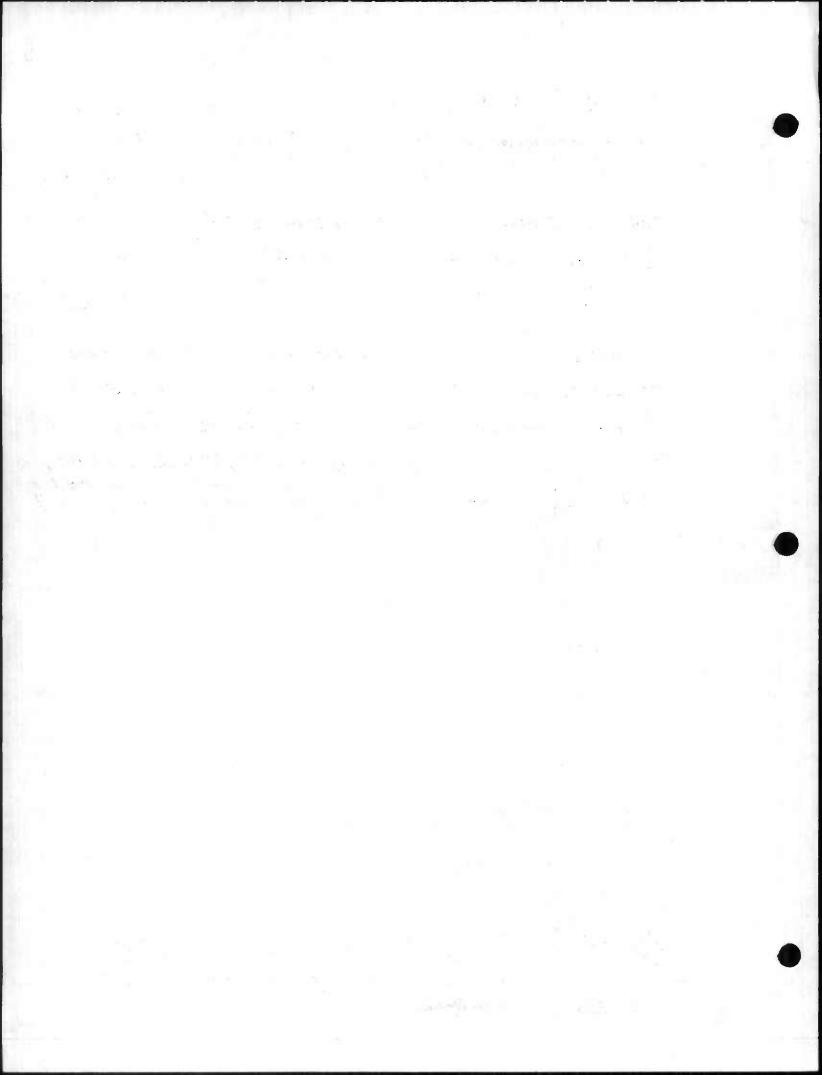
DHMH 16 Rev 6/95

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				Certifica	ate of Death	Reg.	No.	
Physic /Med		Decedent's Neme (First, Middla, Last	Walke	V		2. Dete of Death	Dey Yeer 21 96	3. Time of Death
Exami Funera Director	iner	00000-1910	ryland Medi		em Baltin der 1 Yaar If Undar 24 Hr	r Location of Deeth no C s. 8. Deta of Birth	4c. County of Dee Baltin 9. Bin	th
be filed within 72 hours after death with the Maryland tal Hygiene. I dother then "naturel", or leems 23s or 28s-f show event, the Medical Examiner must be notified.	by Funeral Director	10e. Street end Number	10c. Cit 1 MORE 1 STREE 12. Wes Decedant Evar in U. Armed Forces? 1 □ Yes, Give Year or Detes:	S. 13. Wes De	Zip Code 2/20/ cedant of Hispenic Origin? (pecify Cuban, Mexican, Pue	/ 10g.	Citizen of Whet Co U.S. A 14. Rece - Ame Black, White Specify: B	prican Indien, e, etc.
od 2 should and Men Wer 157 Is marke traumatic	To Be Completed	15. Decedent's Edd. (Specify only highest gred Elementary/Secondary (0-12) 17. Father's Name (First, Middle, Lest) 19e. Informent's Neme/Relationship (7) TOSEPH 20e. Method of Disposition	College (1-4or 5+) PIERCE (ppe, Print) WALKER 20b. P	Ho M	work done during most of wire retired) EMAKER 18. Mother's Na MAUX ass (Street end Number or F	ame (First, Middle, Make)	WN H den Surneme) CROSS ty or Town, Stete, 2	Andustry OME Sip Code)
beamit. Pages 1 ar Department of Hea Unportant: if Nem Common of Hea Unportant: if Nem Common of Hear Common of		1 Burial 2 Cremetion 3 F 4 Donetion 5 Other (Specify) 21. Signature of Funeral Service Licens 23a. Pert 1. Enter the disease, or compleshock, or heart feilure. List only of Immediate Ceuse (Finel disease or condition resulting in death)	ications that caused the deethine ceuse on each line. Profou	70SE	emia	GUNJR. FU. BAL	OODLAU INERAL TIMORE, MI	Home, P. A. D. 21217 Approximate Interval Between Onsat and Death Hours
law requires that the death certificate be axecuted as been signed by the attending physician and 12 should be datached for use as the burial-transit	an/Medical Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initieted events resulting in deeth) Last	0.	r es e consequenca o				6 month
as that the death ce igned by the attend be datached for us.	by Physician	Pert II. Other significant conditions con	ntributing to deeth but not resu	uiting in the underlying	g cause given in Pert I.	23b. Did tobac		to the cause of death?
The ate h	Completed					24e. Wes en et performed	7	Were autopsy findings eveileble prior to completion of cause of deeth?
thending Ph death. stor: After thi	Certification: To Be	25. Wes case referred to medical examinar? 1 Yes 2 No 27. Menner of Deeth Pleturel 2 Accidant 3 Suicide 6 Could not be determined	28e. Dete of Injury (Month, Dey Year)	ER/Outpetient 3 28b. Time of injury M	Other: 4 Nursing 28c. Injury et Work? 1 Yes 2 No	Home 5 Residence 28d. Describe how in 28f. Location (Street	end Number or Ru	
To the Hospital or A within 24 hours after To the Funeral Direct completely filled in by	Medical Cert	29a. Certifier Certifying Phys	building, etc. (Specify sician: To the best of my knowner: On the basis of examinet	wledge, deeth occurre Ion end/or Investigetion	on, in my opinion, deeth occ	urred et the time, date	e(s) and manner as	to the cause(s)
4	ate	30. Name end eddress of person who con PAVNAVA LAZI 31. Deterflied (Month, Day, Year)	impleted cause of death (Item 22 82. Registrer's eignat 24 10 10 10 10 10 10 10 10 10 10 10 10 10		P100 36 ne 8t., Ba	ltimore	, MD	21201

Registrar



				State of Ma	aryland / I		ment of H		Mental H	/giene	06 2	5446	
	Physic /Medi		Decedent's Neme (First, Middle, Las William	lelsh,			Augus	2. Deta of Deeth Month Day August 21, 19		3. Tima of Death 2:37 PM			
	Exami	ner	4a. Fecility Neme (If not Institution, given VA Maryland Hea		System			4b. City, Town, or Perry F		th 4c. County of Death Cecil			
	Funeral Director		5. Sociel Security Number 6. S		(In yrs. last bi		Under 1 Year onths Deys				Country	Birthpleca (State or Foreign Country) altimore, Md.	
	Maryland -f show	tor	10a. State 10b. County Maryland Harfor	rd Co.	d Co. Bel Air							10d. Insida City Limits 1 ☐ Yas 2 ☑ No	
	or 284	Director	10e. Street end Number		1	Of. Zlp Code		Whet Country	7				
YIANG 21213-0020 ould be filed within 72 hours after death with the Maryland Montel Hyrlane	s 1 and 2 should be filed within 72 hours after death with the Manylan f Health and Mental Hyglene. If Health and Mental Hyglene. Item 27 Is marked other than "naturel", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be notified at	by Funeral	803 Cashew Court 11. Meritel Stetus 1 Nevar Married 2 Merried 3 Widowed 4 Divorced	#D 12. Wes Decedent E Armed Forcas? 1 Tyres 2 D If Yes, Giva Yeer or Detes1	lo	101	21014 13. Wes Decedent of Hispanic Origin? (Specify If Yas, specify Cuban, Mexicen, Puerto Rici			United Stat ify Yes or No- can, etc.) 14. Race - Am Black, Whi Specify: Wh		·.	
21215-0020	vithin 72 ho ne. han "natur a Wedical	Completed	15. Decedent's Ed (Specify only highest gre Elementery/Secondery (0-12)	lucation de completed) College (1-4or 5-	168	a. Decedent's (Give kind life. DO N	VOT use ratire	during most of wo		16b. Kind of B	usiness/indus	stry	
Maryland 2	d be filed v ontal Hygle od other ti	Be	12 17. Fathar's Nama (First, Middla, Last) William Ernest We)			le Admi		me (First, Middl	e (First, Middle, Meiden Sumeme)			
2	2 should and Men Is marke reumetic	1º	19a. Informent's Neme/Reletionship (198	b. Meiling Ad	ddress (Street	Pauline and Number or Re		ber. City or Town	State Zin Co	ode)	
	od 2 in a sittle ar the cr									, Maryla			
i mo	Page nent o int: H		Doris E. Welsh (Wife) 20e. Mathod of Disposition 1 Buriel 2 Cremation 3 Removal from Stete 4 Donetion 5 Other (Specify) 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) Moreland Memorial Park 8/26/96 Baltimore, Marylan									n, Stete	
Ball	permit. Pag Department important: If any injury o		21. Signeture of Funeral Service Licensee Jeffrey L. Gair Ruck Towson Funeral Home, Inc. 1050 York Road Towson, Maryland 21204										
6	Physician /Medical Examiner		23a. Petril Enjar the disease or community immediate Cause (Finel disease or condition resulting in deeth)	plication wat caused one court in each lin		not entar the	a moda of dyli	ng, such as cardia	c or raspiratory	errest,	A in	pproximete itervel Between inset and Death months	
	nted nsit	Examiner		b	Due to (or es a								
ń	e be executed /sician and e burial-transit	Еха	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying		Due to (or es e	consequent	ce of):				1		
		Medical	Ceuse (Disaase or Injury thet initieted events resulting In death) Lest	c	Oue to (or as a	consequenc	ce of):						
ROX	attend for us	lan		0									
7.	requires that the death certifica been signed by the attending ph hould be detached for use as th	by Physician/M	Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3									ne cause of death' bly 4 ☐ Unknow	
Hecords,	sw requisite should	Completed b							24e. Wes an autopsy performed? 24b. Wara autopsy finding aveilable prior to completion of cause of deeth?				
	0 - 6	E O							1 😾	Yas 2□No	101	/es 2₩ No	
	ysician: The s certificate director, pag	Be	25. Wes case referred to medical examiner?	11 -2 -				26. Place of De	eth (Check only	one)			
5	Phys ral di	ion: To	1 Yes 2 No 27. Mennar of Deeth 1/20Netural 5 Pending	1 28 Inpatier 289. Dete of Injury (Month, Dey		Time of Injury	BDOA Ott	y et rk?		sidence 8 🗆 Ott how injury occu			
DIVISIO	for Attending the death. Director: After In by the fund	Certification:	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined		ry - At home, for (Specify)			Yes 2 □ No		(Street end Num own, Stete)	ber or Rural R	Route Number,	
1	Europia Function	edical C	29a. Certifier (Check only one) 1 Certifying Phy 2 Medical Exam	yelclan: To the best of piner: On the basis of and manner stat	examinetion er	e, deeth occ nd/or investig	curred et the tig getion, in my c	me, dete end plece opinion, deeth occu	e, end due to the	e ceuse(s) end m	enner as stete end due to th	ed. ne ceuse(s)	
-	With To the	Me	29b. Signature and title of certifier	0			29c. Licans	sa nu <i>m</i> ber		29d. Data signe	ed (Month, Da	y, Year)	
ď	1		1 thread	Cooper	\supset		D309	951		August	21, 19	96	

10×1

Angelo Lucco, M. Medical Cheter, Perry Point, MD 21902 31. Data Nied (Month, Day, Year) AUG 2 7 1996

30. Name and eddress of person who completed cause of daeth (Item 23a) (Type, Print)

State Registrar

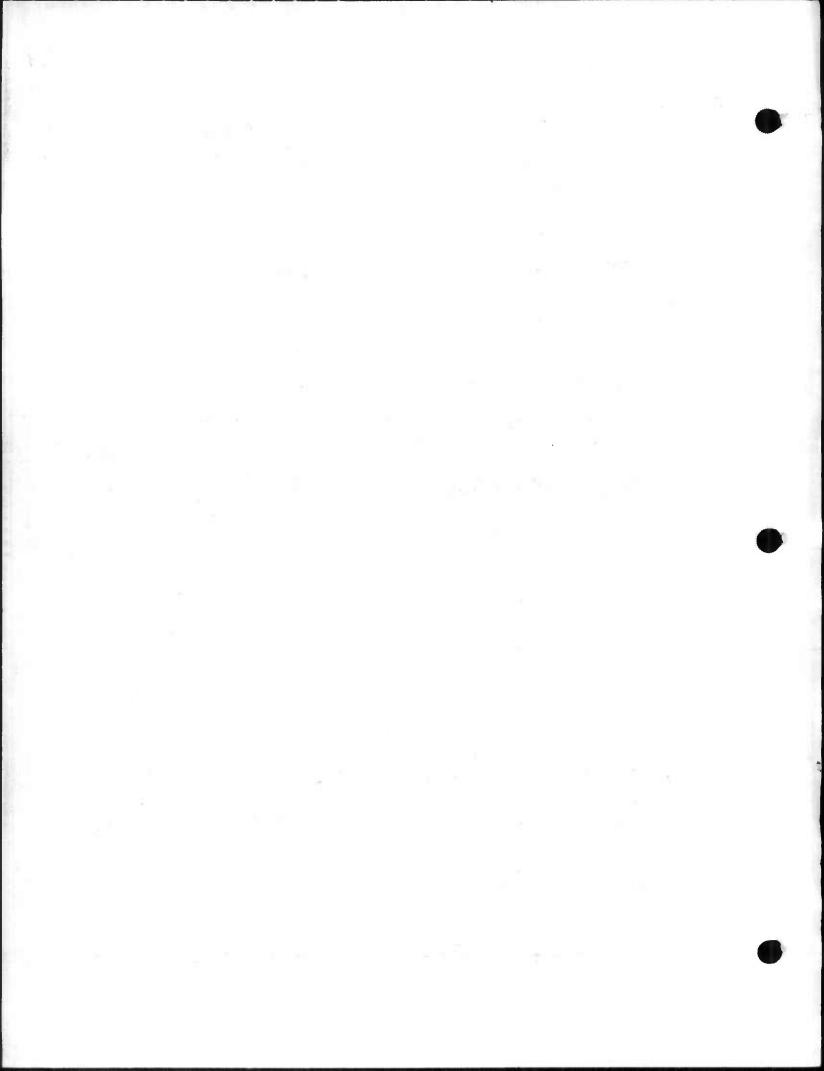
The state of the s

PINISION OF VITAL RECORDS, P.O. BOX 68760 HEBALTIMORE, MARYLAND 21215-0020	TO THE WORTHING OF UTTENDING PRINSICIAN: The law requires that the death certificate be executed within ZA hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNCTION AND THE CERTIFICATE has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tra	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
- BINISION OF	TO THE HOSPITAL OR ATTENDING PHYSIC	TO THE FUNEBAL MINECTOR: After this CO.	be filed within 72 hours after death with th

an. transit permit. Pages 1, 2, 3 should

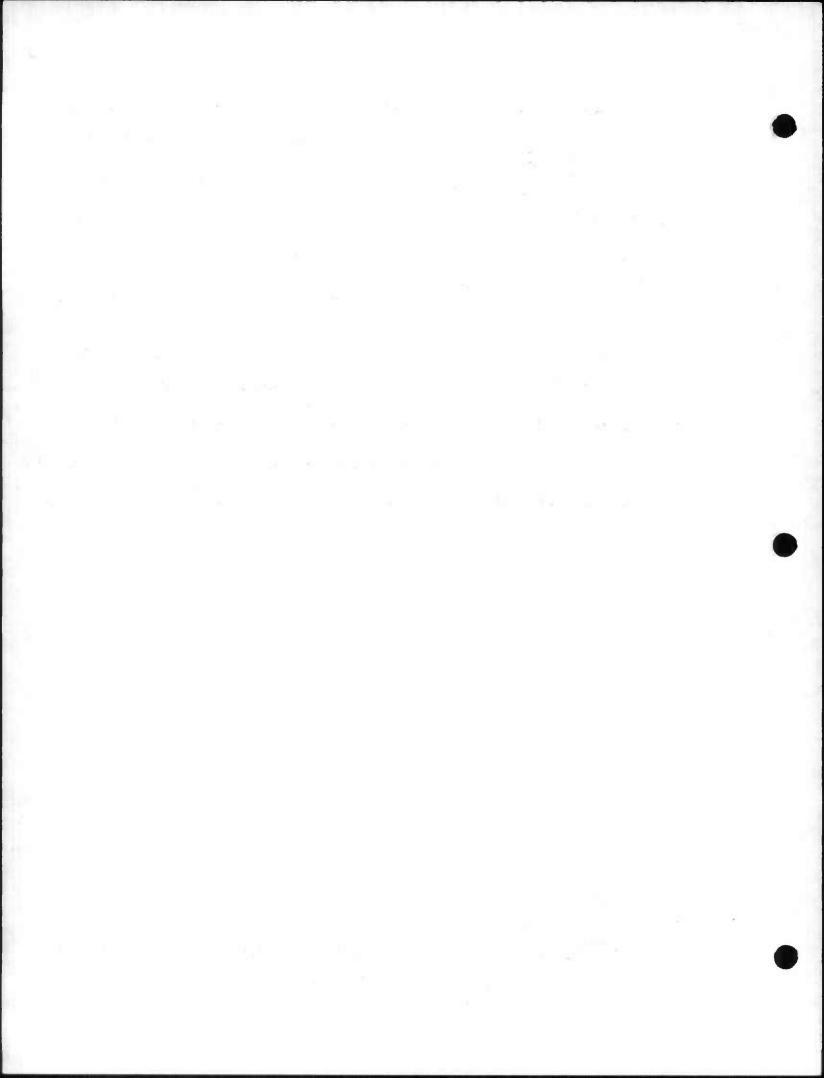
FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	AL HYGIENE REG. NO.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.																
		1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DE MONTH AWGUSS											3. TIME OF DEATH				
		4. SOCIAL SECURITY NUM		5. SEX		rs. last birthday)	IF UNDER			AUGUST		1996	1:00 P H				
		578-18-235		1 M 2 F	or work (in)		MONTHS	DAYS HOUR	DER 24 HRS. 8 MIN.	7. DATE OF BIRTY (Month, Day, Ye	ar)	Counti					
		9e. FACILITY NAME (If not in		Δ		87 YRS.	9b, CITY.	TOWN OR LOC	ATION OF D				ST VIRGINIA				
	ECTOR	WILLIAMSPO		RSING HON	Œ			LIAMSP			1	ASHIN					
		10a, STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN O	R LOCATION					10d. INSIDE CITY				
	DIRE	wv	BERK	ELEY		В	JNKER	HILL					LIMITS?				
	NERAL	10s. STREET AND NUMBER						10f. ZIP C	ODE		10g. C	STIZEN OF V	VHAT COUNTRY?				
		HENSHAW F	RD.		25413							USA					
	FUN	11. MARITAL STATUS 1 Never Merried 2	Married	12. WAS DECEDEN FORCES? 1	YES 2	2 NO	13. V	MAS DECENDEN yes, specify C	T OF HISPA	NIC ORIGIN? (Special	y Yee or No-	14. RACE Black	American Indian, t, White, etc.				
	B	3 Widowed 4 Divo		IF YES, GIVE W	WII		☐ YES 2 ☐X					ly:					
		15. DEC	EDENT'S EDU	CATION		. DECEDENT'S	USUAL OC	CUPATION	_	16b. KIND O	F BUSINESS/I	INDUSTRY	WHITE				
		Elementary/Secondary (0	y highest grade 0-12)	College (1-4 or 5	·)	(Give kind of a	work done o se retired.)	luring most of wo	rking	200000000000000000000000000000000000000							
ed	COMPL	12		3		AUDI	COR			U.S.D	EPT.AC	GRICUI	LTURE				
Once	8	17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surname)															
pe pe	H	WILLIAM BE		WALTERS		I				E NOLL							
be notified	٩	MRS. FRANC		LFORD						Route Number, City of			795				
		20a, METHOD OF DISPOSIT	ION	N 20h BLACEAND DATE OF DISPOSITION (Names)								20c. LOCATION — City or Town, State					
Bus		1 M Burist 2 Cremation 3 Removal from State Competery cremation or other places										RTINSBURG, WV					
medical examiner must		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY															
ехап		b Charles M. Grocer BROWN FUNERAL HOME, 327 W. KING ST. PO BOX 821, MARTINSBURG, WV 25401															
dical		23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate															
	ı	ahock, or heart feiture. List only one cause on each line. IMMEDIATE CAUSE (Finel Onset and Death															
t, the		disease or condition resulting in death) • URO SEPSIS 48 Hours															
event,		DUE TO (OR AS A CONSEQUENCE OF):															
or other traumatic e	S O	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):															
traur	CERTIFICATION	cause. Enter UNDERLYING															
the		CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):															
0.		resulting in death) LAST															
injury.	ا پُ	PART if. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINON															
È !	ICAL	MULTIPLE CEREBRA DUEARCTS PERFORMED?											AVAILABLE PRIOR TO COMPLETION DF CAUSE				
shows	MED	DIABETES MELITUS 1 YES 2 51 NO COMPLETION OF DEATH? 1 YES 2 51 NO 1 YES 2 51 NO											OF DEATH? 1 □ YES 2 1 NO				
		DID TOBACCO U	SE CONT	RIBUTE TO CA	USE OF I	DEATH YE	S 🗆 N	10 🔯 UI	ICERTAI	N 🗆			~				
Hem	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:		PLACE OF DEAT	N (Check o										
0	Ş. Ļ	1 YES 2 NO		1 Inpatient 2 I			4 Nurs	ing Home 5	Residence	6 Other (Specify							
- 48	٦	1 Naturel 5	Pending	(Month, D.		28b. TIM INJ	URY M	28c. INJURY AT WORK?	□NO	28d. DEŞCRIBE N	OW INJURY C	CCURED					
	> II	2 Accident Investigation 1 YES 2 NO									reet end Numl	ber or Rural F	loute Number,				
E	BÁ	2 Culates	4 Nomicide distermined building, etc. (Specify)														
28 Is		3 Suicide 8		bullaing,	- Indirecte Calefrining												
m 28 ls	ETED	3 Suicide 8 4 Nomicide	datermined		my knowledg	e, death occurr	ed at the tir	me, date end pla	ice, end due	to the cause(s) end	I menner sa s	tated.					
If item 28 Is	MPLETED	3 Suicide 4 Nomicide 29e. CERTIFIER (Check only	determined	CIAN: To the best of									and manner ee stated.				
If item 28 Is	COMPLETED	3 Suicide 4 Nomicide 29e. CERTIFIER (Check only	IFYING PHYSI	ICIAN: To the best of				olnion, death oc		time, date end plac	e, end due to	the cause(s	and manner ee stated. (Month, Day, Year)				
PORTANT: If item 28 Is	BE COMPLETED	3 Suicide 4 Nomicide 29e. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE	DEFINITION OF CERTIFIER	ICIAN: To the best of experience of experien	ramination en	d/or Investigatio	n, in my op	olnion, death oc	cured at the	time, date end plac	e, end due to	the cause(s					
PORTANT: If item 28 Is	COMPLETED	3 Suicide 8 Suicide 4 Nomicide 8 Suicide 4 Nomicide Suicide 8 Suic	OF CERTIFIED PERSON WN	CIAN: To the best of exercises	ramination en	(ITEM 27) (Type,	n, in my of	29c. L	ICENSE NU	time, date end place	29d. D.	the cause(s ATE SIGNED AUGU					
PORTANT: If item 28 Is	BE COMPLETED	3 Suicide 4 Nomicide 29e. CERTIFIER (Check only one) 1 CERT 2 MED 29b. SIGH TURE NO TITLE 30. NAME AND ADDRESS OF	TIFYING PHYSI CAL EXAMINE OF CERTIFIES PERSON WN	CIAN: To the best of exercises	se of DEATH	(ITEM 27) (Type,	n, in my of	olnion, death oc	ICENSE NU	time, date end place	e, end due to	the cause(s ATE SIGNED AUGU					
PORTANT: If item 28 Is	BE COMPLETED	3 Suicide 8 Suicide 4 Nomicide 8 Suicide 4 Nomicide Suicide 8 Suic	OF CERTIFIED PERSON WN HOUT	CIAN: To the best of exercises	se of Death 754	(ITEM 27) (Type,	n, in my of	29c. L	ICENSE NU	time, date end place	29d. D.	the cause(s ATE SIGNED AUGU					



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 25448

			Certific	ate of Death	F	Reg. No.			
Dharatatan	1. Decedant's Nama (First, Middla, Las				2. Data of Dea Month		Yaar	3. Tima of Death	
Physician /Medical	ROBERT	NWI M	MLLIAMS		8	21	96	5.55 pm	
Examiner	4a. Facility Nama (If not institution, giva			BALTIN		BALT	of Death	E CITY	
Funeral Director	248- 43-0314	8M 2□F 65	110.	dar 1 Yaar If Under 24 Hrs hs Days Hours Min	8. Data of Birth (Month, Day	7. Year) - 31	9. Birthplac Country		
28a-f show nothled at rector	10a. Stata 10b. County	10c. C	ity, Town or Location BALTIMO	RE			10d	I. Insida City Limits 1 ☑ Yas 2 ☐ No	
0 2 0		ETTE ST	10f.	Zip Coda 2 1 2 2 3		10g. Citizan of V	What Country	n	
Examine must	3 ☐ Widowed 4 ☐ Divorced	12. Was Decedent Evar in Armed Forcas? 1 □ Yas 2 □ No If Yas, Giva Yaar or Datas:		cedant of Hispanic Origin? (Specify Cuban, Maxican, Puals 25 No Specify:	Specify Yas or No- to Rican, atc.)	14. Rac Blac Specify	e - Amarican k, Whita, ato		
yglene. Ner than "natur nt, the Medical Completed	15. Decedant's Edi (Specify only highest grad Elementery/Secondary (0-12) 9th	ication la <i>complated)</i> Coilaga (1-4or 5+)	1	sual Occupation work dona during most of wo T usa retired)	rking				
arked other atic event, to To Be Co	17. Father's Nama (First, Middla, Last)		ma (First, Middla,	Const Meidan Sumam VILLIA	a)	71011			
E E	19a. informant's Name/Raietionship (T) Stella Mae Cra			ass (Street and Number or F				ode)	
y or H	20a. Mathod of Disposition 1 Other (Specify,	20b. Ramoval from Stata	Place of Disposition (cematary, cramatory)		Data 8/30	20c. Location -	City or Town	n, Stata	
Department of important: If any injury or once.	21. Signature of Funarai Sarvice Licensee 22. Nama and Addrass of Facility James A. Morton + Sons 1701 Laurens St. Balto. Md.								
attending physician and for use as the burial-transit clar/Medical Examiner	Sequentially list conditions, if any, leading to Immadiata cause. Entar Undarrying Cause (Disease or injury that initiated avents rasulting in death) Last	Dua to Dia be Dua to Co. Dia be Dua to Co. Dua to Co.	or as a consequence	on: litus on: nul diserse					
igned by the attendin be detached for use by Physician/N	Part II. Other aignificant conditions con Peripheral	-			bb. Did tobacco use contributs to the causa of death				
should should	Tevip ile	4,7,1			24a. Was a perfor	an autopsy med?	availe	e autopsy findings able prior to pletion of causa	
page 2					1 🗆 Y	as ZONO	of dai	ath?	
s certific director,	25. Was casa rafarred to medical axaminar?	Hospitai:	-	Other:	ath (Check only or				
# 0 F	27. Manner of Death 1 Mentural 5 Panding 2 Accidant Invastigation	1 ☐ Inpetiant 2 ☐ 28a. Deta of Injury (Month, Day Year)	28b. Tima of Injury	28c. tnjury at Work? 1 Yes 2 No	Homa 5 ☐ Rasid 28d. Describe h		1, 3,		
Director: After the funeral of the funeral control of the funeral co	3 Suicida 6 Could not be datarmined	28e. Place of Injury - At a bullding, atc. (Spec	noma, farm, street, fac	tory, office	28f. Location (S City or Tow		er or Rural R	louta Number,	
edicai	29a. Certifiar (Check only one)	nician: To tha best of my kn ner: On tha bests of axamin and mannar stated.	owledga, daath occurr ation and/or invastigat	ed at tha time, deta and plac ion, In my opinion, daath occ	e, and dua to tha durred at tha tima, o	eausa(s) and me data and place,	nner as state and dua to th	ed. ia cause(s)	
To Tom	29b. Signatura and titla of certifiar	al-n.o.		29c. Licansa numbar N 4635 427 N	M-90	29d. Data signe		y, Year)	
4	30. Nama and addrass of person who co	ompiated causa of daath (Ite	m 23a) (Type, Print) RSITY OF	mo Gal	timore				
State	31. Data filed (Month, Day, Year)	32. Registrat's-Sign	atura Pandelle						



State of Maryland / Department of Health and Mental Hygiene

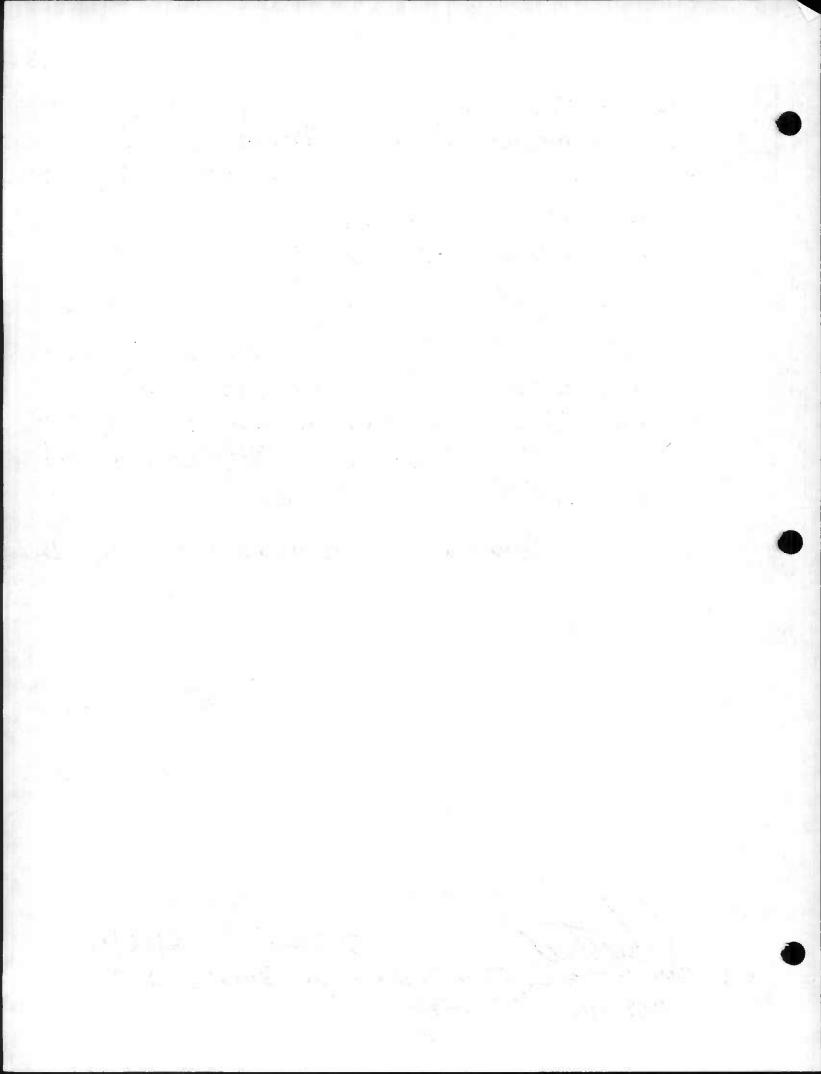
25449 Certificate of Death Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month STOR di /Medical Facility Neme (If not institution, 4b. City Town, or Location of Death

Baltimore Examiner 4c. County of Death 01 5. Social Security Number 6. Sex If Under 1 Year If Under 24 Hrs 7. Age (In yrs. last birthday) Funeral Birthplace (Stete or Fereign Country) 1□M 20 F Days 214-40-8890 Director Usuel Residence of Decedent with the Maryland 10a. State 10b. County 10c. City. Town or Location or items 23a or 28a-f show 10d. Inside City Limits other traumatic event, the Medical Examiner must be notified at Yes 2□ No Director Mary land mor 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 38 21 Funeral 10 VIE Peges 1 and 2 should be filed within 72 hours efter death 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 N No If Yes, Give 11. Maritel Status Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Reca - American Indian. Black, White, etc. 1 Never Married 2 Married taltimore, Maryland 21215-0020 1□ Yes 21 No Specify. by 3 Widowed 4 Divorced 29 "natural" Yeer or Dates: Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry and Mental Hygiane. Elementary/Spgondery (0-12) College (1-4or 5+) 100 17. Father's Name (First, Middle, Last) Be Mpther's Name (First, Middle, Maiden Sumame) Department of Haaith and Mental Important: If Item 27 Is marked o ennie 2 0 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Plural Route Number, City or Town ean onnsor 20b. Place of Disposition (Name of 20a. Method of Disposition /Date City or Town, State emetery, crematory or other place) 1 Buriat 2 Cremation 3 Removal from State ò 4 ☐ Donation 5 ☐ Other (Specify) TU permit. 22. Name and Address of Fecility 1 Funerel Service Licensee any Ir Funeral Hon (day Joseph 23a. Party. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Death **Physician** MONA, UNKNOWN PRIM immediete Cause (Finel disease or condition resulting in death) /Medical Examiner Completed by Physician/Medical Examiner or Attending Physician: The law requires that the daath certificate be axecuted signed by the attending physician and d be detached for use as the burial-transit Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or es a consequence of) Division of Vital Records, P.O. Box 68760 Due to (or es a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 Ø Unknown 24b. Were autopsy findings eveileble prior to completion of ceuse of deeth? 24e. Wes en autopsy performed? i certificate has b 1 Yes 2 No 1 Tyes 2 No director, 25. Was cese referred to medical examiner? Be 26. Place of Death (Check only one) Certification: To 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 ER/Outpatient 1 Inpatient 3□ DOA this funeral 27. Manner of Deeth 28a. Date of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury at Work? 28d. Describe how injury occurred After ! 5 Pending investigation 1 Naturei death. 1 Yes 2 🗆 No 2 Accident ofter death Director: tha 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide To the Hospital of within 24 hours e To the Funeral D Repair of the best of my knowledge, death occurred at the time, dete end plece, and due to the ceuse(s) and menner es steted.

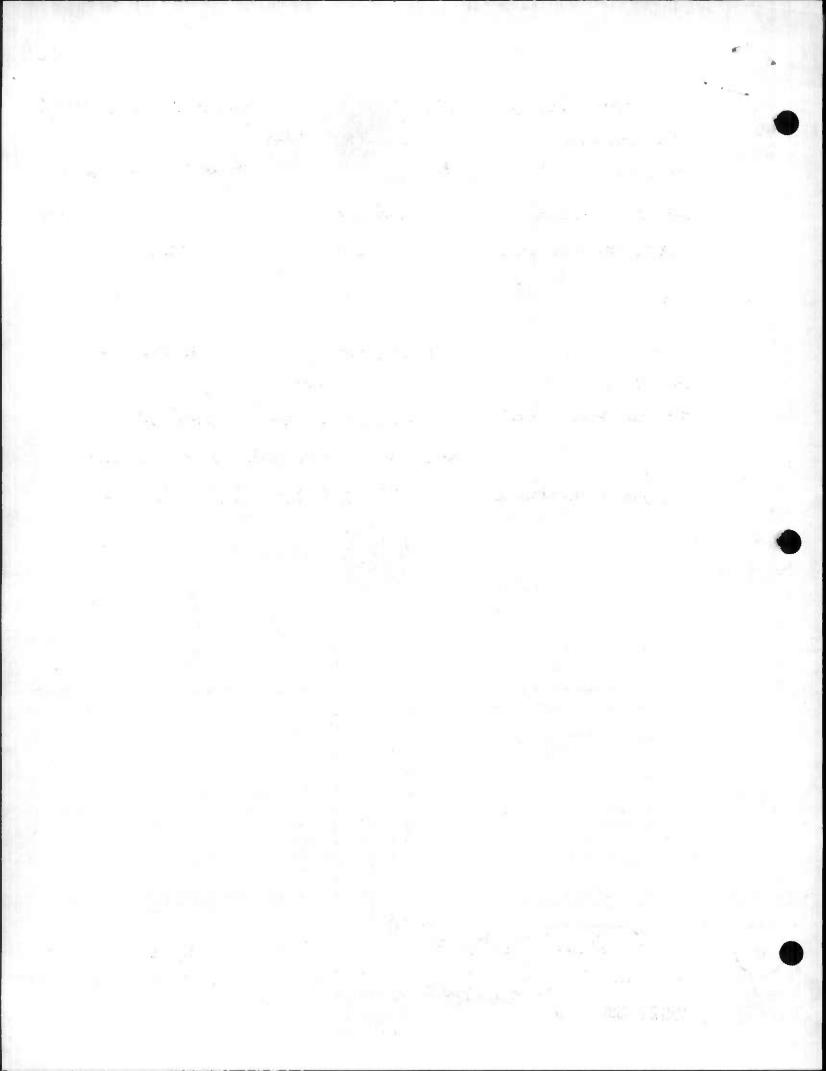
Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. Medical 29a. Certifier complataly 29b. Sig 29c. License number 29d. Date signed (Month, Day, Year) completed cause of death (Item 23a) (Type, Print) GNER oth Courtleli Registrar's Signature State

DHMH 16 Rsv 6/95

Registrar



						Ce	rtificat	e of	Death			Reg. No.				
"Ölesen	olon	1. Decedent's Neme (First, Mi	ddle, Last)		. 1	í					2. Dete of D	eeth	Vace	3. Time of Deeth		
Physi /Med		Kobert		nes		acke					AUgus		1996	1440		
Exam									4b. City, To Balti		ocation of Dee					
Funera Directo	_	5. Social Security Number 212–07–0298 Usual Residence of Decadent	6. Sex 1 🛂 M	1 2 F	7. Age (In yrs. 7	last birthday) 9 Yrs.	If Under Months	1 Year Deys	if Under Hours	24 Hrs. Min.	8. Date of B (Month, D OCTODE)	irth (17, 1916	9. Birthp Coun Penns	olace (State or Foreign htry) sylvania		
land w		10a. Stete 10b. Cou	nty		10c. C	ity, Town or Lo	ocation						1	0d. Inside City Limits		
within 72 hours after death with the Maryland liena. r than "natural", or items 23a or 28a-f show the Medical Examinat must be inclined at	ector	Maryland Ba	1timore			Ca	tonsvi							1 ☐ Yes 💯 No		
	Funeral Director	1100 Lisadale Ci						228				10g. Citizen of U.S.A.				
	þ	11. Marital Stetus 1 Never Married 2 Never Ma	arried	Wes Dece Armed For 1 Ayes If Yes, Give Yeer or Da	2□No		Was Deced If Yes, spec 1 ☐ Yes	cify Cub	en, Mexicar	gin? (Sp n, Puerto	ecify Yes or N Rican, etc.)		ce - Americ ck, White, y: Whi	etc.		
c 1 4	Completed	15. Deced (Specify only hig Elementery/Secondery (0-12		ducation ade completed) College (1-4or 5+)			6e, Decedent's Usual Occupetion (Give kind of work done during most of w life. DO NOT use retired)			t of work	ing	16b. Kind of B				
		9				Machine	Opera	tor				Printing Business				
d d	To Be	17. Fether's Neme (First, Midd Joseph Wacker	le, Last)						18. Mothe		nown	e, Maiden Sumer	ne)			
alth and 27 is m r traum		19e. Informent's Name/Reletic Marguerite Mettl		usin)			ng Address Kent					eryland 21		Code)		
		20e. Method of Disposition 1 △ Buriel 2 ☐ Cremetto 4 ☐ Donetion 5 ☐ Other		oval from S		Pleca of Disponentery, cremetery, cremetery.				ist 28	Dete 3, 1996	20c. Location Woodlawn				
Department of Important: If it any Injury or once.		21. Signeture of Funeral Servi	ce Licensee	Domas					ess of Fecilit		Catonsv	ille, Inc.				
		23a Part Enter the disease, shock or heart feilure. L	or complicet	ions thet ca	used the deel	th. Do not ent	er the mod	mond.	SON AVE	enue cardiac	Catonsv.	ille, Mary	land 2	21228 Approximete		
ocarificate be assecuted and inding physician and use as the burial-transit	/Medical Examiner	disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Lest	e	Atr	Due to (or as a consequence of the conse	r ((a) juence of): Year	780	Fail							
hat me deam of the attendetached for us	Physician	Pert II. Other significant condi		-								tobacco use co	ntribute to	the cause of death?		
v requires that been signed by should be deta	by	Chronic or	enal	Ins	affici	ency	,	(Ces	rexiv	0	24e. Wes	s en eutopsy	24b. We	ere autopsy findings		
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s cer direc	ToB	exeminer?									Idence 6 Oth	er (Snecih	()			
Affer th funeral		27. Menner of Deeth 1 Waturel 5 Pend 2 Accident invest		28e. Date of		28b. Time of Injury		8c. Injur Wor				how injury occur		<u>, </u>		
after deal Blrector: d in by the	Certification:	3 ☐ Suicide 6 ☐ Coui	d not be mined	28e. Pleca o building	of Injury - At he g, etc. (Specif	ome, ferm, str	eet, factory	, office				Street and Numb wn, State)	er or Rura	Route Number,		
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o de la comp	Me	29b. Signeture and title of certific	iet _		A	Hender			e number			29d. Dete signe				
7)		(Clan	Leisus	250	21	Physic	i ais	8	306	31		August	- 21	4 1996		
1/2		30. Name end eddress of person A. A. lan Re	n who compl		of deeth (Item	23a) (Type,	Print)	18	Fred	den	ich se	Ed R	240	4,1996 MD 2104		
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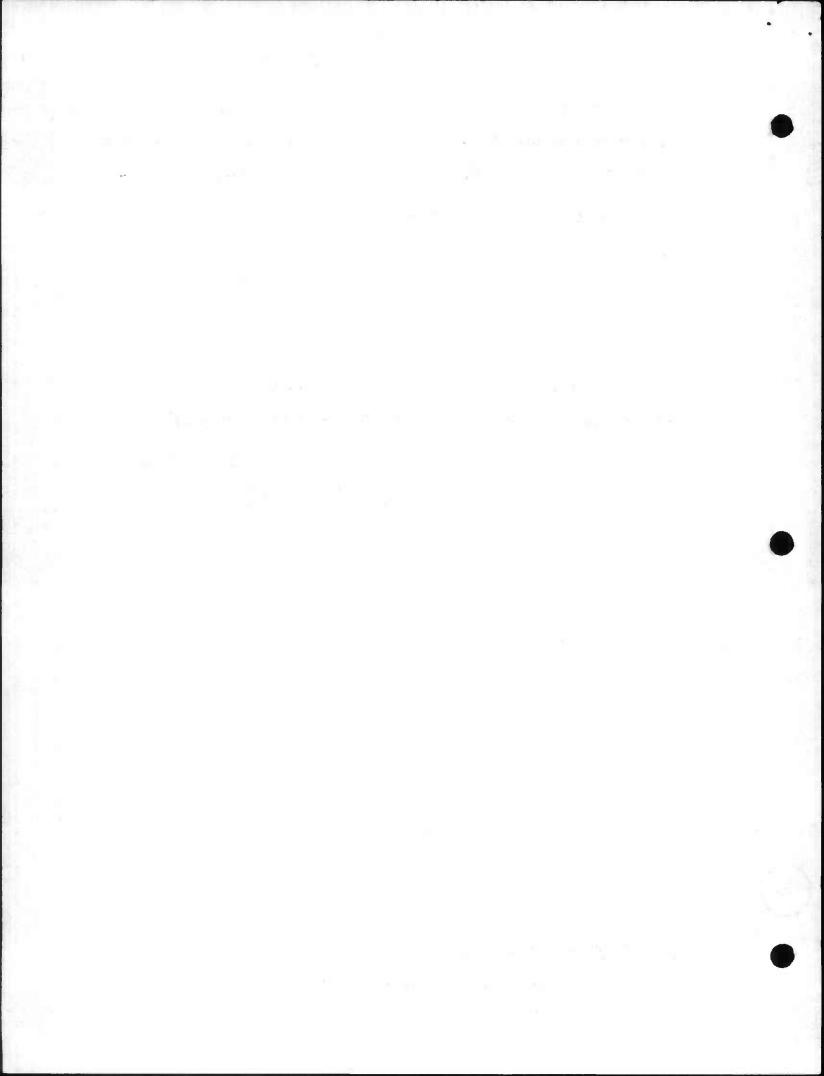
State of Maryland / Department of Health and Mental Hygiene

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								Cer	tificate	e of	Death	7		Reg. No.			
			1. Decedent's Na	me (First, Middle, L	ast)								2. Dete of D Month		Vasa	3. Time	of Death
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	xamir		4e. Facility Neme	(If not institution, g	ive street and n	u <i>mber</i>)					4b. City, To	own, or L	ocation of Dee	th 4c. Co	ounty of Deet	h	
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Fu	neral		5. Social Security	Number 6.	Sex	7. Age	(In yrs. lest	birthday)	If Under Months	1 Yeer Deys	if Under	r 24 Hrs. Min.	8. Dete of B	irth	9. Birti	nplece (Stet	e or Foreign
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aryland 2121 should be filed within and Mental Hygiene.	netic .	7		Rossi Sr.													
Baltimore, Maryland pemil. Pages 1 and 2 should be file Department of Health and Mental Hy	item 2/1s marked other than "natural, or items 23s or 28s-1 show other traumatic event, the Medical Examiner must be notified at		Donald	Name/Raletionship Wrye	(Type, Print) Husha	nd	1:						Ind. 4		own, Stata, 2	(ip Coda)	
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o all the	Selso Selso	F.		Drababl	0 00	500	in Ma	f	1				15	Yee 2□	No 3□Pr	obably 4	Unknow
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PISION Attending r death.	96	cati	2 Accident	Investigation	on				М	1 🗆	Yes 2□	No					
or An	à c	Certification:	3 Suicide 4 Homicide	6 Could not datermine	d 286. Piec	e of injuding, atc.	ry - At homa, (Specify)	ferm, stre	et, fectory	, office			28f. Location City or To	(Street end I own, State)	Vumber or Ru	ral Route N	umber,
O September 1	P	8															
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State of Maryland / Department of Health and Mental Hygiene

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				Ce	rtificate c	of Death		Reg. No.		
Physic	ian	Decedent's Neme (First, Middle, Last LANCE	st)		WILS	SON	2. Dete of De Month	-	1 ^{Yee} 6	3. Time of Deeth
/Medi Exami		4a. Fecility Name (If not institution, give	e street end numbe	or)		4b. City, Town.	AUGUS or Location of Death			04:20 A
Exami	ner	SHOCK TRAUMA U		,		BALTIM			TIHO	RE
Funeral Director		5. Social Security Number 6. Social Security Number 6. Social Security Number 1 Usual Residence of Decedent	ex M 2□F	Age (In yrs. lest birthdey,	Months De		fin. 8. Date of Bin (Month, De	th y, Year) 1978	9. Birthple Count MAK	ace (State or Foreign ry) ZY LA ND
yland		10e. Steta 10b. County		10c. City, Town or L	ocation				10	d. Inside City Limits
Sa-f s	Director		TIMORE		BALT	THORE	CITY			1 XYes 2 No
with the		10e. Sfreet end Number			10f. Zip Code	9	1	10g. Citizen of		ry?
laath ms 23	Funeral	274/ RIGGS /	12. Wes Deceder		Was Decedent of	2121			SA. ce - America	an Indian
72 hours after death with the Maryland "neturel", or items 23e or 28e-f show odgel Exeminer must be notified at	by	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Force 1 ☐ Yes 2 ☐ If Yes, Giva Year or Dates	No	If Yes, specify C		(Specify Yes or No erto Ricen, etc.)		ck, White, e	etc.
72 ho 'natur	Completed	15. Decedent's Ed (Specify only highest grad	ucation de completed)	16e. Deca	dent's Usual Oce	cupetion ne during most of i	workina	16b. Kind of B	usiness/Ind	ustry
withir ane. than	dme	Elementery/Secondary (0-12)	College (1-4o	r 5+) life.		ne during most of lired)		11)00010	1 4	Linux Carlo
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and and is ma		19a. Informent's Name/Reletionship (7	ype, Print)			eet end Number or	Rural Route Number	er, City or Town,	Stete, Zip	Code)
l and laalth m 27 ther tr		BETTY BROWN	V WIL	SON 274	1 RIGO	GS AVEN	UE, BALT	HORE,	MD.	21216
Pages 1 an nent of Haal int: if item 2 iry or other		20e. Mathod of Disposition 1. Buriel 2 Cramation 3	Removel from Stat	cemetery, cre	matory or other p	place)	C AC C	20c. Location	· City or Tov	m, State
2525		1.23 Buriel 2	9	KING M	EMORIA	LL PAKK	8-27-76	WOOD	DLAU	UN, MD.
Depariment Important Irraporta		MA -	NA	J	OSEPH	H. BR	LOWNJR	FUNEA	RAL H	TOME, P. A.
		23a. Pert 1. Enter tha diseese, or comp	olicetions thet caus	ed the death. Do not en	2140 N. ter the mode of c	FULTO N	HVE, BA	LTIMORE rest.	MO.	21217 Approximate
Physician		shock, or heart failure. List only o	one ceuse on each	lina.						Intarval Batween Onset and Deeth
/Medical Examiner		Immadiate Ceusa (Final disease or condition	· Mul	tiple Gu	nshot	Woun	O.A			
LXammer	<u></u>	resulting in death)	0.	Due to (or es a conse		00000				
ned Insit	Examiner		b		9					
axecu in and rial-tra	Еха	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying		Due to (or as e conse	quence of):					
nta be nysicla ha bui	Icai	Ceuse (Disaase or Injury thet initieted events resulting In deeth) Last	C	Due to (or es e consec	quence of):					
certificata be axecuted Iding physician and Isa as tha burial-transit	/Medical	resulting in deeth) Last								
	lan/		0							
res that tha death signed by tha attar I be detached for i	Physician	Pert II. Other significant conditions co	ntributing to death	but not resulting in the u	indarlying cause	given in Pert I.	23b. Did 1			the cause of death?
that I	by Pt						1 🗆	Yes 25 No	3 ☐ Prob	ably 4 ☐ Unknown
0							24a. Was	en eutopsy		ra autopsy findings ilable prior to
e law requ has been ya 2 shoul	Completed						- репо	med?	com	pletion of causa eeth?
The ate h page	Com						1,550	úes 2□No	1 25	4es 2□ No
Physician: The rule contilicate or al director, page	Be	25. Wes case referred to medical examiner?	11				Deeth (Check only o	ne)		
D 00 Z	2	Yes 2 No 27. Menner of Deeth	Hospitel: 1 Inpa		nt 3L DOA		Home 5 Resid			1
ding i	Certification:	1 □Neturel 5 □ Pending	28e. Dete of in (Month, D	ley Year) Injury	V V	ljuryat Vork? ∐Yes 2%⊠No	28d. Describe		1	
or Attending aftar daath. Director: Aftar I in by tha fune	fical	3 ☐ Sulcide 6 ☐ Could not be		96 335 njury - At home, farm, str	-1		28f Location (5	Ct Sho	per or Burel	Route Number.
s aftar S aftar I Direct	Serti	4 Homicide		etc (Specify)	treet		City or Tow	m, State) 1000	BILL W.	Dukeland
To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical (29a. Certifier (Check only one) 1 Certifying Phy Medical Exami	Iner: On the basis	t of my knowledge, deet of axaminetion end/or in	h occurred et the vastigation, in m	tima, deta and pla y opinion, daath oo	ice, and due to the	ausa(s) and me	annar es sta	ited. the cause(s)
ithin ithin x	Med	29b. Signature englittle of cartifier	end menner s	stetad.		ense number		29d. Date signe		
F≯Fŏ		• (0)	1. (1)			.C.M.E.		AUGUS		
_	-	30. Nama and address of person who have	offinplated cause of	death (Item 23a) (Tuna					/	
5		30. Nama and eddress of person who to	hute	111 Pe,	Penn S	treet,	Baltimo	ce, Man	rylan	d 21201

State Registrar 31. Date filed (Month, Day, Year)
AUG 2 7 1996

32, Registrer's Signetura

are part to the part Repaired to the said he The second of the Territoria Analia 41212 Lights from the Line II. The Market II. Market A SUPPOR

0	DIVISION OF VITAL RECORDS, P.O. BOX 68760	
Ę)	THE MOSTILL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within TA hours after death. Page 6 may be retained by the hospital or attending physician.	
P	THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should	
B	The will be to be the death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
100	Description or flam 22 should not lating as other formands areas the modified areas for southful at some	

						9	6 25453
	1 - STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTMENT CERTIFICATE		MENTAL HYGIEN		
	1. OECEDENT'S NAME (First, Middle, Last)	WIGGI			2. DATE OF OEATH	24, 199	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 229-20-4880	5. SEX 6. AGE (In	yrs. lest birthdey) IF UNDER YRS. MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) APRIL 28,		BIRTHPLACE (State or Foreign Country) VIRGINIA
10R	BA. FACILITY NAME (II not institution, give of CATON MANOR)	NURSING HO	me BAC	TOWN OR LOCATION OF OR	HTA	9c. COUNTY	
DIRECTOR	10a. STATE 10b. COUNT	JIA	10c. CITY, TOWN O	IMORE C	ITY		10d, INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 3330 WILK	ens AVE		101. ZIP CODE 2122			N OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT, EVER IN U FORCES? 1 2 YES IF YES, GIVE WAR OR DATE	I.S. ARMED 13. V	AS DECENDENT OF HISPAN yes, specify Cuban, Maxica YES 2 NO Specify	n, Puarto Rican, etc.)	s or No- 14	. RACE — American Indian, Black, White, atc.
ETED B	15. DECEDENT'S EDU (Specify only highest grade	ICATION 1	MIN J. 16a. DECEDENT'S USUAL OC (Give kind of work done d	CUPATION uring most of working	16b, KIND OF BU	SINESS/INDUS	IRCAC K
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Construction	11	Balto		+ Eleo
BE CC	17. FATHER'S NAME (First, Middle, Lest) Value (Type/Print)	igins		Claro		ler	
2	Hurence U	liggins-wife		(Street and Number or Rural I	Route Number, City or Tow	Bal	tu, md 21229
	20a, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify) 21. SIGNATURE OF TOWARDAL SERVICE LIE	oval from State 20b.P	ACE AND DATE OF OISPOSI ery, crematory or other place	rest vet	1000	NGS WILL	LS Wills XX
	A CALL	March	m	arch F. H	bush Au	e	
	IMMEDIATE CAUSE (Final	List only one cause on each	th ilne.	-		iratory arreal	Interval Between Onset and De
-	resulting in death)	a. RESPIRA DUE TO (OR AS A C	CONSEQUENCE OF):	VASCUC		CO.	ant we
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF):	VIISU	HIC II	CII	2 GV7
		DUE TO (OR AS A C	ONSEQUENCE OF):				
CERT	resulting in death) LAST	d					
CE		d		lerlying cause given in	Part I. 24a. WAS AN PERFOR	MED?	AVAILABLE PRIOR TO
: MEDICAL CE	PART II. Other algorificant condition DID TOBACCO USE CONT	d	not resulting in the unc	IO UNCERTAIN	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUS
: MEDICAL CE	PART II. Other algolificant condition	d	DEATH YES N. PLACE OF DEATH (Check o	IO UNCERTAIN	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL CE	PART II. Other algnificant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 00 27. MANNER OF DEATH 1 Netural 5 Pending	d	DEATH YES N. PLACE OF DEATH (Check of DEATH 3 DOA 4 Mursi	O UNCERTAIN	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL CE	PART II. Other algnificant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	RIBUTE TO CAUSE OF 28 HOSPITAL: 1 Inpatient 2 ER/Outpati 26a. DATE OF INJURY (Month, Day, Year)	DEATH YES N. PLACE OF DEATH (Check of the state of the st	UNCERTAIN UNCERTAIN	PERFOR 1 YES 2	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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BE COMPLETED BY PHYSICIAN: MEDICAL CE	PART II. Other algnificant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	RIBUTE TO CAUSE OF 26. HOSPITAL: 1 Inpettant 2 ER/Outpett 26a. DATE OF INJURY (Month, Dey, Year) 26a. PLACE OF INJURY building, stc. (Specify) ICIAN: To the best of my knowled	DEATH YES	IO UNCERTAIN Inly one) Ing Home 5 Residence INJURY AT WORK? I YES 2 NO Try, offica	6 Other (Specify) 26d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State) to the cause(a) and mar time, data and place, an	NJURY OCCUR	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Rural Route Number, suee(a) and manner as stated, GNED (Month, Day, Year)
COMPLETED BY PHYSICIAN: MEDICAL CE	PART II. Other algnificant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	RIBUTE TO CAUSE OF 26. HOSPITAL: 1 Inpetiant 2 ER/Outpeti 26a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY building, stc. (Specify) ICIAN: To the best of my knowled R: On the basis of axamination a	DEATH YES N. PLACE OF DEATH (Check of June) 28b. TIME OF INJURY M. At home, farm, street, facto 19g., dasth occurred at the tire and/or investigation, in my op	IO UNCERTAIN Inly one) Ing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO Inc, defica Inc, define and pleca, and dua Inlon, death occured at the 29c. LICENSE NUK D 2 7	6 Other (Specify) 26d. DESCRIBE HOW I 281. LOCATION (Street City or Town, State) to the cause(a) and mar time, data and placa, an	NJURY OCCUR and Number or in more as stated, d due to the ci	AWAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO Rural Route Number,

DHMH-16 Rev 1/89

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

ITEMS: 23 PART I, 27, 28a-f, PER State of Maryland / Department of Health and Mental Hygiene

96 25454

		_	-/39 9/6/96					Certificat	e or	Deam		Reg. No.			
PAGE 1			1. Decedent's Ner	me (First, Mid	ddle, Lest)			0			2. Deta of I			3. Tima of Death	
///	ysicia fedic	al	ANGELO			LVAT			ZAN		AUGUS or Location of De		Yaar 996 ty of Daeth	10:53A.	
Ext	amine	er e					.,						11111		
-		-	5. Sociel Security I		CIRCI 6. Sax		Age (In yrs. last birtl	devi If Unda	r 1 Yaar	WING N			CIMO		
Fune Direc	_		215–56–0	0018	1 2 M		AC	rs. Months	Days	Hours M	n. (Month, March	24, 1950	Mary	piece (Stete or Foreig Intry) / Land	
p ,			Usual Residence												
f show	ed at	ō	10e. Stete Md.	10b. Coun	ny ltimore	2	10c. City, Town	or Location wings M	ills					10d. Inside City Limits 1 ☐ Yes 2 🖫 No	
the the	John John John John John John John John	ect	10e. Street end Nu									40- 021			
of CICID-UUCU filed within 72 hours after death with the Maryland thygiene. ther then "natural", or items 23e or 28e-f show ont, in a Maricial Examiner must be notified at		Funeral Director			Circle	е		10f. Zip	Code	21117		10g. Citizen of	.S.A.		
		Jue	11. Maritel Stetus		12.	Wes Daceder	nt Ever in U.S. s?	13. Was Dece	dent of H	lispenic Origin?	(Specify Yas or farto Rican, etc.)	No- 14. Ra	ce - Amer	ican Indien,	
		þ	1 Never Man		arried !	Yas 2 To Yas 2 To Yas To Yas Or Dates	⊉ No s:	1 ☐ Yes		Specify:	,	Speci		White	
natur		eted	(Spe	15. Decede	ent's Education	n npiatad)	16e. [Decedent's Usu	el Occup	etion during most of w	rorkina	16b. Kind of E	Business/Ir	ndustry	
Maryland ZIZIS-UUZU d 2 should be filed within 72 hours af th and Marial Hyghers 7 is marked other than "natural", or traumatic event, an Madical Exam	Na Ma	Completed	Elementery/Seco			College (1-4o	or 5+)			d)		3	T		
	f.		12 17. Fether's Neme	(First Middle	e (ast)			Mecha	nic	19 Mothode N	ama (Eirat Midd	Auto		stry	
d 2 should be file th end Mental Hy 7 is marked othe traumetic event,		To Be	Samuel F								et Mary		me <i>j</i>		
Ith end I	traume		19a. Informent's N Mimi Bok		Print) Sister) 19b. 97	Mailing Address 48 Long	(Street	end Number or	Rural Route Num Ellicot	ber, City or Town	, Stete, Zi Mary	code) Land 21042		
2 = 3	iry or other		20a. Method of Dis 1 Durial 2 4 Donation	Cremetion		val from Stat	te cemetery	Disposition (Ner cremetory or de eake Cr	ther plan	Mugust 2	7,1996		ocation - City or Town, State sville, Maryland		
Departr	eny injury once.		21. Signature of Fi	into 0	RAF	Poma	_	1630 F	Fur	neral Ho	me, Inc	tonsvill	e,Mar	yland Approximete	
Viedio	ical ner		Immediate Cause disease or condition resulting in death)	(Finel			INTOXICATION Due to (or as e co	ON			ac or respiretory	ollesi,		Interval Between Onsat and Death	
Medic amir	cal ner	niner	Immediete Ceuse disease or condition resulting in deeth)	(Finel			INTOXICATION Due to (or as e co	ON onsequence of):			ac or respiretory	errest,		Interval Between	
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Medic g physician and as the burdet transit	cal ne prine transit		Immediete Ceuse disease or condition	(Finel on onditions, mmediate erlying injury a			INTOXICATION Due to (or as e co	onsequence of):			ac or respiratory	oliosi,		Interval Between	
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ss been signed by the attending physician and 2 should be datached for use as the burletranetr	ce detached for use as the buriel-fransit	by Physician/Medical	Immediate Cause disease or condition resulting in deeth) Sequentially list coif any, leading to incause. Enter Unde Cause (Disease or that initiated events resulting in deeth)	(Finel on onditions, namediate erlying injury s Last	e. N	ARCOTIC	Due to (or as e co	onsequence of): nsaquenca of): nsequenca of):			23b. Df(d tobacco use co	3 ☐ Pro	Interval Between Onsat and Death	
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ate hes been signed by the attending physician and company of the page 2 should be detached for use as the burial-tranet	Call of the calculation of the c	e Completed by Physician/Medical	Immediate Cause disease or condition resulting in deeth) Sequentially list confirm the cause. Enter Under Cause (Disease or that initiated events resulting in deeth) Pert II. Other significant confirms the cause (Disease or that initiated events resulting in deeth)	(Finel on onditions, mediate errying injury set ast	b c d	ARCOTIC	Due to (or as e co	onsequence of): nsaquenca of): nsequenca of):		en in Pert I.	23b. Dfd 1 [24e. We per	d tobacco use co	3 ☐ Pro 24b. W	o the cause of death to the cause of death to the cause of death to the cause of death to the cause of death to the cause of death to the cause of death to the cause of death	
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To the Hospital or Attand within 24 hours after death To the Funeral Director: / completaly filled in by the f

29e. Certifier (Check only one)

3 ☐ Suicide

4 Homicide

OWINGS MILLS, MD. 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

29b. Signeture end title of certifi

29c. License number 29d. Date signed (Month, Day, Year)

30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print)

AUGUST 26,1996 O.C.M.E.

28f. Location (Street end Number or Rural Route Number, City or Town, State) 22 PITISTOWN ROAD

State Registrar

Certifica

Medical

31. Date filed (Month, Dey, Year)

David

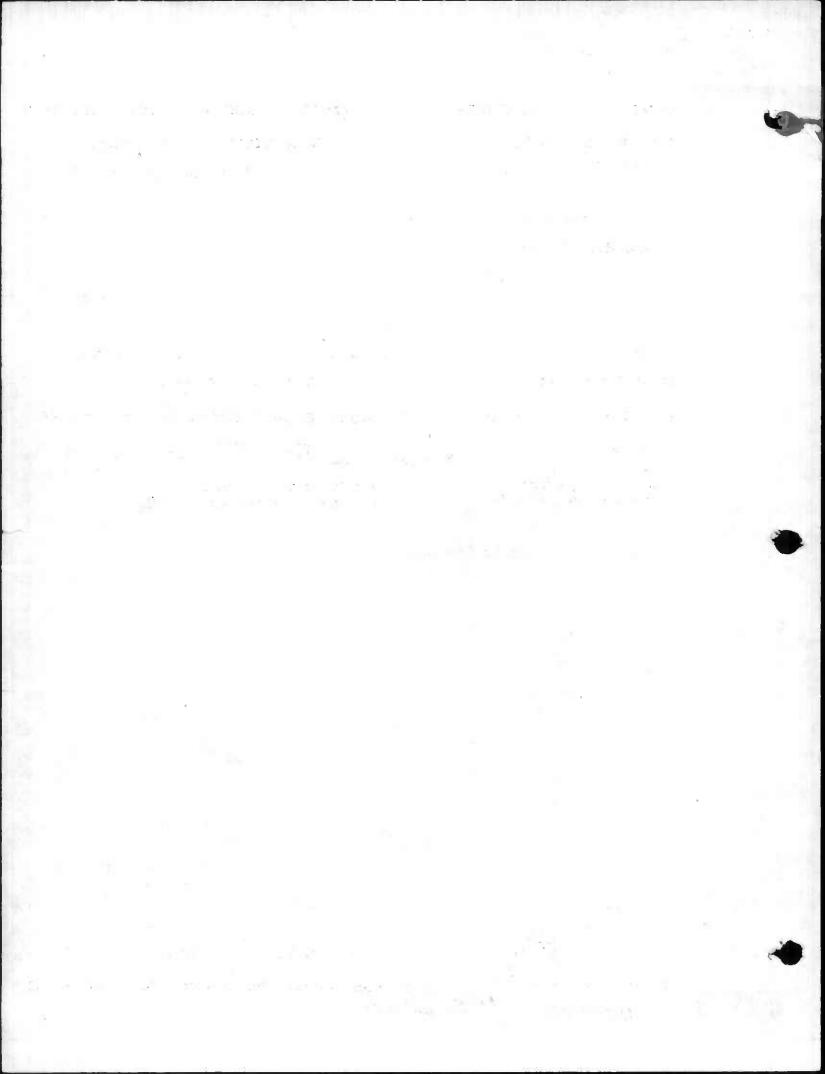
AUG 27 1996

Could not be determined

Forver 111 Penn Street, Baltimore, Maryland 21201 32. Registrer's Signeture

28e. Placa of Injury - At home, ferm, street, fectory, offica building, etc. (Specify)

FOUND AT HOME



	FOR 1 STATE		STATE OF I							MENTAL	. HYGIEN	E	90	25455
	REGISTRAR				ERTIF	ICAT	E OF	DEA	TH		REG. NO.			
	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE	OF DEATH	1996	YEAR	3. TIME OF DEATH
			Raymond	John A	Ldao,	Sr.					st 26.	-199		2:20 AM M
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs.	last birthday)		R 1 YEAR	-	R 24 HRS.	7. DATE	DE BIRTH		6. BIRTHP	LACE (State or Foreign
	216-18-469	8	1X M 2 - F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	May	5. 19	24	Mar.	yland
	9a. FACILITY NAME (If not in		street and number)			9b, CIT	Y, TOWN	OR LOCAT	ION OF DI		, , , ,		TY OF DE	~
Œ	Genesis El			00 C+4		100		Tow					alti	
6	RESIDENCE OF DEC		LE CIOTINI	ac cor.				1000	son			D	and	norce
EC	10e. STATE	10b. COUNT	Υ		10c. CI	ry, town	OR LOCA	TION						10d. INSIDE CITY
DIRECTOR	Maryland	1	Baltimore)						Dund	alk			LIMITS?
	10e. STREET AND NUMBER		occordano d				10	I. ZIP COD	F			10g CITI		HAT COUNTRY?
HA H	764 Fulbro	ah Da	a d							222		1		States
FUNERAL	11. MARITAL STATUS	OR KO	12. WAS DECEDE			1								
] J	1 Never Merried 2%	Merried	FORCES?	YES 2		13.	If yes, sp	ecify Gub	an, Mexico	an, Puerto F fy:	? (Specify Yac licen, etc.)	or No-	14, HACE Black,	- American Indian, White, atc.
BY	3 Widowed 4 Dive	_	IF YES, GIVE	MÁŘ OR DATES	WWII		1 TYES	3XXNO	Specif	lfy:			Specify	White
ED	15 DEC	EDENT'S EDU	ICATION	140	DECEDENT'S	P HOUAL C	CCUBATI	ON		1405	KIND OF BU	DAIFEC (IND	HOTOV	
	(Specify on	y highest grade	completed)		(Give kind of	work done	during me	ost of work	ing	100.	KIND OF BU	SWE22/IND	USINI	
1 2	Elementery/Secondary (1	3-12)	College (1-4 or 5	+)		ines.		no h		A	h CON	ditio	nino	& Refrig.
COMPLET	17. FATHER'S NAME (First, N	4.4.0 ()			DUS.	Cres.	3 010	-					routg	a Kegroeg.
								1			Aiddle, Meiden	Sumame)		
BE	Ray E. Aldo										leton			
2	19a, INFORMANT'S NAME (- 10								er, City or Tow			,
	Raymond J.	Alda	o, Jr ./ So	on	93 B	entl	ey L	ane	Por	t ver	posit,	MU	2190	4
	20e. METHOD OF DISPOSIT		noval Irom State	20b. PLAC	E AND DATE	OF DISPO	SITION (N	ame of		DATI	20c. LO	CATION —	City or Tow	vn, State
	4 Donetion 5 Dotte			Garri	ison	Fore	st V	.A.C	em.8	/29/9	96 Ow.	ings	Mill	s, Maryland
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE		6	22	NAME A	ND ADDR	ESS OF F	ACILITY	110000	-/ 1)da	lk, Inc.
	MY	20	5,	100	X									
	(/NJO	Keyo-	~ (-	,	-									nd 21222
	23. PART I. Enter the dehock, or h	eart failure:	List only one ca	uae on eech li	ne.	not ente	r Ina me	oda of di	ying, suc	ch as card	llac or rasp	iratory arr	est,	Approximata Interval Between
	IMMEDIATE CAUSE (FI	nei				21								Onset and Death
	disease or condition resulting in death)	\rightarrow	e	CIRH			L	IVER						
			DUE TO	OR AS A CON			no de		1.4					
Z	Sequentially liet condit	iona C	b	chi	mi	<	escu	-om	yeu	in t	7			
Ĕ	il any, leeding to imme	diate	DUE TO	OR AS A CON		OF):		(}		C			
2	cause. Enter UNDERLY CAUSE (Disease or Inju		С.	OR AS A CON	OPD									
	that initiated events resulting in death) LAS	T.					11.	11	4-	,				
CERTIFICATION			d	tepat	ر د	nc	ym	Lop		1				-
i	PART il. Other signific	ent conditio	ne contributing to	death but no	t reculting	in the u	nderiylr	ig ceuse	given in	n Pert I.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
MEDICAL											PERFO			AMILABLE PRIOR TO CDMPLETION OF CAUSE
										_	1 TYES	NO		OF DEATH?
	DID TOBACCO U	ISE COLI	DIDLITE TO C	ALISE OF D	EATLI N	TEC I	NO F	7 116	CERTAI					1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED		T T		ACE OF DE				CEKIAI					
S S	EYAMINED?	IO MEDICAL	HOSPITAL:			OTHE		,						
ΥS	1 YES 2 NO		1 Inpatient 2			4 X No	irsing Ho		Residence	6 🗆 Othe				
PHY	27. MANNER OF DEATH	Pending	28e. DATE O (Month,	F INJURY Day, Year)	28b. TI	ME OF	W	JURY AT ORK?		28d. DES	CRIBE HOW	INJURY OC	CURED	
8	2 Accident	Investigation				M		YES 2	□ NO					
	3 Suicide 8 4 Homicide	Could not be	28a. PLACE building	OF INJURY Ai , atc. (Specify)	home, lerm	, atreet, le	ctory, offi	Ce		281. LOC City	ATION (Street or Town, State	and Number)	or Rural A	oute Number,
		Octavinine												
COMPLETED		TIFYING PHYS	SICIAN: To the beat of	ol my knowledge,	death occu	rred at the	time, dat	a end plac	e, and du	e to the ceu	use(e) end me	nner es atal	led.	
N N	one) 2 MED	HCAL EXAMIN	ER: On the basis of	examination and	or investigat	tion, tn my	opinion,	death occ	ured at the	e lime, date	end place, e	nd due to It	ne ceuse(s)	end menner ee stated.
	29b. SIGNATURE AND TITL	EOF CERTIFIE	ER A A	. 10	7			29c. LI	CENSE NU	JMBER		29d. DAT	E SIGNED	(Month, Day, Yeer)
H		J.K	will	N gus					327				2 30	6196
2	30. NAME AND ADDRESS C	F PERSON W	HO COMPLETED CA	USE OF DEATH	TEM 27) (Tv	oe, Print)							1	3110
	AL	140K	04	(1)	30	A	RMO	ry P	LAC	ve f	SALT	m	D21	201
	31. DATE FILED (Month, Day							•						
	AUG 2		dia	Massignatur	andelle									
	NUU A	OPERIO	Y/											

State of Maryland / Department of Health and Mental Hygiene 95 Certificate of Death

Physician
/Medical
Examiner

1. Decedent's Neme (First, Middle, Last) RALPH

BENJAMIN

AUGUST 27, 1996 12:30AM

2. Dete of Deeth

4a. Feclify Neme (If not institution, give street and number) Baltimore va REHABILITATION+Extended Care

1√2 M 2□ F

4b. City, Town, or Location of Deeth BALTIMORE CITY

4c. County of Deeth BALTIMORE CITY

Funeral Director

28a-f ahow

ir than "natural", or itama 23a or 28a-i aho tre Medical Examiner must be notified at

by

Completed

permit. Peges 1 and 2 should be tiled within 72 hours efter death v Depertment of Heelth and Mental Hygiene. Important: If items 72 is marked other than "natural; or items 23s any Injury or other treumatic avent, the Mental Executer man.

Physician /Medical

Examiner

and physician a the burlei-

ed by the deteched

signed by t

peen hes

certificate

Attanding Physician:

6

deeth.

Director

þ

Completed

Be

2

Certification:

edical

The lew requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760.

Usual Residence of Decedent 10a State Virginia

72 Yrs.

If Under 1 Year If Under 24 Hrs. 6. Dete of Birth Months Deys Hours Min. Sept. 1992 23

 Birthplace (State or Foreign Country) Ohio

10c. City, Town or Location Alexandria

7. Age (In yrs. last birthdey)

10d. inside City Limits 1 □XYes 2 □ No

10e. Street and Number

5. Social Security Number

287-12-5804

115 S Jordon Street

10f. Zip Code 22304 10g. Citizen of Whet Country? U.S.A.

Funeral

1 Never Merried 2 Married 3 □ Widowed 4 □ Divorced

10b. County

12. Wes Decedent Ever in U,S.
Argued Forces?
1 □ Yes 2 □ No
If Yes, Give
Yeer or Detes: 1942-63

Coilege (1-4or 5+)

Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.)

14. Race - American Indien, Bleck, White, etc.

15. Decedent's Education (Specify only highest grade completed)

1 Yes 2 No Specify:

Specify WHITE 16b. Kind of Business/Industry

Elementery/Secondery (0-12)

16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Administrative Tech

17. Fether's Neme (First, Middle, Last)

16. Mother's Name (First, Middle, Meiden Sumeme) Louise Munyon

U.S. Army

William Benjamin 19a. Informent's Neme/Relationship (Type, Print)

19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 320 Hume Ave Alex. VA 22301

Anita Benjamin

20e. Method of Disposition 1 ABunei 2 Cremetion 3 Removel from State 20b. Plece of Disposition (Neme of cametery, cremetory or other plece) Arlington National Cem

Dete 20c. Location - City or Town, Stete 9-3-96 Arlington, VA

4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerei Service Licenses

Sang.

22. Neme end Address of Fecility Everly-Wheatley Funeral Home 1500 W Braddock Rd. Alex. VA

23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or hear fellure. List only one cause on each line.

Approximete tntervei Between Onset end Deeth

Immediate Cause (Final disease or condition resulting in deeth)

PNEUMONIA

Due to (or es e consequenca of) IMMOBILITY

Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated exacts) that initiated events resulting in deeth) Lest

ALZHEIMER'S TYPE Due to (or es e consequence of)

Part It. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Pert I.

OBSTRUCTIVE

23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown

DISEASE, RECURPENT URINARY TRACT

24e. Wes en autopsy

24b. Were eutopsy findings available prior to completion of cause of death?

INFECTION, GASTRICTUBE, DECUBITUS WILLER

26. Place of Deeth (Check only one)

1 □ Yes 2 □ No

10 N GREENE

25. Was case referred to medical exeminer? 1 Yes 2 No

26a. Dete of Injury (Month, Day Year)

Hospital: 1 | Inpatient 2 | ER/Outpetient 3 | DOA | Other: 4 | Mursing Home 5 | Residence 6 | Other (Specify)

27. Menner of Deeth 1 Netural 2 Accident

3 Suicide

4 Homicide

5 Pending investigation

6 ☐ Could not be

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28c. Injury et Work? 26d. Describe how injury occurred 1 Yes 2 No

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

29a, Certifier (Check only one)

🗷 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and plece, end due to the cause(s) end manner as stated. 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated.

29b. Signeture and title of certifier

29c. License number

29d. Dete signed (Month, Dey, Year)

August 27,1996

Neme and address or person who completed cause of deeth (Item 23a) (Type, Print)

ERRY L. COLVIN, MD BALTIMORE VA MEDICAL CENTER

31. Dete filed (Month, Dey, Year)

AUG 28 1996



Registrar DHMH 16 Ray 6/95

vii me ex A roman and a second of the 2.7 - 3 dight

DHMH 16 Rev 6/95

State

Registrar

31. Dete filed (Month, Day, Year)

AUG 2 8 1996

32 Registrer's Signeture

france south house or a let of

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 251.58

		1. Decedent's Name		28/96ag Last)							2. Dete of De			3. Time of Death				
sici: edic		Mai		llian	Brack	in					August	26	1996	8:00 pm				
min	er	4e. Facility Neme (# 4115 Whi			um <i>ber)</i>				4b. City, To		ocation of Death	4c, Coun	ty of Death					
ral		5. Social Security Nu		6. Sex	7. Age (Ir	yrs. last birtho		or 1 Year Deys		24 Hrs.	8. Dete of Birt (Month, Da	th		lace (State or Foreign				
		212-36-010 Usual Residence of D		1□M 2 X F		57 Yr	Months	Deys	Hours	Min.		13,1938	Ma	ryland				
		10a. State	10b. County		10	c. City, Town o	or Location						1	0d. Inside City Limits				
	Director	Maryland	N/A			Balti	more							1 X Yes 2 No				
ĺ	Dire	10e. Street and Num						Zip Code 21206				10g. Citizen of What Country? United States						
ı	erai	4115 Whi	te Aven	12. Wes Dec	nedent Ever	in 11 C				ain? (Cn	asit. Van as Na		d Sta					
l	Funeral	1 Never Merrie	d 2 Marrie	Armed F d 1 ☐ Yes	orces?	110,5.					ecify Yes or No- Rican, etc.)	BI	ack, White,					
ı	by	3 Widowed 4	M Divorcad	If Yes, G Yeer or I	ive		1 Ves	2 No	Specify:			Spec	ify: Wh	ite				
	Completed	(Specifi	15. Decedent's y only highest	Education grade completed)	16e. D	ecedent's Usu Give kind of wife. DO NOT i	iel Occup ork done	oation during mos	t of worki	ing	16b. Kind of	Business/Inc	dustry				
	duc	Elementery/Second			(1-4or 5+)	11.						Lab	orato	r.v.				
	Be Co	17. Father's Name (F	irst, Middle, La	ist)	Group Leader 18. Mother's N						e (First, Middle,			У				
	ToB	Phill:	ip Jame	s Donli							ret H. I							
		19a. Informant's Nan	ne/Reletionship	p (Type, Print)		195.0V	Agiling Addres	S (Street		_	al Route Numbe			Code) 21237				
		Mrs. Jane	t Balli	streri/	Daught	er 86	20 Dav	A bi	venue	- Ba	altimor	e, Mary	/land	21234				
		20e. Method of Dispo		Removel from		Place of D cametery,	isposition (Na crematory or	me of other plac	св)		Date	20c. Location	ation - City or Town, State					
		4 Donetion 5	Other (Spe	cify)		1 Burial 2 □ Cremation 3 □ Removel from State Under the state Sacred Heart of Jesus Cemetery 8/30/96 Baltimore, Market Baltimore Market Baltimore Market Baltimore Baltimore Market Baltimore Balt												
1		21. Signature of Fund	eral Service Lic															
1	- 4		1 7	- Indi	k T. Z		22. Name a	nd Addre	ss of Facilit	ty		Daicin	010, 1	J				
÷	-	Mary	1.7	zin		avoyna .	22. Name a Leor 5305	nd Addre nard Har	J. Ru	ick, Road	Inc.	imore.		21214				
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30. Name end address of person who completed cause of death (ttem 23e) (Type, Print) Fernando Ferro, M.D.

29b. Signature end titte of certifier

040480

29c. License number

1996

5810 Belair Road Baltimore, Md.

State Registrar

Service of the servic - 32-1 유민 : '영 프레이트 웨스 프로마스트 프로그램도 보고 있다.

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State of Maryland / Department of Health and Mental Hygiene 25459 Certificate of Death item#26 g738 8/28/96agDr. 1. Decedant's Nema (First, Middla, Last) 2. Dala of Deeth 3. Time of Death **Physician** Month Day ERIC 0035 96 22 /Medical 4e. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** CORRECTION Jessup MOVYLAND House OF ANN Arundel. Hours Min. 8. Data of Birth Month, Bay, Year, A PR . 2, 1962 If Under 1 Year Months Days 5. Social Sacurity Number 7. Age (In yrs. last birthday) 9. Birthplaca (Stata or Foreign MARYLAND **Funeral** Days 1 M 2□ F 215 74 3863 34 **Director** Usual Basidence of Decedant with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or Items 23s or 28s-f show the Medical Examiner must be nothed at Director MD. BALTIMORE RANDALLSTOWN 1 ☐ Yas 2 ☐ No 10e. Street end Number 10f Zip Code 10g. Citizan of What Country? 21133 3719 FIELDSTONE ROAD U.S. OF A. Funeral 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Maxican, Puarto Rican, etc.) 14. Rece - Amarican Indian, Black, White, etc. Pagas 1 and 2 should be filed within 72 hours after 1 ☐ Yas 2 No If Yas, Giva Year or Datas: 1 Navar Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: Specify: BLACK by 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Hygiene. Elamantary/Secondary (0-12) Collaga (1-4or 5+) 12TH N/A UNEMPLOYED N/A other 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Meidan Surnema) Be if Health and Mantal Item 27 is marked o UNKNOWN ANNIE L. BLACK 2 19a. Informant's Neme/Reletionship (Type, Print) 19b. Malling Address (Straat end Number or Rural Routa Number, City or Town, Stata, Zip Code) MRS. PATRICIA LEWIS (AUNT) 3719 FIELDSTONE RD. RANDALLSTOWN, MD. 21133 20c. Location - City or Town, State BALTO. 20b. Place of Disposition (Nama of cemetery, crematory or other place) 20a. Mathod of Disposition Data Department of H Important: If Ite any Injury or ot 1 ■ Burial 2 □ Cramation 3 □ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) KING MEMORIAL PARK 8/28/96 BALTIMORE, MD. CO. GWYNN²² Nama and Addrass of Facility LEWIS T. GWYNN FUNERAL HOME 21215 21. Signature of Ermural Sarvice License LEWIS T. 4517 PARK HEIGHTS AVE. BALTO., MD. 23a. Part1. Enter the disease, or complications the valued the death. Do not enter the mode of dying, such es cardiac or respiratory errest, shock, or heart failure. List only one cause of the china. Approximata Interval Batwaen Onset and Death **Physician** Immediete Ceusa (Final diseesa or condition resulting in daath) /Medical RYPTOCOCCAL MENINGITIS Examiner Dua to (or as e consequence of):

CQUITED IMMUNODEFCIENCY SYNDOWNE Examiner The lew requires that the death certificate be executed Sequentially list conditions, if eny, laading to immediata cause. Entar Undarlying Causa (Disaase or injury that initiated events rasulting in daath) Lest and burial-trar Records, P.O. Box 68760, attending physician for usa es tha buria Physician/Medical Dua to (or as e consequance of) ed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed t þ 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24e. Wes en eutopsy page 2 s cartificate has 1 Yas 2 No 1 ☐ Yas 2 ☐ No Division of Vital or Attending Physician: director Be 25. Was casa rafarred to medical 28. Placa of Deeth (Check only ona) axaminer? Hospital: Other: 4 Nursing Home 5 Rasidance 6 MOther (Specify) INFIRMARY 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Menger of Death 28e. Deta of Injury (Month, Day Year) 28c. Injury at Work? Certification: 28b. Tima of 28d. Dascribe how injury occurred Aftar 5 Panding invastigation 1 Watural r death. ours efter death. 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Sulcida 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 - Homicide To the Hospital o within 24 hours of To the Funeral D complataly filled i 1 Certifying Physicien: To tha best of my knowledga, daath occurred at tha time, dete end place, end dua to tha causa(s) and menner as steted.

2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, daath occurred et tha time, data and place, and dua to the causa(s) and manner stated. ledical 29e. Certifie (Check only one) 29b. Signature end little of cartifier 29c. Licansa number 29d. Date signed (Month, Day, Year) Getacher 22 142806 30. Nama and addrass of person who completed causa of daath (Itam 23a) (Type, Print) ASRESAHEGN GETACHEW 31. Data filed (Month, Day, Year) 32. Ragistrar's Signature State

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Registrar

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death ROUNING 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Tima of Death **Physician** 401 -96 26 5 /Medical 4b. City, Town, or Location of Death 4a. Facility Nama (If not institution, giva straat and number) 4c. County of Death Examiner Carroll County General Hospital Westminister Carroll If Undar 1 Yaar If Undar 24 Hrs. 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foraign Country)
 PA **Funeral** Days Months 216-30-6210 1 □ M 20 F Hours 63 Vrs Director 8-29 Usual Rasidanca of Dacadant with the Maryland 10b. County 10c. City, Town or Location or 28a-f show 10d. Insida City Limits the Medical Examiner must be notified at MD Carroll Hampstead Director 1 ☐ Yas 2 X No 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 4215 Becklysville Ad. 21074 USA 238 permit. Pages 1 and 2 should be filed within 72 hours after death v Department of Health and Mental Hygiene. Important: If Item 27 Is marked other than "natural", or Items 23, any Injury or other traumatic event, the Modical Example mass Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 14. Raca - Amarican Indian, Black, Whita, atc. I ☐ Yas 2 ☐ No If Yas, Give 1 ☐ Navar Married 2 ☑ Marriad Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No þ Specify: white 3 ☐ Widowed 4 ☐ Divorcad Yaar or Datas: Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) 12 Assembler Black & Decker 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Meidan Surnama) Be James Langham Tressa Hale 0 19a. Informant's Name/Ralationship (Typa, Pnint) 19b. Mailing Addrass (Straat and Number or Rurel Routa Numbar, City or Town, Stata, Zip Coda) Kermit R. Browning/husband 4215 Becklysville Rd. Hampstead, MD 21074 20b. Place of Disposition (Neme of cematary, cramatory or other place) 20a, Mathod of Disposition 20c. Location - City or Town, Stata Data 1 Burial 2 Cramation 3 Ramoval from Stata 4 Donation 5 Othar (Spacify) Gardens of Faith 8-28-96 Baltimore, MO 22. Nama and Addrass of Facility Cvach/Rosedale Funeral Home 1211 Chesaco Ave. Baltimore, 21237 enes 23a. Part1. Enter the disease, or complications that caused to death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Batween Onset and Death Physician /Medicai Immediata Causa (Final disaasa or condition rasulting in daath) **Examiner** Dua to (or es e consaguance of) Physiclan/Medical Examiner ician and burial-transit The law requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiata causa. Enter Underlying Causa (Diseesa or Injury that initiated events rasulting in daath) Last Dua to (or as a consequence of) physician s the buria Box 68760. Dua to (or as a consequence of) SIS for use signed by the e Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did Jobacco use contribute to the cause of death? Yes 2 No 3 Probably 4 Unknown à 24b. Wara autopsy findings availabla prior to completion of causa of daath? Completed 24a. Was an autopsy performed? should page 2 1 Yas 1 ☐ Yas 2 ☐ No certificate Iding Physician: Lineral director, 25. Was case referred to medical axaminar? Be 26. Placa of Daath (Check only ona) Hospital: 1 Yas Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) Certification: To 2 No Inpatiant 2 ER/Outpatient 3 DOA this Marhar of Death 28a. Date of Injury (Month, Day Yaer) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred Atter 5 Panding invastigation 1 TYas 2 No 2 Accidant 6 Could not be datarmined 3 ☐ Suicida 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 4 Homlcida 29a. Cartifian Certifying Physician: To the best of my knowledge, death occurred at the time, dete end piece, and dua to the causa(s) end medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, death occurred at the time, dete end place, and due to the causa(s) and manner stated. Medical (Check only one) 290. Signature and title of certifie 29d. Data signed (Month, Day, Year) 0 ssis of person who completed causa of daath (Itam 23a) (Type, Print) -. nu

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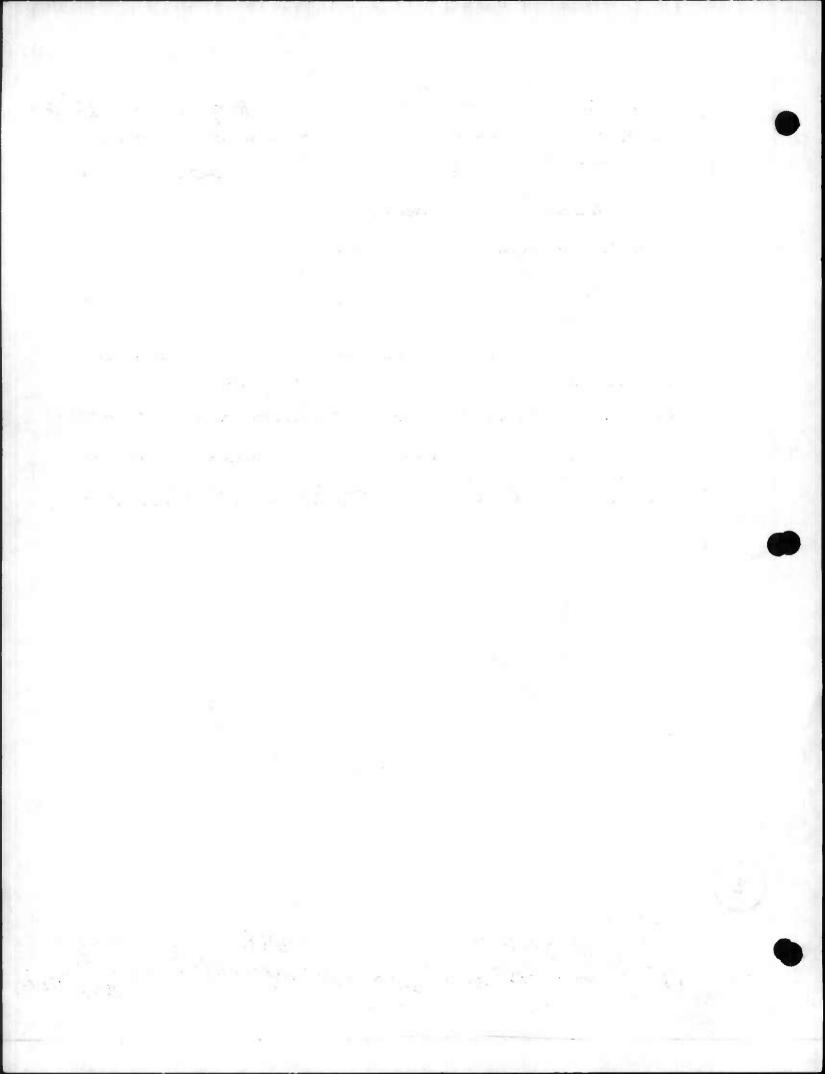
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Registrar

31. Data filed (Month, Day, Year)

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32. Registrar's Signatura



State of Maryland / Department of Health and Mental Hygiene Film G738 iten 25 per FH 8-28-96 rja Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Tima of Death Month **Physician** 7, 6:22 P.M. BABY GIRL B 1996 BALLARD JULY /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY 5. Social Sacurity Number If Under 1 Year 7. Aga (In yrs. last birthday) 9. Birthpiaca (State or Foreign **Funeral** 1□M 2 F Yrs. NONE Director Usuai Rasidanca of Dacedant the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryla Department of Health and Mental Hygiene. Important: If item 27 is marked other than "naturel", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at once. 1 Nas 2□ No Directo noryland Mort 10e. Street and Number 10g. Citizan of Whet Country? onument Funeral 12. Was Dacedant Ever in U,S. Armed Forcas? 1 ☐ Yas 2 ☐ No If Yas, Giva Yeer or Dafas: Was Decedant of Hispanic Origin? (Specify Yas or No If Yes, specify Cuben, Mexican, Puarto Rican, atc.) 11, Marital Status 14. Raca - Amarican Indian, Black, White, etc. Nevar Married 2☐ Married Baltimore, Maryland 21215-0020 1□ Yas 2 No Specify: þ 8 ☐ Widowed 4 ☐ Divorced BIAC Completed 16a. Decedant's Usual Occupation
(Give kind of work done during most of working life. DQ NOT use retired) 15. Decedant's Education (Specify only highest grade comp 16b. Kind of Businass/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) 18. Mothar's Nama (First, Middle, Maiden Symame) 17 Father's Nama (First, Middle, Last) Be 19a. Informant's Name/Ralationship (Type, Print) Monument St 20b. Placa of Disposition (Name of cemetery, crematory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Burial 2 Cramation 3 Ramovai from Stata 4 □ Donation 5 □ Othar (Specify) 21. Signature of Funeral Sarvice Licansee 08 W NOVTH 23a. Part 1. Enter the disease, or complications that cause of the death. Do not anter the mode of dying, such as cardiac or respirations, or heart failure. List only one cause on each line. Approximete Intarval Between Onset and Death Physician /Medical Immediata Causa (Final diseasa or condition rasulting in death) akinesia or Attanding Physician: The law requires that the death certificate be executed Sequentially list conditions, if any, laading to Immadiata cause. Entar Undarlying Cause (Disaasa or injury that initiated evants rasulting in death) Lest Box 68760, Completed by Physician/Medical Due to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 ⊕ Onknown 1 Tyes 2 No hydrocephalus, intracranial Calcifications 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was en eutopsy performed? hydrops, scaliosis 2 1 No cartificate 25. Was casa rafarred to medical Be 26. Placa of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yas 2 No 2 ER/Outpetient 3 DOA To the Hospital or Attanding Physical Carbons after death.

To the Funeral Director: After this commently filled in by the funeral di 27. Mannef of Death Certification: 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how injury occurred 28b. Tima of 5 Panding invastigation 1 Naturai 1 ☐ Yas 2 ☐ No 2 Accidant 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be datarmined 28a. Placa of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 Homicida 29a. Certifiar 1 🖳 Certifying Phyalcian: To tha best of my knowledga, daath occurred at the tima, data and piaca, and dua to tha causa(s) and mannar as stated. Medicai 2 Medical Examinar: On the basis of axamination and/or investigation, in my opinion, death occurred et the time, date end place, and due to the cause(s) end mannar stated. 29b. Signature and title of certifie 29c. License number 29d. Data signed (Month, Day, Year) 30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print) MSC 210, 600 N. Wol for St. Baltinge MD 21287-3200 M.D.

32. Registrar's Signatura

State Registrar 31. Dete filed (Month, Day, Year)

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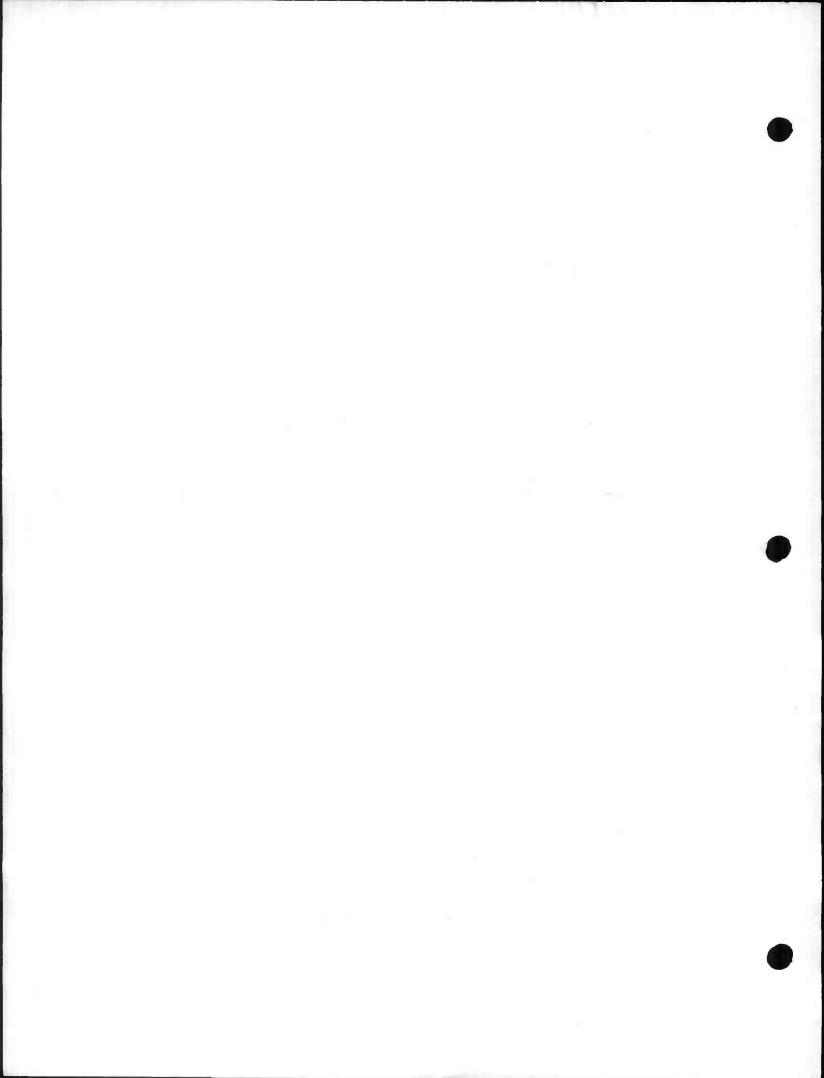
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all and a second

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writim? 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be accounted writim? The confidence has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1. 2. 3 should be first that and Memial Hygiene prior to burial, cremation, or removal, INPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 10-8-96 J.A. 1 - STATE REGISTRAR ITEM#4 FILM	STATE OF I	MARYLAND /	DEPAR	TMENT OF	HEALTH AND	MENTA	L HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)				OAIL OI	DEATH	2. DATI	E OF DEATH			3. TIME OF DEATH
	LILLIAN HOLI	DEN	CAN	NON			AMON	TH J	11/1	(TEAR	12:30A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lasi	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH	1		IPLACE (State or Foreign
	217-97-196220	1 🗌 M 2 💢 F	88	YRS.	MONTHS DAYS	HOURS MIN.	Jun	e 10,	1908	Mai	yland
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COU	NTY OF D	EATH
O. I	Stella Maris				Tow	son			Bal	Ltimo	ore
Б	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,		10c CITY	Y, TOWN OR LOCA	TION					10d. INSIDE CITY
DIRECTOR	Maryland N/	/ Δ			Baltim						LIMITS?
	10e. STREET AND NUMBER	П				H. ZIP CODE			10g, CIT	ZEN OF	WHAT COUNTRY?
ER/	5809 Kipling Cour	rt				21212					USA
FUNERAL	11. MARITAL STATUS	12. WAS DECEDER	NT EVER IN U.S. ARM			CENDENT OF HISPA			n or No—	14. RACI	E — American Indian, k, White, atc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced		MAR OR DATES	0		S 2 NO Spec		Ricen, etc.)		Spec	
						Λ					White
TED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(GIV		VSUAL OCCUPATION OF THE PROPERTY OF THE PROPER		16	b. KIND OF BU	SINESS/INC	USTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5 n/a	+)		naker			Own	Home	2	
COMPLET	17. FATHER'S NAME (First, Middle, Lest)	11/ 0				16. MOTHER'S N	AME (First				
	Edward Richmo	ond Ho	olden			Blanc				rts	
BE	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Street	and Number or Rural	Route Nun	nber, City or Tow	rn, State, Zip	Code)	
2	Mrs. Mildred Hold	len Wanne	en	216	Chantry	Road, T	imon	ium, M	D 21	1093	
	20a. METHOD OF DISPOSITION 1 ■ Burlel 2 □ Cremetion 3 □ Reme	ovel from State	20b. PLACE Al		OF DISPOSITION (A	lame of	2	7E 20c. LO	CATION -	City or To	own, Stata
	4 Donation 5 Other (Specify)				it Cemet		Au	g Ba	ltimo	re,	Maryland
1/	21- SIGNATURE OF THERM. SERVICE LIC	ENGEE	<i>X</i>			mon Fune	10.00	Home			
	Low H M. Et	mmon	mon			W. Padon			imoni	lum,	MD 21093
	23. PART I. Enter the diseases, or o shock, or heart feliure.	complications the	et coused the dea	th. Do n	ot entar the m	oda of dying, su	ch aa ce	rdiac or reap	Iratory an	reat,	Approximata interval Between
	IMMEDIATE CAUSE (Final	0,0	0.0 1		M	100					Onset and Death
	disease or condition reaulting in death)	· Allo	blasto	ma	//ww	tylorm	e				month
		DUE TO	OR AS A CONSEC	UENCE OF	F):						
NO	Sequentielly list conditions,	b	OR AS A CONSEC	UENCE OF	F):					-	
1 K	If sny, lesding to immediate csuse. Enter UNDERLYING				,						
틸	CAUSE (Disesse or Injury that initiated events	DUE TO	OR AS A CONSEC	UENCE OF	F):						
CERTIFICATION	resulting in deeth) LAST	d									
	PART il. Other significant condition	s contributing to	deeth but not re	sulting i	n the underlyle	a csuee alven in	n Pert i	24a, WAS AR	VPROTILIA	242	. WERE AUTOPSY FINDINGS
1 et 1						ig could given it		PERFO	RMED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC/								1 YES	Scho		OF DEATH?
Σ.	DID TOBACCO USE CONTI	RIBUTE TO CA	AUSE OF DEAT	TH YE	S II NO I	T UNCERTA	IN X				1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				TH (Check only one						
Sic	EXAMINER?	HOSPITAL:	☐ ER/Outpetlant 3 (□ DOA	OTHER:	ne 5 🗆 Rasidence	6X Oth	er (Specify)	Hos	nice	
=	27. MANNER OF DEATH	28a. DATE OF	F INJURY Day, Year)	28b. TIM	E OF 28c. IN	JURY AT		SCRIBE HOW			
ВУБ	1 Naturel 5 Pending 2 Accident Investigation	(MONIN, 1	Day, leall	INJ		ORK? YES 2 NO					
	3 Suicide 6 Could not be	28a. PLACE (of injury - At hon	na, farm, a	street, factory, offi	Ca	28f. LO	CATION (Street or Town, State	and Number	or Rural	Route Number,
	4 Homicide detarmined										
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my symulodge, dea	ith occurre	ed at the time, dat	e and place, and du	a to the ci	suse(a) and me	nner as sta	ted.	
O.	one) 2 MEDICAL EXAMINE	R: On the beels of	nation and/or in	rveatigatio	en, in my opinion,	death occured at th	e time, dat	a and placa, a	nd due to th	ne cause(a) and manner as stated.
l m l	29b. SIGNATURE AND TITLE OF CERTIFIER	3	1			29c. LIGHTSE NO	JMBER -	6	29d. DAT		(Month, Day, Year)
TO B						1/15	> > 0	7	•	8.5	7 85
-	30. NAME AND ADDRESS OF PERSON WH				100						
	DR. EDDIE NAKHUDA 31. DATE FILED (Manth, Day, Year)	A DESCRIPTION OF THE PARTY OF T	ULANEY V			TOWSON.	MD	21204			
	AUG 2 8 1996	Febra 1	AR'S SIGNATURE	de co							
	~ ~ 0 1230	M		1							



State of Maryland / Depair

29d. Data signed (Month, Day, Year) AUGUST 24, 1996

rtment of Health and Mental Hy	giene	9	6	2	5	L.	6	
tificate of Death								

			F					Ce	rtificate	e of	Death		Rag.	No.				
	Physic /Med		1. Decedant's Nam JAMES	a (First, Middla	, Last)				CARR	?		2. Date of AWGU		D2/3,	19 96	3. Time of Death 5:55 PM		
	Exami		4a. Facility Nama (/	f not institution	giva street and	d number)				4	4b. City, Town, or	Location of De	ath	4c. Count	ty of Death			
				. ANN							BALTI				N/A			
	Funeral Director		5. Social Sacurity N 215-28-51	97	6. Sax X⊠M 2□		64	st birthday) Yrs.	If Undar Months		If Undar 24 Hrs Hours Min.		Birth Day, Ya	32	9. Birthpla Count Mary	aca (Stata or Foraign ry) 1and		
	the Maryland 28a-f show	L	Usual Residenca of 10a. Stata	10b. County				Town or Lo							10	d. Insida City Limits		
	Ba-f	Funeral Director	Md.	N/A			Bal	ltimo	ce				XX Yas					
	or 2	ä	10a. Street and Nur	mbar					10f. Zip	Coda			10g. Citizan of What Country?					
	ath w	Ta .	3405 RO	YSTON A	VENUE					.214				U.S.	.A.			
020	BAITIMOFE, MATYIAND 21215-0020 permit. Pages 1 and 2 should be filled within 72 hours efter death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural, or items 23a or 28a-f show any injury or other traumatic event, tra Medical Examiner must be notified at any once.		11. Marital Status 1 ☐ Navar Marri XX Widowad		Armad	1 A Yas 2 No If Yas, Giva Yaar or Datas: 1952-1961				Was Dacadant of Hispanic Origin? (Spacify Yas of If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 1 □ Yas 2 ☒ No Spacify:					ice - Amarica ack, Whita, a ify: Whit	tc.		
5-0	72 hc	ted	/Snec	15. Decedant	Education 16a, Dece				dant's Usua	Occup	ation	aleta a	16b	. Kind of 8	Businass/Indi	ustry		
21215-0020	within iene.	Completed	Elamantary/Seco		1	Collaga (1-4or 5+)					during most of wo	rking	Na	tiona	al Can			
P	Hyg other	BeC	17. Fathar's Nama	(First, Middla, L	ast)		Lithographer 18. Mothar's Na					ma (First, Mide						
a	should be filed with and Mental Hygiene. I marked other than umatic event, the	To B	James	James Carr							Eliza	beth	Ruc	ker				
Maryland	and N is mer	-	19a. Informant's Ne								end Numbar or Ri				n, Stata, Zip (Code)		
	1 and 2 Health a em 27 is		James	Carr /	Son		-	3405 F	Rovsto	n A	venue, Ba	1timore	- Md	21	1214			
Baltimore,	Pages 1 and of He Int: If Item		20e. Mathod of Disp 1X Burial 2 [4 Donation	osition Cramation	3 DRamoval fro	om Stata	20b. Pla	ca of Dispo n <i>etery, cra</i> r	osition (Name of the control of the	a of thar plac	ca)	Data 27/96	20c	. Location	- City or Tow			
Balti	permit. Pag Department Important: If any injury o		21. Signatura of Fu	naral Service L	Idensee	, p	11019				ss of Facility	21170	Da		231	re,Md.		
	444		M	Lane	2X	Les	U						901 Eastern Avenue					
	Physician		23a. Pert1. Entar the shock, or had	ne disaesa, or o nt failura. List o	complicetions the nly one cause of	at caused in aach line	tha daath. a.	Do not ant	ar tha mode	a of dyin	g, such as cardia	c or raspiratory	arrast,			Approximata intarval Batween Onsat and Death		
1	/Medical Examiner		Immadiata Cause (disaasa or condition rasulting in daath)		a	a. Hanging Dua to (or es a consequença of):												
	p ii	liner			- b	Ĺ	Dua to (or e	es a consec	tuenca of):									
50,	death certificate be executed e ettending physicien and of for use as the burial-transit	il Examiner	Sequantially list cor if any, laading to Im causa. Entar Unda Cause (Disaasa or	nditions, madiata riying		С	Dua to (or a	is a consac	uanca of):			144			1			
(68760,	rtificate t ng physia as the t	Medical	that initiated events rasulting in daath) L		C	D	ua to (or a	s a consaq	uanca of):									
Box	eath cer ettendir for use	Physician/			d				-						1			
		sic	Part II. Other signifi	cant condition	s contributing to	o death but	not rasulti	ing in tha u	ndarlying ca	usa giva	an in Part I.	23b. D	id tobac	co use co	ontribute to t	the cause of death?		
s, P.O	requires that the de seen signed by the e hould be detached i	by Phy										1	☐ Yes	2⊠ No	3 Proba	abiy 4□Unknowr		
Records,	v requi	Completed k										pe	as an au	?	avai	a autopsy findings labla prior to plation of causa		
R	0 - 0	E C				Inspection of death?												
ta	ician: Th certificate rector, per	0	Of Was asset and to make the second s									1 🗆	Yas 2 No					
of Vital	Physician: this certific ral director,	To B	examinar?							26. Placa of Daath (Check only ona) Othar: 4 □ Nursing Homa 5 □ Rasidanca 6 □ Othar (Specify)								
			27. Mannar of Death		28a. Da	ata of Injury	2	8b. Tima of		~	4 LI Nursing H	28d. Dascrib						
ion	Attending r death. sctor: After by the fune	atio	1 ☐ Natural 2 ☐ Accidant	5 Panding invastiga	(M	fonth, Day	Year)	injury	М	Sc. Injury Work 1 🗆 '	(? Yas 2∭ No					41.		
ivision	r Attendition death Irector: An by the f	rtification:	3 Sulcida 4 ☐ Homicide	6 Could no determin				e, farm, str	aat, factory,	office		28f. Location City or 1	(Street	and Num	ber or Rural i	SCIT Routa Number, Ann Street		

State

Registrar

31. Data filed (Month, Day, Year) AUG 2 8 1996

29b. Signatura and titla of cartifian

29a. Certifier (Check only one)

111 Penn Street, Baltimore, Maryland 21201 ute m

30. Nama and address of person who complated cause of death (Itam 23a) (Type, Print)

Home

1 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, dete end placa, and dua to tha cause(s) end mannar as stated.

**Examinar: On the basis of axamination and/or invastigation, in my opinion, daath occurred at the tima, date and place, end due to the cause(s) and menner stated.

29c. Licansa number

O.C.M.E.

State of Maryland / Department of Health and Mental Hygiene 96

						Cer	tificate of	Death		Reg. No.		.0101		
	Physic	ian	1. Decedant's Nema (First, Middla, Last) 2. Date Mor								Yaar	3. Tima of Death		
	/Medi			ley					Aug		1996	8:30 PM		
L	Exami	ner	4e. Fecility Nama (If not institution, g. Howard County Ge						n, or Location of Dec Lmb (a		ty of Death ward			
	Funeral Director	il Director	513-44-3600		ge (In yrs. last i	Vrs.	If Under 1 Yeer Months Days	If Undar 24 Hours	Min. (Month, L	lirth Day, Year)	9. Birthplac Country Delaux	ca (Stete or Foraign y) UCC		
	land		Usuei Rasidance of Decedant 10e. Stata 10b. County		10c. City, To	wn or Loc	ation				100	I. Insida City Limits		
	Mary		Maryland Howard		Col	umbia	ι					1 ☐ Yas 2 ☑ No		
	3a or 28a		10e. Street and Number 6336 Cedar Lane	#290	<u> </u>		10f. Zip Coda 21044	‡		10g. Citizen of What Country? U.S.A.				
020	ilied within 72 hours after death with the Manyland hygiene. ther than "natural", or items 23a or 28a-f show ont, the Medical Examine must be notified at	by Funeral	11. Meritel Stetus 1 Nevar Married 2 Married 3 🖾 Widowed 4 Divorced	12. Was Dacedent Armed Forcas' 1 ☐ Yas 2 ☐ If Yas, Give Yaar or Detes:	orcas? If Yas, specify Cuben 2 □XNo 1 □ Yas 2 □XNo			lispanic Origin en, Maxicen, i Specify:	n? (Specify Yas or N Puarto Rican, atc.)		14. Race - Amarican Indian, Black, White, atc. Specify: White			
2-0	d within 72 hours piene. r than "netural", me Medical Exe	Completed	15. Dacedent's E (Specify only highast or	15. Dacedent's Educetion (Specify only highast grade complated)				ation	f working		Businass/Indus			
2	within ene.	Id I	Elamantary/Secondary (0-12)	2) Collega (1-4or 5+) lifa. DO NOT usa retired)					·····	Cellophane and				
9	illed with il Hygiene. other than		12 1 Office Manager 17. Fathar's Nema (First, Middla, Last) 18. Mothar's Ne					Nome /First Midd	Poly Bag Sales ama (First, Middla, Maidan Surname)					
Vlan	\$ to \$	To Be	John Robinson					Kehrweide		110)				
, Man	d Tab	ľ	19a. Informant's Name/Relationship Mary Lou Shippe/	19	9b. Malling 9573	Addrass (Street Long Loc	and Number	or Rural Routa Num L-Columbic	mber, City or Town, State, Zip Code) a, Maryland 21045					
Baltimore, Maryland 21215-0020	permit. Pages 1 an Department of Heal Important: If item 2 any injury or other once.		20a. Mathod of Disposition 1 ☐ Burlai 2 ☐ Cramation 3 ☐ 4 ☑ Donation 5 ☐ Othar (Special Control of					ce)	Deta	20c. Location - City or Town, State				
	permit. Departn Importa any inju		21. Signature of Puncial Service Libensee Wade, Dir. 22. Nama end Address of Facility Board-655 W. Baltimore									treet		
	Ohuolelan	h	Baltimore, Maryland 21201-1559 23a Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Shock, or heart failure. List only one cause on each line. Approximate Interval Batween Onset and Death											
	Physician /Medical		Immediata Causa (Final											
	Examiner		Immediata Causa (Final disease or condition rasulting in death) Dua to (or as a consequence of):								Yesis.			
ji .	n #	ner			Dua to tot as	a consequ	ance or).				1			
Ć,	executer an and rrial-trans	Examiner	Causa (Diseasa or injury that initiated evants rasulting in death) Lest Due to (or as e consequenca of):											
Box 68/60,	eath certificate be executed attending physician and for use as the burial-transit	n/Medical												
0	the atte	Physician/	Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Amia(fibn:((2+1))							23b. Dld tobacco use contribute to the cause of death				
, r.	es that the death cr igned by the attend be detached for us	Completed by Phys								1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ L				
Hecords,	aw requir ts been s 2 should									s an autopsy formad?	avalla	autopsy findings able prior to pletion of ceuse ath?		
E .	The page								1□	Yes 25 No	1 U Y	as 2 No		
	ician: The certificate rector, pag	B	25. Was cese refarred to madicel examinar?	Hospital					Death (Check only	ona)				
5	Physician: this certific ral director,	- T	1 ☐ Yas 2 ☑ No 27. Manner of Death	Hospital: 152 Inpatie		-		4 LI Nursi	ing Home 5□ Res					
5	ding h. After	tlon	1 Netural 5 Panding 2 Accidant Investigation	(Month, Da	Year)	Time of Injury	28d. Injury et Work? M 1 □ Yes 2 □ No							
DIVISION OF VITAL	I or Attending after death. Director: After d in by the fune	Certification:	3 Suicide 6 Could not be detarmined 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Spacify)						28f. Location (Straat and Number or Rural Routa Number, City or Town, State)					
	To the Hospital or Attending Physician: The Is within 24 hours after death. To the Funeral Director: After this certificate ha completely filled in by the funeral director, page	edicai C	29a. Certifiar (Check only one) 15 Certifying Pt 2 Medical Example 15 Certifying Pt (Check only one)	nysician: To the best of the basis of and mannar ste	axamination a	je, daath o nd/or inva	occurred at tha tir stigation, in my o	na, data end p pinion, daath	place, and due to the occurred et tha tima	a causa(s) and m , data and place,	annar as state and dua to th	ed. a cause(s)		
	Withir To th comp	Me	29b. Signature end titla of cartifiar	a)			29c. Licens	e number		29d. Deta signe	ed (Month, Da	y, Year)		
)	-		1/small	ey M	_		7	37	013	Aug	21,	1996		
			30. Nama and address of person who Bruce Confer		aath (Item 23a)	(Type, P	rint) Herstu	ment	1013 Phuy, Co	Slumbia.	MO	21044		
	Sta · Registr		31. Data filad (Month, Day, Year) AUG 2 8 1996	Suha Day da	ar's Signatura	2	1		,,					

Buss

magnitude and the second secon

			1. Decedent's Name (First, Middle, Last) 2. Date of Deeth Month Dev Yeer 3. Time									
	Physic /Medi		P. V. V. C.(J.) F.W.V.V.						2 ^{Dey} , 1	996	9:15 pm	
	Exami		4e. Fecility Name (If not institution, given	re street end number)			4b. City, Town, or		ocation of Death 4c. County of Death			
	A I I S I I		Villa St. Mic	hae1			Balti:			N/A		
9	Funeral Director	Director	210-10-0303	Gex 7. Age 1 □ M 2 □ X F	(In yrs. lest b		Months Deys Hours Min. (Month,				elece (State or Foreign etry) ginia	
	and *		Usual Residence of Decedent 10a. Stete 10b. County		10c City Toy	n or Location					0d. Insida City Limits	
	he Maryi 8a-f sho		MD N/	A		ltimore		1☐ Yes 2□N				
	23a or 2		10e. Street end Number 730 Ashburton	Street		10f. Zip Cod	e l 216		10g. Citizen of Whet Country? USA			
20	d 2 should be filed within 72 hours after death with the Maryland th end Mental Hygiena. 7 is marked other than "natural", or items 23s or 28s-f show treumatic event, the Medical Examinational be notified at	by Funeral	11. Marital Status 1 □ Never Married 2 □ Married	12. Wes Decedent E Armed Forces? 1 ☐ Yes 2 XN If Yes, Give	IForces? If Yes, specify Cuben, Mexicen, Puères 2 XINo Give 1 □ Yes 2 XINo Specify:			Specify Yes or No to Rican, etc.)	- 14. Rad Bia Specifi	ck, White,	etc.	
00	hour turel	b D	3 ☐ Widowed 42 Divorced Year or Detes:			Daniel Harris			Black			
21215-0020	within 72 ena. than "nat	Completed	15. Dacedent's Education (Specify only highest grade complated) Elemantary/Secondary (0-12) College (1-4or 5+)			Decedent's Usuei Oc (Giva kind of work do lifa. DO NOT use ra PN	cupetion na during most of wo tired)	nrking	16b. Kind of Business/Industry Hospital			
	Hygie Hygie ant,		12th 17. Father's Name (First, Middle, Last)		2.11	18. Mother's Ne	me (First, Middle,	lle Maider Sumema)			
lan	should be and Mental marked o	To Be	Amos Murray					Evelyn	_	,		
ary	shou end N e mar	1-	19e. Informant's Neme/Raletionship (Type, Print)	19	o. Meiling Address (Str	eet end Number or R	ural Route Numb	er, City or Town,	Stete, Zip	Coda)	
Σ			Constance Turn	er	3	705 W. Fi	anklin	St., Ba	1to.,	MD		
Baltimore, Maryland	eges ant of t: If it y or o		20a. Method of Disposition 1		cemate	of Disposition (Neme of ry, cremetory or other ational (olace)	Dete 8/28	20c. Location			
alt:	Departme Importan any injur		4 Donesion 5 Other (Specify) Md. National Cemetery 8/28 Laurel, Maryland 21. Signature of Eugeral Service Licenses 22. Name end Address of Facility LEROY O. DYETT & SON FUNERAL HOME, P. 1									
	Physician /Medical Examiner	Je.	23e. Fart. Unter the disease, or companies, or heart facular that only Immediate Cause (Final disease or condition resulting in death)	. CER	EBR	A TA	dylng, such as cerdia	c or respiretory a	rrest,		PO . 21207 Approximete Interval Between Onset end Death	
	icata be executed physician and s the bunal-transit	Examiner	Sequentially list conditions,	b	ua to (or es e	consaquance of):						
68760,	sician buria		Sequentielly list conditions, if any, leading to Immadiate ceuse. Enter Underlying Ceuse (Disasse or Injury thet initieted evants									
x 68	E 0 a	Medical	resulting in deeth) Lest Due to (or es e consequence of): d.									
Bo	etter for u	ciar								1		
P.O.	es thet the death ce igned by the ettendii be detached for use	Completed by Physician/	Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. HYPERTENSION						23b. Did tobacco use contribute to the cause of death 1 Yes 2 No 3 Probably Unknown			
ecords,	The law requires thet the death ata has been signed by the etter bage 2 should be detached for i		ANABARCA		24a. Wes an autopsy performed?			era eutopsy findings sliable prior to expletion of ceuse				
Re	The law ata has page 2	дш	HALDS ALDINA	miA							death?	
			25. Wes cese referred to medical	EIN (M)				101		1 🗆	Yes 22 No	
		o Be	examiner?	Hospitel: 1 ☐ Inpatient	2 ER/O	strations 20 DOA	Other:	eth (Check only o		(014		
ō	문 등 등	-	27. Manner of Death	28e. Deta of Injury	28b.		njury at Vork?	dome 5 Resid	now injury occur		9	
0	Attending Fir daeth. ector: Aftar by the funer	atio	2 ☐ Accidant 5 ☐ Pending Investigation	(Month, Day	Year)		Vork? ☐ Yes 2 ☐ No					
	af or Atte after da i Directo d in by th	Certification:	3 Suicide 6 Could not be determined		28f. Location (Street end Number or Rural Route Number, City or Town, Stete)							
-	n A Hoph n A houn ne Funera pletaly Illia	edical C	29a. Certifying Ph (Check only one) 2 Medical Exam	yelclan: To the best of ntner: On the basis of e end manner stete	xamination er	o, daeth occurred et the d/or Invastigation, in m	time, dete end plece y opinion, daath occu	e, end due to that	ceuse(s) end me data and place,	enner as sto end due to	ated. the ceuse(s)	
U	of the same	M	29b. Signeture at title of certifier	0		29c. Lice	ense number		29d. Dete signe	d (Month, L	Dey, Year)	
-			Jarnen	Hall	ani	D	28595		81	26/	76	
	1)		30. Name end eddress of person who	complated cause of dee	oth (Item 23a)	(Type, Print)		A /	-/	1		
	7		JASHEEM LA	KHANT,	7220	FARK HE	1974TS	HYEI K	Acro	MD	21208	
	Sta		31. Dete filed (Month, Dey, Year)	32. Registrer	a Clanatura							

Registrar

AUG 2 8 1996 Julia Javidson-Randalle

DHMH 16 Rev 6/95

T. L. E. B. Whise, and

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person and the second

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Physician /Medical **Examiner** 1. Decedant's Nama (First, Middla, Last)

3. Time of Death

1 Yas 2 No

25, 1996 7:00 P.M.

Funeral Director

Director

Funeral

þ

Completed

8

2

permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Maryland Department of Health and Mental hygiene. Important if item 27 is marked other than "natural" ~ " any fullury or other traumatic event.

Physician /Medical Examiner Examiner physician and the buriel-transit certificate be exec Box 68760. Physician/Medical USB BS jo signed by the e P.O. Records, þ Completed peed has page 2 certificate Division of Vital director, Be 2 this funerei Certification: Attending death. after death Director: ŏ Medical

2. Data of Death Month DOROTHY MARY CASCIO AUGUST 4a. Facility Nama (If not Institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death TOWSON, MARYLAND

If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth
Months | Days | Hours | Min. | (Month, Day, Year) SAINT JOSEPH MEDICAL CENTER BALTIMORE 5. Social Security Number Birthpiace (State or Foreign Country) 6. Sax 7. Aga (In yrs. last birthday) Months 1 M 2 F 215-16-2309 Yrs 74 1/12/22 MARYLAND Usual Rasidance of Dacadant 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits MARYLAND BALTIMORE TOWSON 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 17 TREEWAY COURT APT. 1D 21286 USA 12. Was Decedent Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Ricen, atc.) 14. Race - American Indian, Biack, Whita, atc. 11. Marital Status 1 Navar Married 2 X Married 1 Yas 2 No 1 ☐ Yas 2€XNo Specify lf Yas, Giva Yaar or Datas 3 Widowed 4 Divorced WHITE 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) HOMEMAKER OWN HOME 9th GRADE 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maldan Sumama) CLINTON RADCLIFF IONE PROUTY 19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) SALVATORE CASCIO 17 TREEWAY COURT HUSBAND APT. 1D TOWSON, MD 21286 20b. Placa of Disposition (Nama of cematary, crematory or other placa) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramovai from Stata 4 Donation 5 Othar (Specify) DULANEY VALLEY MEM. GAR. 8/29/96 COCKEYSVILLE, MD 21. Signature of Funeral Service Licenses 22. Nama and Addrass of Facility JOHNSON FUNERAL HOME 8521 LOCH RAVEN BLVD. TOWSON, MD 21286 Enter the disease of complications that caused the death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one cause on each line. Immediata Ceusa (Final disaasa or condition rasulting In daath) RESPIRATORY FAILURE FEW DAYS Due to (or as a consequence of) CHRONIC OBSTRUCTIVE PULMONARY DISEASE 15 YEARS Sequentially list conditions, if any, laading to immadiata cause. Entar Undarfying Causa (Disaase or Injury that initiated avants rasulting in death) Last Dua to (or as a consequence of) Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the undarlying causa givan in Part I.

23b. Did tobacco use contribute to the cause of death?

1 Yss 2 No 3 Probably 4 Unknown

24a. Was an autopsy performed?

24b. Were sutopsy findings available prior to completion of cause of death?

1 Yas 2 No

Approximata Interval Betw Onsat and Death

1 Yas 20 No 26. Placa of Death (Check only ona)

Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify)

25. Was casa rafarred to medical axaminar? 1 ☐ Yas 2 No 27. Mannar of Death

5 Panding invastigation

6 Could not be detarmined

Hospitai:

28a. Data of Injury (Month, Day Year)

28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify)

1 XInpatiant 2 ER/Outpatient 3 DOA 28b. Tima of

28c. Injury at Work? 1 Yas 2 No

28d. Dascribe how injury occurred 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

29a. Certifier (Check only one)

1 MNatural

2 Accident

3 Suicida

4 Homicida

1 Certifying Physician: To the best of my knowledge, death occurred et the time, data and place, and due to the cause(s) and menner as steted.

2 Medical Examiner: On the bests of axamination and/or invastigetion, in my opinion, death occurred et the time, dete end place, and due to the cause(s) and manner stetad.

29b. Signatura and titla of certifian

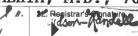
rollin m.O

29c. Licansa number D41410 29d. Date sighed (Monthy Day, Year)

30. Nama and depray of person who completed causa of death (Itam 23a) (Type, Print)

JOGINDER P. MEHTA, M.D., 7620 YORK ROAD, TOWSON, MARYLAND 21204 31. Data filed (Month, Day, Year)

State Registrar



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State Registrar

31. Data filad (Month, Day, Yaar) AUG 2 8 1996

TAMES

29b. Signature and titla of certifiar

ONGIEIR

30. Nente and address of person who completed cause of daeth (Itam 23a) (Type, Print)

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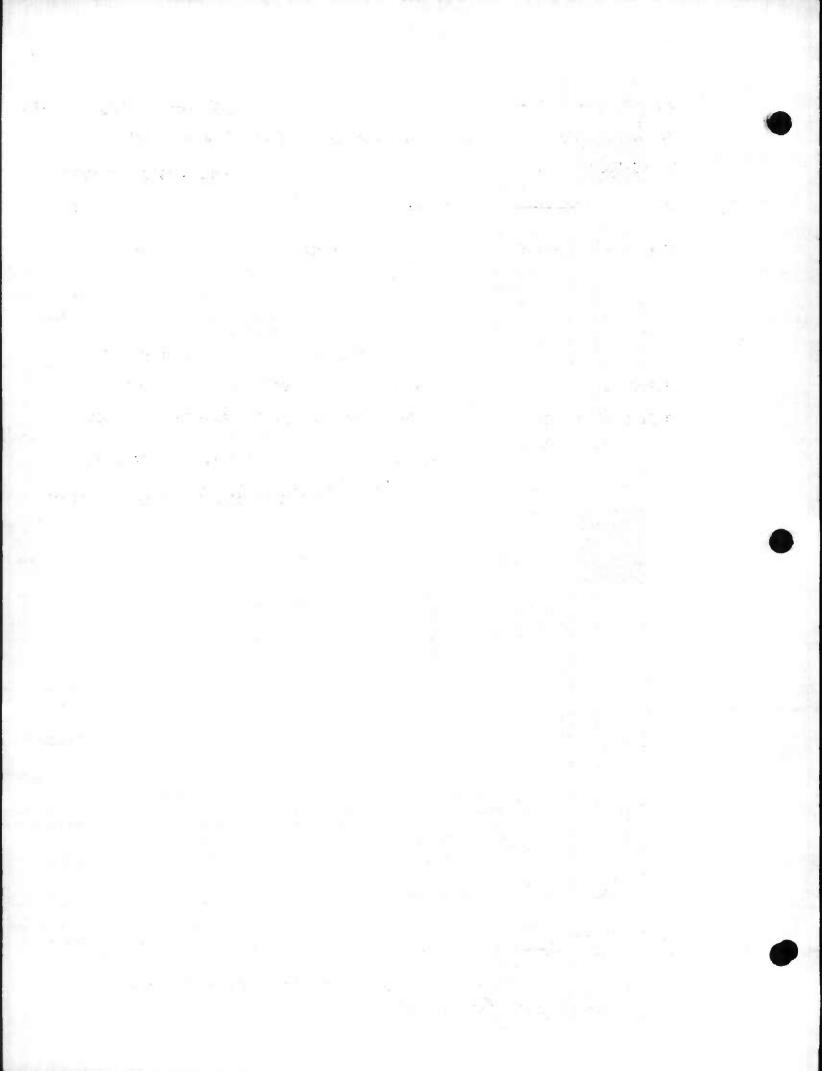
32. Registrar's Signatura

29c. Licansa number

SINAL HOSPITAL

29d. Data signed (Month, Day, Year)

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96 25468

							Cert	tificate o	f Death)		Reg. N	lo.			
П	- L		1. Decedant's Nama (First	Middla, La	st)			- 1.	1 1 1		2. Data of D			G.V.	3. Tima	of Death
	Physic /Mod		Drawbaugh, Mary			Elizabeth			^			ay 25	1996	1:49	MA	
	/Medi Exami		4a. Facility Nama (If not in	-	a street and number)	1			4b. City, To	own, or Lo	cation o Dea	1	c. County			
	Exami	1101		9		J										
1	Euroval		Carroll Cos 5. Social Security Number	inty (seneral 7. Ac	a (in yrs. las	t birthday)	If Undar 1 Ya	westi ar If Unda	minst r 24 Hrs.	8. Data of B	irth	Carı		Jana (Stata	or Foreign
	Funeral Director				□M 2□F		Yrs.	Months Day	s Hours	Min.	(Month, E				laca (Stata itry)	or r oreign
			202-16-745. Usual Rasidance of Deced	ant	X	87					Nov. 25, 1908 PA.					
	lend #		10a. Stata 10b. 0			10c. City,	Town or Loc	ation						1	Od. tnside (City Limits
	dary ah	ō	MD.	BALTI	MORE		COCKE	YSVILLE	7							s 27 No
	15 28a	00	10e. Street and Number	7111111	101112		COOKI	10f. Zip Code				10- 0	Minan of I	After Course		21
	With With	굽	10305 G1	caane:	ide Dr				L030			10g. C		What Cour JSA	itry ?	
	filed within 72 hours after death with the Marylend Hygiene. ther than "natural", or flems 23a or 28a-f ahow int, the Medical Evanarer must be notified at	Funeral Director		cens.	Y											
	and and	un	11. Marital Status 12. Was Decedant Evar in U.S. Armed Forcas? 13. Was Decedant of Hispanic Origin; If Yas, specify Cuban, Maxican, Pr							rigin? (Spe in, Puarto	Rican, atc.)	lo-	⇔ - Amano ck, Whita,	an Indian, atc.		
20	or is		1 Navar Married 2		1 Yas 2 4	No	11	□ Yas 2 N	lo Specify	*			Specify	Specify: LTLTTTE		
00	ours	d by	3 Widowed 4 □ Divorced Yaar or Datas:										Opecny	WH	ITE	
21215-0020	72 h	Completed	15. De (Specify only	cadant's Ed	ducation ida complated)		16a. Deceda	ant's Usual Occ	cupation na during mo	st of worki	ina	16b. Kind of Businass/Industry				
2	the second	ldu	Elementary/Secondary (College (1-4or 5	i+)	lifa. Di	O NOT usa reti	ired)		Education				-Balto. Co.		
	A De de	Ö	12	р		Те	acher			Public School Sys				I Sys	tem	
Maryland	2 should be filed with and Mental Hygiene. Is marked other than sumetic avent, the	Be	17. Fathar's Nama (First, N	fiddla, Last,			18. Mothar's Nam					ne (First, Middla, Maidan Sumama)				
ja	Vent rked rked	0	Otis Orv	ille 1	Leidich				Fai	nnie	B. Mir	nicl	n			
an	sho am		19a. Informent's Neme/Re	ationship (Type, Print)		19b. Mailing	Address (Stre	et end Numb	er or Rura	I Routa Num	ber, City	or Town,	Steta, Zip	Code)	
	1 and 2 Health a em 27 le		David Da	awbau	ıgh		4 Ea	st 32nd	St	Apt.	501.	Balt	to	MD 2	1218	
ē,	T He other		20a. Mathod of Disposition			20b. Plac	e of Disposi	ition (Nama of			Data	1		City or To		
Baltimore,	Peges net of nt: If its iry or o		1 Burial 2 Cram	ation 3	Ramoval from Stata			atory or other p		į	. 30					
	rtan njur				- Since	Met		ematory			Aug_	Cato	onsvi	llle,	MD	
	permit. Peges 1 and 2 should be filed within 72 hours aftar death with the Marylen Depertment of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23s or 28s-f show any fujury or other traumatic avent, the Medical Examiner must be notified at once.		21. Signature of Funeta Garage Licenses 22. Nama and Addrass of Facility Lammon Funeta Garage Valley Valle													
	40140			Lowe	M. Lemm	on		W. Pa								
		-	shock, or heart failure	ise, or com	plications that causad	tha daath.	Do not antai	r tha moda of d	lying, such as	s cardiac o	or raspiratory	arrast,			Approxima Intarval Be	ata
3	Physician				٨									I	Onset and	
F_{ij}	/Medical		Immediata Causa (Finel								1	NI	· vc			
2	Examiner		Immediata Causa (Finel disaasa or condition rasulting in death) a. Acute Myo (and a) Infarch on 26 h Due to (or as a consequence of):									117				
1	_	ē				DO to to to	Consedu	ience orj:		1				1		
	eath certificete be axecuted attending physician and for use es the buriel-transit	Examiner			b	Due to /es e		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						1		
	axac n an	Exa	Sequantially list conditions, if any, leading to immadiate cause. Enter Undarlying Causa (Disease or Injury that initieted evants rasulting in death) Last Due to (or as a consequence of):									1				
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68760,	certificate be asscuted rding physician and use es the buriel-transit	palpa														
×	ding 156 6		d													
Bo	death e atten	Physician														
o.	0 0 0	ysie										23b. Did tobacco use contribute to the cause of d				
P.0	requires that the been signed by the											1 Yes 2 No 3 Probably 4 YU				Unknown
Ś	S 5 8	by														
Ď	v require been sig should t	P									24a. Was an autopsy performed?				lb. Wara autopsy findings available prior to	
Š		pie									ponomied			completion of cause of death?		
æ	0 - 0	Completed										l Van	010/No	4.5	7V 0	TN.
B	certificate rector, pag	-	OF Management to a										2 No	11.	Yas 2	□No
5	ysician: s certifica director,	o Be	25. Wes case rafarred to medical axaminar? Hospitel: ACT and the second of Death (Check only one) When the second of Death (Check only one)													
d	in di	1	1												y)	
Division of Vital Records,	8 33	9									28d. Dascribe how injury occurred					
S	1 1 2	cat								M 1 Yas 2 No						
Z,	4 2 4	Certification								1	28f. Location City or To	(Streat a own, Sta	an <i>d Numb</i> ita)	oer or Rura	il Routa Nu	n <i>ber</i> ,
	pital o	O														
	Hospital 24 hours Funeral Mely filled	edicai	29e. Certifiar 1 Ce	rtifying Ph	ystcian: To the best of timer: On the basis of	f my knowle	dge, deeth o	occurred at the	tima, date ar	nd piace,	and due to the	e ceuse(s) and me	enner as s	tated.	(a)
	To the Hospita within 24 hours To the Funeral completely filled		one)	CITCOL EXAM	and mannar sta	ted.	I allovor iliva	istigation, in my	y opinion, dec	etti occuri	BO AL LINA LINIS	i, deta ai	nu piace,	and dua to	Ria Cause	(a)
	within To the comple	Σ	29b. Signatura and titla of	entifies		NI .	\	29c. Lica	nsa numbar			29d. D	ata signe	d (Month,	Day, Year)	
	Time!		(5)	-h		M. 1)	104	742	3		Aus	Trus	-25	_199	16
	10		30. Name and aridress of p	orano luni	completed causa of di County Gene	anth /Itam C	2a) (Time 5	riot)				710	1			
	10		11, 2, 1	100	Country Course of de	e OHO	say (Type, P	OO Herry	A Con	1c , w	estmin	ste	1.1	10 2	2115	7
			31. Data filed (Month, Day,	Veer	Donlers	r'e Cine at	1)			-/			-			
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	Registi	al	MUUN	0 133	N A	- 1-4001	- land									

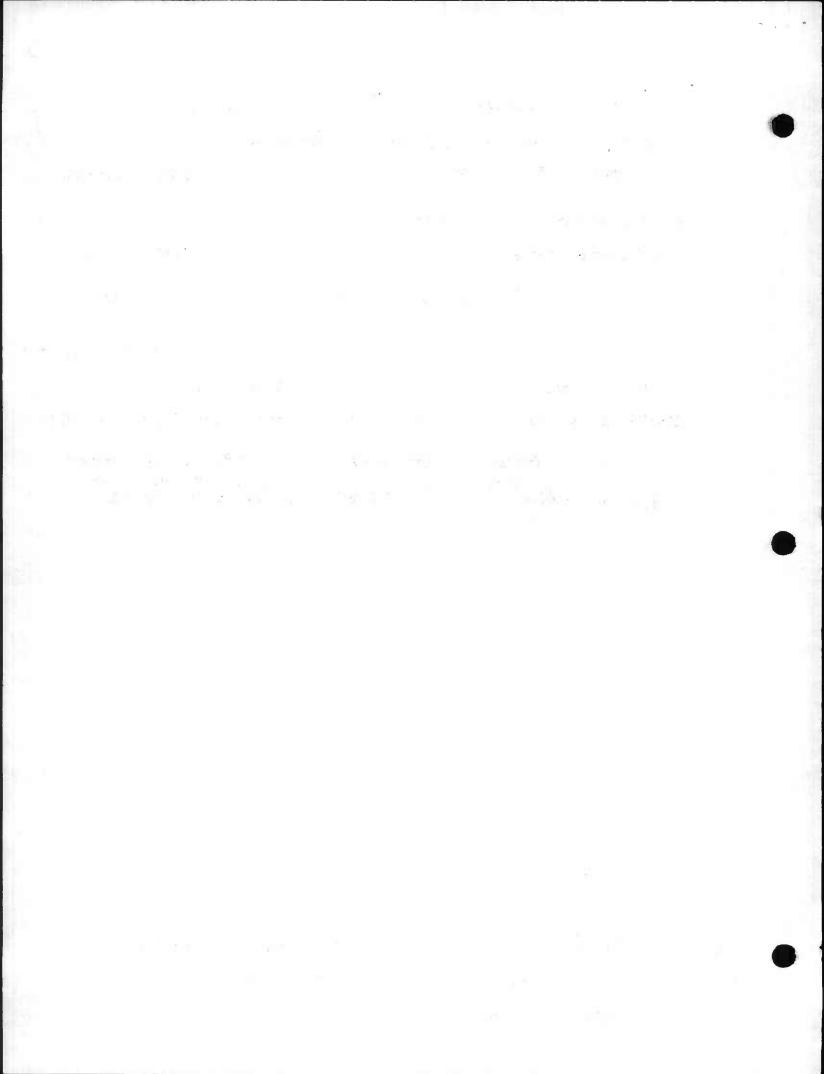
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State of Maryland / Department of Health and Mental Hygiene 96

96 25469

					Cei	tificate	of Dea	th		Reg. N	lo.		
Physic	ian	1. Decedent's Nama (First, Middla, La							2. Data of D Month	eath	ay	Veer	3. Tima of Death
/Med		LAWRENCE	EMNS						Avins			996	5:22 pm
Exami	ner	4a. Facility Nama (If not Institution, give							ocation of Das	ith 4	c. County		
		Johns Hopkins Ba				If Undar 1 Y		timore				N/A	
Funeral Director		5. Social Security Number 6. S 217-01-7060 Usual Rasidance of Decedant	M 2□F	a (In yrs. last	Yrs.		ays Ho		8. Data of B (Month, D January	<i>ay, Yea</i>	.907	9. Birthplac Country Mary	
ylend		10a. Stata 10b. County		10c. City, T	own or Lo	cation						10d.	. Insida City Limits
Mar Mar	cto	Maryland Baltimore	9	Par	kvill	е							1 ☐ Yas 2 ☒ No
23a or 28	Funeral Directo	10a. Street and Number 3004 Oak Forest D	rive			10f. Zip Co				_		What Country State:	
s 1 and 2 should be filed within 72 hours efter deeth with the Maryland if Heelth and Mentel Hygiene. Itam 27 is marked other than "natural", or items 23s or 28s-f show other traumstic event, its Medical Examinat must be notified at	b	11. Marital Status 1 Navar Marrled 2 Married 3 Widowed 4 Divorced	12. Was Decedant Armed Forcas? 1 K Yas 2 1 N If Yas, Giva Yaar or Datas:1	No		Vas Dacedani Yas, specify □ Yas 2⊠			pecify Yas or N Rican, atc.)	lo-	Blac	e - Amarican ck, Whita, atc .: White	
72 h 'natu	Completed	15. Decedant's Ed (Specify only highast gra	ducation ada complatad)	1	(Giva	ent's Usual O kind of work d	lona during	most of work	king	16b.	Kind of B	usinass/indus	itry
12 should be filed within h and Mentel Hygiene. is marked other than "is reumatic event, the Men	mp.	Elamantary/Secondary (0-12)	Collaga (1-4or 5	5+)	lifa. L	OO NOT usa n	atired)			٨			an awati an
her t		17. Fathar's Nama (First, Middla, Last	1		super	visor	10 A	lathar's Nam	a (First, Middle				rporation
od be	Be C	Aldie Evans					1	illian		Insl		ia)	
Theri	2	19a. Informant's Neme/Ralationship (19b. Mallin	o Address (S			ral Routa Num			Stata Zin Co	nda)
end 2 seeth ar n 27 is ner trau		Ethel M. Evans/Wi	***			Oak Fo							d 21234
f Heelth fam 27		20a. Mathod of Disposition		20b. Place	a of Dispo	sition (Nama o	of r place)		Data	20c.	Location -	City or Town	, Stata
Peges nent of I nt: If Its iry or o		1 ☐ Burlal 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 🖾 Othar (Spacif	Removal from Stata			Cemetery	,	8	/29/96	Rall	timor	e, Maryl	land
permit. Peges 1 end Department of Heelth Important: if Itam 27 any injury or other tr once.		21. Signature of Funaral Sarvica Licar			22		ddrass of F	acility Leo	nard J. ltimore,	Ruck	Funer	al Home,	
c		23a. Part1. Entar tha diseasa, or com shock, or haart failura. List only	plications that causad	tha daath. [_	_		A	pproximata itarval Batween
hysician /Medical Examiner	ner	Immediate Ceuse (Finel disaasa or condition rasulting in daath)	G	Due to (or es									insat and Death
in end	Examiner	Sequentially list conditions, if any, leading to Immediate causa. Entar Undarfying Causa (Disease or injury	b	Due to (or as	a conseq	uance of):							
requires that the deeth certificate be executed seen signed by the ettending physician end hould be deteched for use as the bunal-trensit	Medical	Causa (Disaasa or injury that initiated evants rasulting in daath) Last	C. — Dua to (or as a consequanca of):										
or us	lan		0										
the e	Physician/	Part II. Other significant conditions of	ontributing to death bu	ut not rasultin	g in tha ur	darlying caus	e given In F	art I.	23b. Dic	d tobacc	o use co	ntributs to th	ne cause of death?
igned by the ettendi	by Ph								1	Yes	2 No	3 Probab	oly 4 Unknow
2 5 5	Completed I		·						24e. We	s an aut formed?		availa	autopsy findings able prior to lation of causa ath?
ine iaw ate hes b page 2 s	No.								1 🗆	Yas	2 No	1 U Y	′as 2□No
this certificate	Be (25. Was casa rafarred to medical axaminar?					26. F	laca of Deal	th (Chack only	ona)			
this car	2	1 ☐ Yas 25 No	Hospital: Inpatia		/Outpatlen			Nursing Ho	oma 5□Ras	sidance	8 Doth	ar (Specify)	
efter death. Director: After th	cation:	The state of the s								how In	ury occur	red	
nours efter de neral Direct y filled in by t	Certification:	3 Suicida 6 Could not be datarmined 28a. Piaca of injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa of City or Town, State)									outa Number,		
- T -	edical	29a. Certifier (Check only one)	yalclan: To the best on ninar: On the besis of and manner ste	axamination	dge, daath and/or inv	occurred et the astigation, in r	ne time, dat my opinion,	a and placa, deeth occur	and due to the red at tha tima	e ceuse(, data a	s) end me nd placa,	ennar as state and dua to the	ed. a cause(s)
within Somple	Σ	29b. Signatura and titla of certification		0010		29c. Li	cansa numi	per				d (Month, Da)	y, Year)
-		Olean		2WO		#	- 97	114.		8	261	46.	
MX		30. Nama and eddrass of person who	complated cause of de	aath (itam 23		Print)		D - 1	Lt my) .		•	
A			EADING		10	JHR	MC	, 1000		J .			
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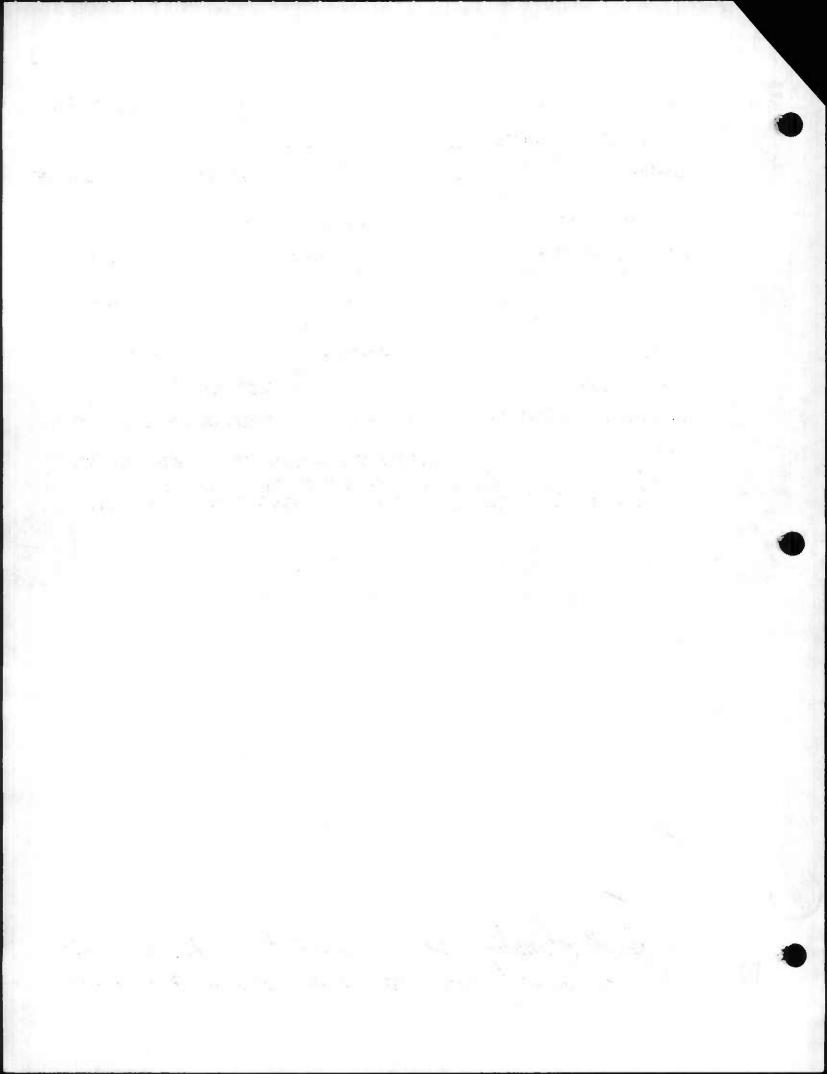
Registrar



State of Maryland / Department of Health and Mental Hygiene

96 25470

				1	Certifica	te oi	f Death		F	Reg. No.			
Phys	ioian	1. Decedent's Name (First, Middle, Li	est)						2. Date of Dea Month		Year		me of Death
	dicai	BERTHA	ELLIS						8	24	96	4:4	15PM
Exan	niner	4a. Fecility Name (If not institution, gi							ocation of Death	4c. Cour	ty of Deeth		
111		(HOME) 2227 WEST			9.0	1.14		TIMO			N/A		
_c Funer Directo			Sex 7. Age (I	n yrs. lest birtl	rs. If Unde Months			Min.	8. Date of Birth (Month, Dey 2/5/192	Yeer)	9. Birthp Cour NORT	H CA	ROLINA
yland		10a. State 10b. County	10	Oc. City, Town	or Location						1	0d. Insi	de City Limits
with the Maryland a or 28a-f show	Director	MARYLAND N/	A		BALT 10f. Zi		RE			10g. Citizen o	What Cour		(Yes 2□No
3a o		2227 WEST FAYETT	E STREFT				21223				U.S.A	-	
fter death wi	Funeral	11. Marital Stetus	12. Wes Decedent Eve	or in U,S.	13. Was Dece	dent of			ecify Yes or No- Rican, etc.)	14. Re	ce - Americ	can Indie	en,
8 9	P	3 X Widowed 4 □ Divorced	Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates:		1 ☐ Yes			i, Puerto	Rican, etc.)	Spec	ack, White, ity: BI	etc. LACK	
72 hours	Completed	15. Decedent's E (Specify only highest gr	ducetion	16a. [Decedent's Usu Give kind of wo	al Occi	upation	t of work	ina	16b. Kind of	Business/Inc	dustry	
within 7 liene.	dE	Elementary/Secondary (0-12)	College (1-4or 5+)		life. DO NOT u	se retir	ed)	O WORK	ing				
filed v Hygie ther th		17. Father's Name (First, Middle, Last	U		HOME	MAK			450		OME		
Mental Hyg rrked other	Be	THOMAS MOSLEY	,						First, Middle,		eme)		
s 1 and 2 should f Health and Men frem 27 is marke other traumatic	2	19e. Informant's Name/Reletionship	Time Print)	10h	Mailing Address	- /C+			ET MOSL			0.41	
nd 2 safth ar 27 is r trau		GWENDOLYN POWERS	(DAUGHTER)						REET BA				2
Pages 1 and Dupurment of Health moorant: If Item 27 my Inlury or other fr		20a. Method of Disposition		20b. Place of I	Disposition (Ne	ne of				20c. Location			
Pages sent of int: If Its		1 Burlal 2 □ Cremation 3 □ 4 □ Donetion 5 □ Other (Specia	Removal from State		S MEMOR			0/20					
nit. Pa artmer ortent Injury		21. Signature of Funeral Service Lice	nsee /	ANDO I O.						ARBUTU	S, MARY	LAN	D
age of the	8	V/1.1	11 90	7	ESTEP	BR	THERS	'FUN	ERAL HOI	ME PA.			
		23a, ParticEnter the disease or com	unlications that caused the	Footh Do no	1300	EUT/	AW PLA	CE B	ALTIMOR	E,MARY	LAND 2		
Dhualaise		23a. Partitenter the disease, or comshock, or heart failure. List only	one cause on each line.	eath. Done	n enter the mot	ie oi dy	ing, such as	cerdiac	or respiratory err	est,			i Between and Death
Physician /Medica		immediate Cause (Final	2	10-6	L	00	C					011301	//
Examine		disease or condition resulting in death)	. Brain	met	1370	30	2				1.	non	ths
-316	ě		Small c	o to (or as a co	nsequence of):		0/					400	W
outsed ansit	Examiner	Convention by list conditions			nsequenca of):	0	+ 14	mg	7		- //	nor	1145
be executionand burial-tra		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	Due	to (or as a co	risequerica or).								
flicate be execu g physician and as the burial-tra	edical	that initiated events	C. Due	to (or es e co	nsequence of):					e f			
100 AND 400	Pe	resulting in death) Lest	540	10 (01 00 0 00	isoquorico orj.						JA .		
W 2 3	M/VE		d										
8 9 9	Physician	Part II. Other significant conditions of	ontributing to death but ne	ot resulting in t	he underlylna d	ause o	iven in Part I.		23b. Did to	obacco use c	ontribute to	the ca	uae of death?
£ 68	hy												4 Unknow
as the	by												
e law requires the has been signed be 2 should be control of the c									24a. Was a perform			ere autor	psy findings
has be	Completed					_			perion	/	COL	mpletion deeth?	of cause
£ 8.6	E O								1 🗆 Ye	s 2 No	10	Yes	212 No
100	Be	25. Was case referred to medical					26. Place	of Death	(Check only on				7
3 2 5	To	examiner? 1 Yes 2 No	Hospital: 1 ☐ Inpatient	2 ER/Outp	atient 3 DC	DA OI	har		ne 5 Reside		her (Specify	()	
ding Phys h. After this funeral d		27. Manner of Death 1 ☑ Natural 5 ☐ Pending	28a. Date of Injury (Month, Dev Ye	ar) 28b. Tin	ne of 2	8c. Inju		- 1	28d. Describe ho				
lendin leath. for: At the fu	atic	2 Accident investigation			M		Yes 2 1	No					
f or Attending after death. Director: After 3 in by the fune	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Pleca of Injury - building, etc. (5	At home, farm	, street, factor	, offica		- 2	28f. Location (St City or Town	reet end Num	ber or Rure	/ Route	Number,
	Cer			p 00y/					ony or your	, 0.0.07			
Hospital 24 hours Funaral otely filled	edical	29a. Certifier Certifying Ph	yalcien: To the best of miner: On the basis of exa	y knowledge, o	leath occurred	et the ti	ime, date end	placa, a	and due to the ca	ause(s) and m	anner es st	ated.	
		one)	and manner slated.	innation and/	or investigation,	ari iliy	opinion, death	n occurre	ed at the time, di	ate and placa	, end due to	tne cau	158(S)
To the within To the	2	29b. Signature apertitle of ceutilier	1. 11.		290	. Licen	se number	77	2	9d. Date sign	ed (Month, L	Dey, Yes	er)
		faur (Jeming	MD		1	1828	1		406 2	27 /	197	6
I		30. Name and address of person who	completed cause of death	(Item 23a) (T	/pe, Print)		1					,	
10		PAUL GORM	(Fy 90	50 C	ATON	A	VB.	18	MUTU	MD	21	122	-9
Si	ate	31. Date filed (Month, Day, Year)	32 Ragistrace	Signature				-					-



ate of Maryland / Department of Health and Mental Certificate of Death	, ,	96	254
Certificate of Death	Reg. No.		

1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth EPPS FleeT Month **Physician** MARIAN 9:15 PM August 22 /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Harbor HOSPItal Center Baltimore 7. Age (In yrs. last birthday) If Under 1 Yeer If Under 24 Hrs.

Months Deys Hours Min. 5. Sociel Security Number 6. Sex 8. Dete of Birth (Month, Day, Year) Birthplece (Stete or Foreign Country) **Funeral** 1 M 2 F 212-24-797 Usuel Residence of Decedent Yrs. Director MARYLAND 86 11/14/1909 death with the Maryland 10c. City, Town or Location BALTIMORE 10e. Stete MARYLAND 10b. County 10d. Inside City Limits traumetic event, the Medical Examiner must be notified at N/A Director 1 Yes 2 No 10e. Street end Number 10g. Citizen of Whet Country? 10f. Zlp Code 6 2611 HOLLINS FERRY ROAD 21230 U.S.A. Items 23a Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ 2 ☐ No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours effer d Department of Heelth and Mental Hygiene. Important: If filem 27 is marked other than "netural", or the traumetic event 1 Never Merried 2 Merried **BLACK** 1 ☐ Yes 2 ☐ No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use ratired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) HOMEMAKER HOME 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) DR. JOHN H.LIVERPOOL MARCIA LIVERPOOL 19e. Intorment's Neme/Relationship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) BENJAMIN FLEET (HUSBAND) 2611 HOLLINS FERRY ROAD BALTIMORE, MARYLAND 21230 20b. Plece of Disposition (Neme of cemetery, crematory or other place) 20c. Location - City or Town, Stete 20a. Method of Disposition 1 ☑ Buriei 2 ☐ Cremetion 3 ☐ Removei from Stete CROWNSVILLE CEMETERY 8/27/96 CROWNSVILLE, MARYLAND 4 ☐ Donetion 5 ☐ Other (Specify) Edneral Service Licenses ESTEP "BROTHERS" FUNERAL HOME PA. 1300 EUTAW PLACE BALTIMORE, MARYLAND 21217 actions that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, Approximete interval Between Onset end Deeth **Physician** /Medicai Immediate Cause (Finel Cardiogenic 2 hrs diseese or condition resulting in deeth) Examiner Examiner Heart 2019estive physician and the burief-transit The lew requires that the death certificate be executed Sequentially tist conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or es e consequence of) Records, P.O. Box 68760. tension

Physician/Medical signed by i þ Completed page 2 Hospital or Attending Physician: 24 hours after death.
Funeral Director: After this certifica etely filled in by the funeral director, p Be Certification: To vithin 24 hours of To the Funeral Completely filled Medical (

certificate

Division of Vital

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. cell

3 Sulcide

29e. Cartifier (Check only one)

4 ☐ Homicide

25. Was case referred to medical Hospitel: 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No 27. Menner of Deeth 28a. Dete of Injury (Month, Day Year) 1 PNeturel 2 Accident

5 Pending investigation 6 Could not ba

Carcinoma

28e. Plece of Injury - At home, farm, street, tectory, office building, etc. (Specify)

29c. License number

1 ☐ Yes 2 ☐ No

28c. Injury et Work?

28f. Location (Street end Number or Rural Route Number, City or Town, State) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated.

24e. Wes en autopsy performed?

26. Place of Death (Check only one)

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

1 ☐ Yes 2 ☐ No

28d. Describe how Injury occurred

29b. Signeture end title of certifier ShiT. Tabosi MD

Harbor HOSPITAL House off icer

28b. Time of

A52441614-28 August

29d. Dete signed (Month, Day, Year)

23b. Did tobacco use contribute to the cause of death?

1 Yes 2 No 3 Probably 4 Unknown

24b. Were autopsy tindings aveilebie prior to completion of cause of death?

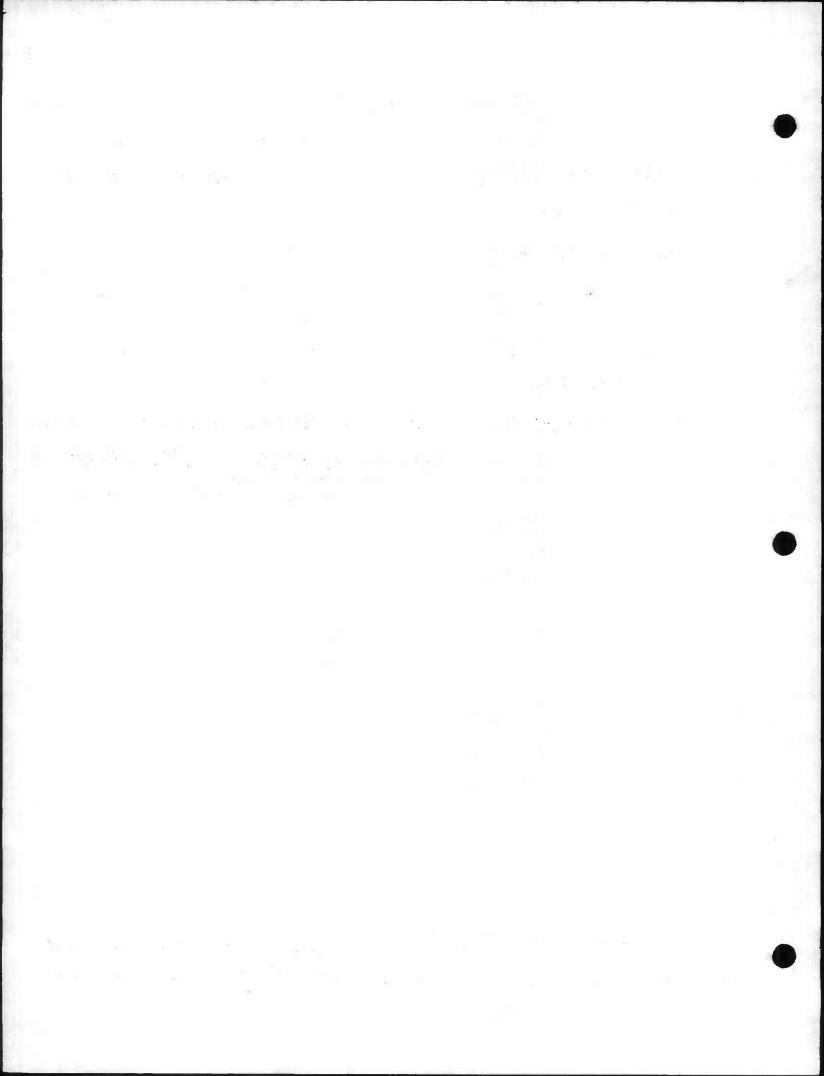
1 ☐ Yes 2 ☐ No

30. Name end eddress of person who completed cause ot deeth (Item 23e) (Type, Print) Harbor Hospital 3001 South Hanover St. Baltimore SHAHRIAR T. TABASI MD

31. Dete filed (Month, Day, Year) AUG 2 8 1996

32. Registrer's Signeture wha Tavidson - Randolle

State Registrar



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1	REGISTRAR 1. DECEDENT'S NAM	NE (First, Middle, La	at)	- 01		ICATE	OF DEATI		REG. N	IO.		3. TIME OF DEATH					
	HARRIET	HODO	GE.	GILBERT				A	ugust 2	7. 19	96	2:15 p					
	4. SOCIAL SECURIT		5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1 YE	AR IF UNDER 24	-	DATE OF BIRTH		a. BIRT	THPLACE (State or Foreig					
	069-07-	0202	1 □ M 2 💢 F	85	YRS.	MONTHS DA	YS HOURS	MIN.	(Month, Day, Year) June 19,	1911	Ne	w Jersey					
	9a. FACILITY NAME		ve street and number)	1		9b. CITY, TO	WN OR LOCATION				UNTY OF						
8	Stella l	Maris Ho	spice			T	owson			E	alti	imore					
CTOR	RESIDENCE OF											1					
DIRE						Y, TOWN OR LO						10d. INSIDE CITY LIMITS?					
	Maryland		ltimore			Monkto	101. ZIP CODE			40- 00	TITEN 00	1 ☐ YES 2 ☑ NO WHAT COUNTRY?					
FUNERAL			Road, Box	205			2111	1		10g. CI		USA					
N.	11. MARITAL STATUS			NT EVER IN U.S. AR	MED	12 WMC			ODICINA (Secolo)	Yan ar Na		CE American Indian					
	1 Never Married		1 YES 2 XI	NO	If yes	s, specify Cuben,	Mexican, I	xicen, Puerto Ricen, etc.)			RACE — American Indian, Black, White, etc.						
BY	3 Widowed 4	Divorced	IF TES, GIVE	WAN ON DATES		'"	YES 2 X NO	Speciny:	Specify			White					
ED		15. DECEDENT'S E		16a. DE	CEDENT'S	USUAL OCCUP	PATION g most of working		16b. KIND OF BUSINESS/INDUSTRY								
ET	Elementary/Seco		College (1-4 or 5	life	. Do NOT L	se retired.)	y most or worning										
COMPL	12 2					maker	1	Own H	lome	- 6							
8		17. FATHER'S NAME (First, Middle, Last) Charles Ray Hodge				16. MOTHER'S NAME (First, Middle, Maide Florence											
BE (Florence Carpente										
TO B			3:11	19		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 15202 Carroll Road, Box 285, Monkton, MD 21111											
	Mr. T. Nelson Gilbert 15202 Carroll Road, Box 285, Monkton, MD																
	1 X Burial 2 C	remation 3 🗆 R	lemoval from Stata	cemetery, cre	and Date	of DISPOSITION	N (Neme of					fown, State Maryland					
	3	- Auto-	ugente 2	Ilmman	nueT		20a. METHOD OF DISPOSITION 1 TX Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Sp.) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetery, cremetery, cremetery or other place) Immanuel Episcopal Cemetery Aug Sp.										
						22 NAM	E AND ADDRESS										
	22. NAME AND ADDRESS OF FACILITY Lemmon Funeral Home																
_	P Horse		emmon	N		L 1	emmon F O W. Pa	of FACIL unera doni	al Home a Road,			, MD 2109					
-	23. PART I. Enter	the diseases,	or complications th	ant caused the de	eath. Do	L 1	emmon F O W. Pa	of FACIL unera doni	al Home a Road,			Approximate					
	IMMEDIATE CAU	the diseases, k, or heert fellu SE (Finel	or complications the re. List only one ce	euse on each line	в.	L 1	emmon F 0 W. Pa	of FACIL unera donia	al Home a Road,	apiratory a	rrest,	Approximate Interval Bety					
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

2300 DULANEY VALLEY RD.

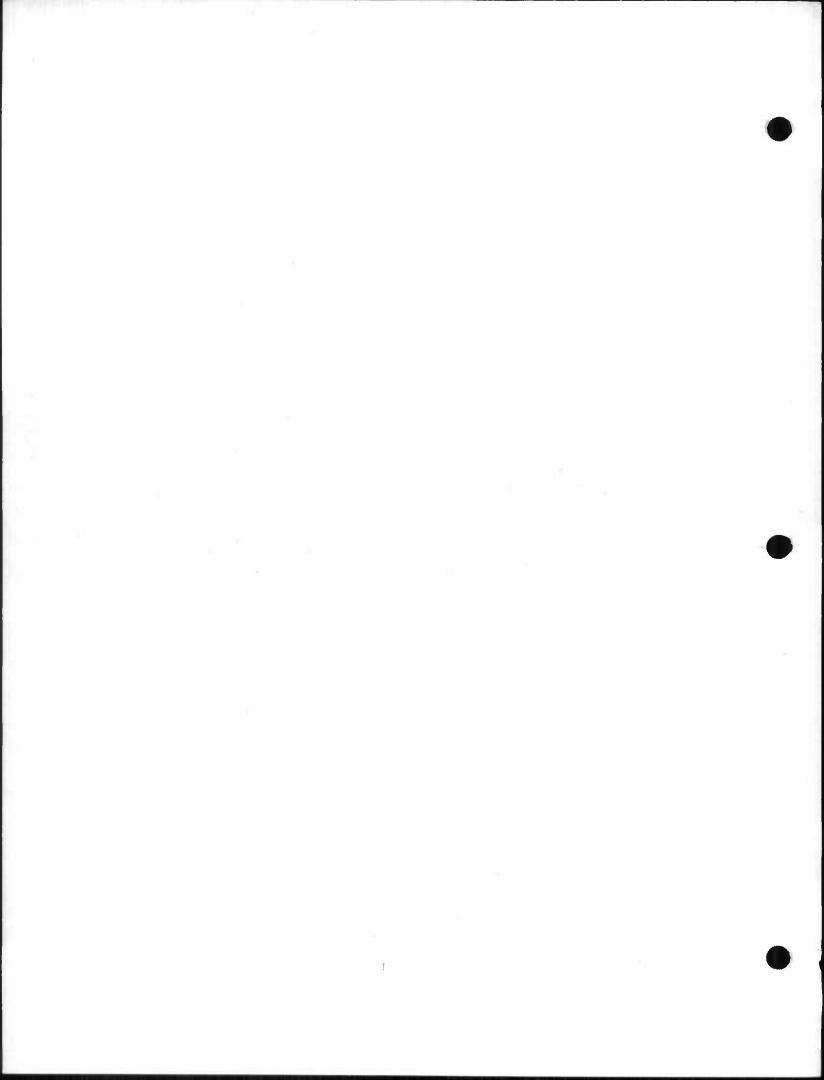
REGISTRAR'S SIGNATURE

FUND DAVIDSON—REGISTRAL

TOWSON, MD 21204

DR. EDDIE NAKHUDA
31. DATE FILE (MOOTH DOV. YOU)

AUG 2 8 1996



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ITEM: 20a, PER F.H. FILM 6-738 State of Maryland / Department of Health and Mental Hygiene 8/28/96 t.t

					Certifica	ite oi	f Death	F	Reg. No.						
Physician	_	1. Decedent's Name (First, Middle, I	.ast)					2. Dete of Dee	eth Dey	Yeer	3. Time of Deeth				
/Medical	ı	MAJOR FREDE			GREEI	TUHV		AUG.	23	1996	2:40 PM				
Examiner	_	le. Fecility Neme (If not institution, g					4b. City, Town, or I		4c. County						
	Ļ	NORTH OAKS HEALT					BALTI	_		BALT					
neral ector		5. Sociel Security Number 6. 068-38-6566 Usuel Residence of Decedent	Sex 7. Ag 1	ge (In yrs. lesi 8	Yrs. Months	er 1 Yea Deys		8. Dete of Birth (Month, Det NOV • 5 ,	1897	9. Birthp Coun NEW	iece (Stete or Foreightry) YORK				
ě m	-	10e. State 10b. County		10c. City, T	Town or Location				-	1	0d. inside City Limit				
notified at		MD BAI	TIMORE		BALTIM	ORE					1 □ Yes 2 N				
Dire		0e. Street end Number			10f. Z	ip Code			10g. Citizen of		itry?				
ra la		725 MT. WILSON I	ANE, APT.	507			1208		USA	1					
Examinet must be notified by Funeral Director		1 Marital Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Armed Forces? XZ Yes 2 1 If Yes, Give Yeer or Detes:	Everin U,S. NoWWI & WWII	13. Wes Dec If Yes, sp 1 ☐ Yes		Hispanic Orlgin? (S ben, Mexican, Puerto Specify:	pecify Yes or No- p Rican, etc.)	14. Rad Ble Specify	ca - Americ ck, White,					
edical Ex		15. Dacedent's I (Specify only highest g	Education	1	6a. Decedent's Us	uel Occu	upetion e during most of wor	kina	16b. Kind of B	usiness/Ind	dustry				
traumatic event, the Me	ă	Elementery/Secondary (0-12)	College (1-4or 5		life. DO NOT	use retir	red)	NII I I	EL EOMD TOY L						
F O		7 Eathara Name (Circl Middle Lee	4		ENG.	INEE				LECTRICAL					
Be even		17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meide							Meiden Suman	sin	MON				
To		MAURICE GREENHUT JENNIE S													
other traumatic event,		19a. Informent's Neme/Raletionship (Type, Print) DR. JULIA M. GREENHUT(WIFE) 19b. Mailing Address (Straat and Number or Rural Route Number, City or Town, Steta, 725 MT. WILSON LA., APT. 507 BALTO., MD									21208				
othe	1	Oe. Method of Disposition			e of Disposition (Ne etary, cremetory or		ecel	Dete	20c. Location -	City or To	wn, Stete				
		4 □ Donetion 5 ★ Other (Spec	_Removel from State		SHALOM N			3/25/96	REISTE	RSTO	N, MD				
93		21. Signeture of Funeral Service Lice		,			ress of Fecility								
Department of Health a Important: If Item 27 is any injury or other trangance.		> Scott WI	with				VINSON & DEISTERSTON			TTE	MD 21200				
		23e. Pert1. Enler the disease, or cor shock, or heert failure. List only	inplications thet caused	the deeth. [Do not enter the mo	de of dy	ring, such es cardiac	or respiretory err	PIKESVI est,	LLE	MD 21208 Approximate				
ian	ľ	Shook, or hour landre. List on	N.							i	Intervel Batween Onset end Death				
cal ner	11.0	mmediete Ceuse (Final disaase or condition	. Acut	6	STROKE of e consequence of						3 DAYS				
		resulting in death)	a	Due to (or es	e consequence of):									
line			& ATHERO	SCLERE	OTIC VA	SCU	LAR DIS	EASE			10 46ARS				
Examiner		Sequentielly list conditions, if eny, leeding to immediata ause. Enter Underlying Cause (Disease or Injury het initieted events			e consequenca of										
s the burial-transit	1	cause. Enter Underlying Ceuse (Diseese or Injury	C							-					
edical	1	esulting In deeth) Lest		Due to (or as	e consequenca of)	:				i					
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ad for	F	ert II. Other significant conditions	contributing to death bu	ut not resultin	a in the underlying	CAUSA O	iven in Pert i	23h. Did to	obacco usa co	ntribute to	the cause of death				
be datached for u								1 □ Y	W		ebly 4 Unknow				
should	-							24e. Wes e perform	n eutopsy med?	eve	ore eutopsy findings bileble prior to npletion of cause laeth?				
page 2 Comp								1 U Y	es 200 No	1	Yes 2□ No				
Be C	2	5. Wes casa referred to medical exeminer?					26. Place of Dee								
To		1 ☐ Yes 2 No	Hospitel: 1 Inpatie	nt 2 ER/	Outpetient 3□ D	OA Ot	Mana.			er (Specify	9				
E		27. Menner of Death 28a. Data of Injury 28b. Tima of Injury 28c. Injury at Work? 28d. [4 Nursing Nome 28d. [4 Nursing Nome 28d. [4 Nursing Nome 28d. [4 Nursing Nome 28d. [5 Pending (Month, Day Yeer) 2 Accident Investigation M 1 Yes 2 No										tome 5 ☐ Residenca 6 ☐ Other (Specify) 28d. Dascribe how injury occurred			
ation		2 Accident investigation 3 Suicide 8 Could not be determined 28e. Placa of Injury - At home, farm, straet, factory, office 28f. Location (Streat and Number of City or Town, Stete)													
of in by the tune			28e. Placa of Inju	iry - At home, :. (Spacify)	, farm, straet, factor	ry, office		City or Town	reat and Numb n, Stete)	er or Rural	Route Number,				
taly file	2	4 ☐ Homicida determinad	building, etc	of my knowled	ige deeth occurred	et the ti	ima data and place	City or Town	n, Stete)	nnar ac et	plad				
completely filled in by the tune Medical Certification		4 ☐ Homicida determinad	building, etc	of my knowled	ige, deeth occurred and/or Investigation	et the ti	ima data and place	end due to the cred et the time, d	n, Stete)	nner es ste and due to	eted. tha cause(s)				

ddrass of person who complated cause of deeth (Itam 23e) (Type, Print) JOEL MESTULM 1147 S

32. Redistrer signature Revolt

HANDVER ST

place, end due to tha cause(s) e signed (Month, Dey, Year) MD 21230 BALTIMORE

State Registrar

31. Dete filed (Month, Dey, Year)

AUG 2 8 1996

and the state of t

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ITEM: 7. PER F.H. FILM G-738 State of Maryland / Department of Health and Mental Hygiene 8/28/96 t.t Certificate of Death 2. Deta of Deeth 1. Decedent's Nema (First, Middle, Last) 3. Time of Death Month **Physician** 05 KOSE HOFFMAN 24 996 /Medical 4b. City, Town, or Location of Death 4a. Facility Name (If not Institution, give street end number) 4c. County of Death Examiner LEVINDALE BALTIMORE If Under 1 Year Months Days If Under 24 Hrs. 8. Date of Birth
Hours Min. (Month, Dev. Year) 7. Aga (In yrs. lest birthday) 5. Social Sacurity Number 1□M 2□F g. Birthplece (State or Foreign **Funeral** 212-12-0564 NEW YORK 90 0 0 Yrs. Director 25, 1906 Usuel Residence of Decedent with the Maryland 10e Stale 10b. County 10c. City, Town or Location 10d. insida City Limits Item 27 is marked other than "natural", or items 23e or 28a-f show other traumstic event, the Medical Examiner must be nothed at 1 Yes 2 No Director N/A BALTIMOLE 10e. Street and Number 10f Zln Code 10g, Citizen of Whet Country? 2500 W. BELVEDERE AVE AST 402 U.SA 21215 death v Funeral 14. Race - Amarican Indien, Bleck, White, etc. Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yas, specify Cuban, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forces? 11. Maritel Status 2 should be filed within 72 hours after and Mental Hygiena. Is marked other than "natural", or item 1 Yes 22 No
If Yes, Giva
Year or Detes: 1 Never Married 2 Married 3altimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: WHITE ģ 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work dona during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elamantery/Secondary (0-12) College (1-4or 5+) SALES RETAIL permit. Pages 1 and 2 should be filk Department of Health and Mental Hy Important: If Item 27 Is marked other any Injury or other traumatic event 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meldan Sumame) Be COHEN ANNA 2 RUBIN 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) BEVERLY KRAEMER/DAVGHER
200. Method of Disposition 20b. Plece of 23 RANDALL AVE BALT, IYD 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stala Dete 1 Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete AU625,96 HEBREW YOUNG MENS 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signatura of Pineral Service Licensee 22. Nama and Address of Facility
SOLLEVINSON + BROS. IN C 8900 NEISTENSTOWN RD 21208 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onsat and Deeth Physician Immediete Ceuse (Finel disaasa or condition resulting in death) /Medical Bone marrow cancer - preruned **Examiner** Due to (or es e consequence of): Examiner requires that the death certificate be executed the burial-transit Sequantielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceusa (Diseese or Injury that Initiated events resulting in deeth) Lest Due to (or es a consequance of): P.O. Box 68760. Physician/Medical Due to (or es e consequence of) 98 Pert il. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown dementa Records. 24b. Were eutopsy findings available prior to completion of cause of death? Completed 24e. Wes en autopsy periormad' certificate has 1 ☐ Yes 3 Ø No 1 ☐ Yes 2 ☐ No division of Vital Attending Physician: Be 25. Was case referred to medical 26. Pieca of Deeth (Check only ona) Other: Nursing Homa 5 Residence 6 Other (Specify) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1□ Yes 2□ No 2 After this filled in by the funeral 27. Menner of Death 28a. Deta of Injury (Month, Dey Year) 28c. Injury et Work? 28d. Dascribe how injury occurred 28b. Time of Medical Certification: 5 Pending Investigation 1 Neturel To the Hospital or Attending within 24 hours after death.

To the Funeral Director: After completely filled in by the funk 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not ba determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Descripting Physician: To the best of my knowledge, deeth occurred et the time, date end place, end due to the ceuse(s) and menner es stated.

| Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description 29e. Certifier (Check only one) 29b. Signeture end title of certifier 29d. Dete signed (Month, Dey, Year) 29c. License number in de mo D37711 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

State Registrar Ellen Okun, MD

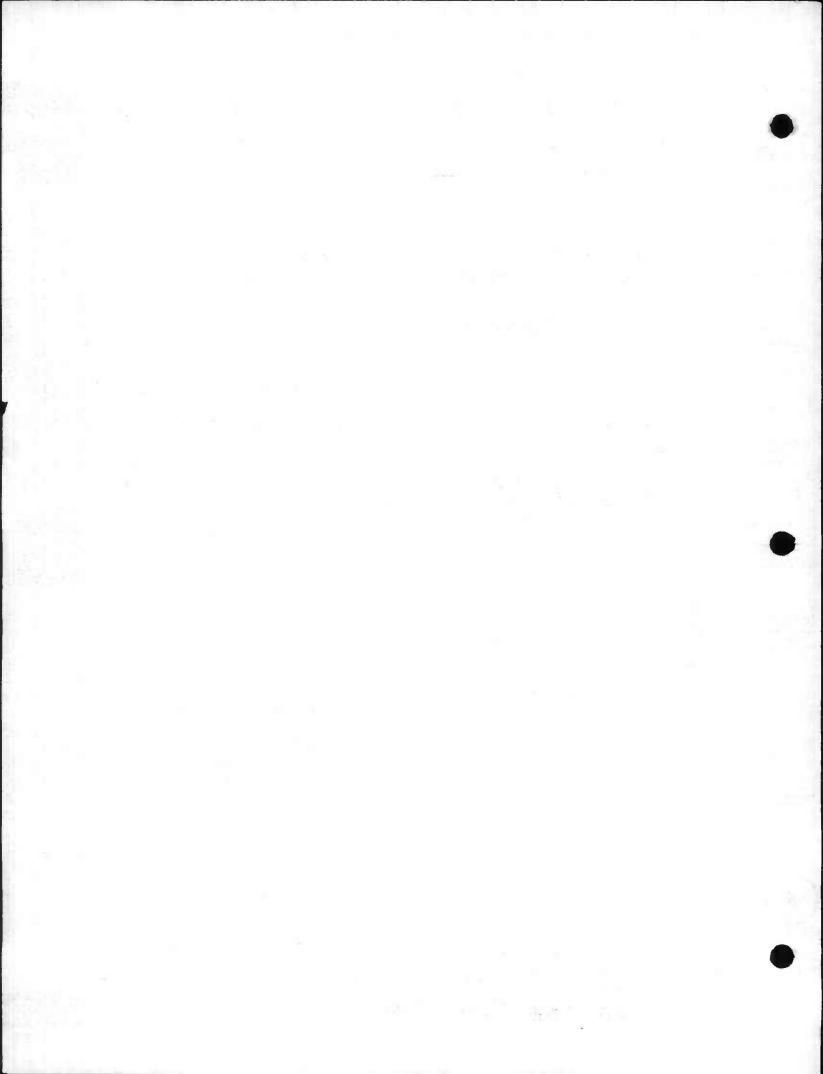
AUG 2 8 1996

31. Dele filed (Month, Dey, Year)

32 Registrar's Signeture

2435 W Belvedore

Suite 22 Balto MD 21215



State of Maryland / Department of Health and Mental Hygiene 96

96 25475

						Ce	rtificate o	f Death			Reg. No.			
	Physic /Medi		1. Decadant's Neme (First, Middle, La	1	2				2	Data of De Month	Dey	Year 1996	3. Tima of Deeth	
	Exami		4e. Fecility Nama (If not Institution, give	a street and number)				4b. City, Tov	vn, or Loca	1				
			Bayview +	tospital				Bal	timo	re		N/A		
	Funeral Director		5. Sociel Security Number 6. S 219-20-9615 Usuel Residence of Decedent	DM OFF	e (In yrs. le: 68	st birthdey) Yrs.	If Undar 1 Ya Months Day		Min.	Dete of Bir (Month, De Jan.	th by, Year) 8,1928		lece (Steta or Fore try) 'Yland	ign
	fand ww		10a. State 10b. County		10c. City,	Town or Lo	ocation					1	0d. Insida City Lim	its
	the Many 28a-f sh outfled	ector	Md. Baltimo	ore	Du	ndal		36					1 □ Yes 2 🕱	No
	ath with 23a or	Funeral Director	7509 School A	Ave.			10f. Zip Code	1222			10g. Citizan of V	Whet Coun SA	try?	
020	within 72 hours after death with the Maryland ena. then "naturel", or items 23s or 28e-f show the Marital Exament must be notified at	by	11. Marital Status 1 □ Navar Menried 2 □ Married 3 ☑ Widowed 4 □ Divorced	12. Wes Decedant Armed Forces? 1 Yes 27 N If Yes, Giva Yeer or Detes:			Was Decedent of it Yes, specify Ci 1□ Yas 2□	uben, Mexican,	in? (Spacii Puerto Ric	fy Yes or No can, etc.)	Ble	ck, White,	etc.	
21215-0020	s 1 and 2 should be filed within 72 hours If Haalth and Mental Hygiena. Itam 27 is merked other than "naturel", other traumatic event, the Medical Exe	Completed	15. Decadent's E (Specify only highest gra Elementary/Secondery (0-12)	ducation ade com <i>pleted)</i> Coilege (1-4or 5		(Give life.	dent's Usuei Occ kind of work dor DO NOT use ret	ne during most ired)	of working		16b. Kind of B		lustry	
Maryland 2	should be filed within and Mental Hygiena. marked other than umatic event, the M	To Be Co	9 yrs. 17. Fethar's Neme (First, Middle, Last Julius Brown				usewif	18. Mother		ma (First, Middle, Meiden Sumer vn Smith				
Man	2 sho and is me		19e. Intorment's Name/Reletionship (Type, Print)		19b. Meilii	ng Address (Stre	at end Number	r or Rural P	Route Numb	er, City or Town,	Stete, Zip	Code)	
	Haaith Haaith Iam 27		Susan Harper	Daught	_			aven R			Md. 2			
Baltimore,	Page net: If		20e. Mathod of Disposition ↑ Purial 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Specif	y)	Gle	n Ha	sition (Neme of metory or other p Ven Cei	niace) M •		Dete 29	Glen			
Bal	Departin Departin Importa any inju		21. Sonature of Fundal Parvice Licar	Usan			Conne.	llv Fu	nera	l Ho	me Of I	Dunda	alk	
			23a Pan Foller the disease, or com shoot or heart feilure. List only	plications thet causad one ceusa on aach iir	tha death.	Do not ent	er tha mode of d	ying, such as o	sardiac or r	aspiretory e	Rd . 21	222	Approximate Intervei Between	
	Physician /Medical		Immediete Ceuse (Final disease or condition				raceneb						3 days	
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œ.	daath e atte	sicia	Pert ii. Other aignificant conditions o	ontributing to death bu	ut not resulti	ng in the u	ndertving cause	niven in Pert I		23h Did	tobacco use co	otribute to	the cause of dea	th?
s, P.O	es that the de igned by the be datached	by Physician									Yes 2 No		nably 4 Unknown	
Records,	aw requir as been s 2 should	Completed b									en eutopsy ormed?	ava	ere eutopsy finding aliebla prior to appletion of causa deeth?	S
	Pag ata	S								10	Yes 20 No	10	Yes 2□ No	
Vital	Physician: The this certificata ral director, pag	Be	25. Wes case reterred to medical exeminer?	Nessasi.					ot Deeth (0	Check only o	one)			
of	this aldi	2	1 Yes 2 No	Hospitei: 1 Inpatie		₹/Outpatier	I 3LI DOA				denca 6 □Oth		1)	
Division	ff air	Certification:									how injury occur	red		
Divi	오속부드	Certifi	3 ☐ Suicida 6 ☐ Could not be detarmined	28a. Placa of Inju building, etc	iry - At home :. (Specify)	e, ferm, str	eet, factory, offic	е	281	Location (City or To	Street end Numb wn, Stete)	er or Rura	Route Number,	
7	the Hospital in 24 hours the Funeral I	ledical	29e. Certifier (Check only one)	ysician: To the best on the best of the best of and mannar ste	exeminetion	dge, deeth n end/or inv	occurred et the restigation, in my	time, dete end opinion, deeth	piece, end occurred	due to the et the time,	ceuse(s) end ma dete end piece,	anner as st and due to	eted. the ceuse(s)	
7	To the within 2 To the comple	×	29b. Signeture end trite of cartifiar	Neuro	ology R	es ide	C	nse numbar			29d. Dete signe 8/26/		Jay, Yaer)	
1			30. Neme end address of person who	completed cause of de	eeth (Item 2:	3e) (Type,	Print) EAS	tern	A	18.	BAH). N	17	
	Sta	te	31. Dete tiled (Month, Dey, Yeer)	32. Registre	g'a Signetur	0		-	41	1	, , ,	1	ل د	

ITEM: 8. PER F.H. FILM G-738

State of Maryland / Department of Health and Mental Hygiene

8/28/96 t.t

Certificate of Death

If Undar 1 Yeer If Under 24 Hrs.

Months Deys Hours Min.

BALTIMORE

2. Data of Death

Physician	
/Medical	
Examiner	

1. Decedant's Nema (First, Middle, Last)

5. Social Security Number

MILDRED K. **HOFFMAN**

7. Aga (In yrs. last birthday)

Yrs.

10c. City, Town or Location

85

3. Time = th AUGUST 22,1996 1 AM

4a. Fecility Nema (If not Institution, give street end number) MERIDIAN NURSING HOME

N/A

1 M 2 F

4b. City, Town, or Location of Death ANNAPOLIS

4c. County of Death ANNE ARUNDEL

10d. Insida City Limits

1 Yas 2 No

8. Dete of Birth (Month, Day, Year) 1911 9. Birthplece (State or Foreign JULY 16, 1996 MARYLAND

Funeral

signed by the attending physician and id be detached for use as the burial-transit

219-03-5406 Director Usuel Rasidance of Dacedant permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If I tam 27 is marked other than "natural" or handland overstants of the page of the content of 10e. Stete 10b. County MARYLAND by Funeral Director Be Completed 20 **Physician** /Medical Examiner Examiner Division of Vital Records, P.O. Box 68760, Physician/Medicai þ Completed

10e. Street end Number			10f. Zip Coda			10g. Citizan of W	hat Country?
6317 PARK HEIGHTS	AVE., APT. 10	l	21	215		USA	
11. Meritef Stetus 1 □ Nevar Married 2 □ Married 3 ☑ Widowed 4 □ Divorced	12. Wes Dacedant Evar in U,S Armed Forcas? 1 ☐ Yes 2 💆 No If Yas, Giva Year or Detes:	If Y	as Decedant of I Yas, specify Cub	an, Mexican, Pue	Specify Yes or No into Rican, atc.)	Biacl	- American Indian, k, White, etc.
15. Decedent's Ed (Specify only highast gra		(Giva ki	nt's Usual Occu nd of work dona O NOT usa ratire	during most of w	orking	16b. Kind of Bu	sinass/industry
Elamantary/Secondary (0-12)	College (1-4or 5+)			PERSON		CLOTHIN	NG .
17. Fathar's Name (First, Middla, Last, SAMUEL	KEISER				ama <i>(First, Middle,</i> STHER	Maiden Sumemo	SCHUNICK
19a. Informant's Name/Raiationship (MRS. EILEEN SCHW					Rural Routa Numbe		
20a. Mathod of Disposition 1 ☐ Burlal 2 ☐ Crametion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif	Ramoval from State		tory or other pla		Dete 8-23-199		City or Town, Stata
21. Signature of Funerel Service Licer 23a. Part1. Enter the disaasa, or com	Leuro	890	00 Reist	erstown	& Bros., Road Pik	esville	, MD 21208
Immediata Causa (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that intitated avants rasulting in death) Last	a. Malunhit b. Pralouged bus to for c. Alabaino Dua to for	as a consequence of the conseque	iscosci	tion, gar und De	verl des	ia	wuko years years
Part II. Other significant conditions o	ontributing to death but not rasul	ting in the und	arlying causa gi	ven in Part I.	23b. Dld 1		tribute to the cause of death?
					24a. Was perio	en eutopsy med?	24b. Wara sutopsy findings available prior to completion of cause of death?
					101	ras 2⊟No	1 ☐ Yes 2 ☐ No
25. Wes casa rafarred to medical exeminar? 1 ☐ Yas 2 ☐ No	Hospitai: 1 ☐ Inpatient 2 ☐ E	R/Outpatient	3□ DOA Oti	her /	eath <i>(Check only o</i> Homa 5 Rask		r (Specify)
27. Manne of Death 1 Natural 2 Accident 3 Suicide 4 Homicide 2 Natural 5 Panding investigation 6 Could not be determined	28a. Data of Injury (Month, Dey Year)	28b. Tima of Injury	28c. Inju Wo M 1		28d. Describe h	now Injury occurre	11
29e. Cartifier (Check only	ysician: To the best of my know niner: On the basis of axaminatio and mannar steted.	ledga, daath o on and/or inva	ccurred et the ti stigation, in my o	ma, data and place opinion, deeth occ	e, end due to the curred at tha tima,	cause(s) end mer data and place, a	nnar as steted. nd due to tha causa(s)
29b. Signature and title of certifier.			29c. Licans	se number	T	29d Dete signed	(Month Day Year)

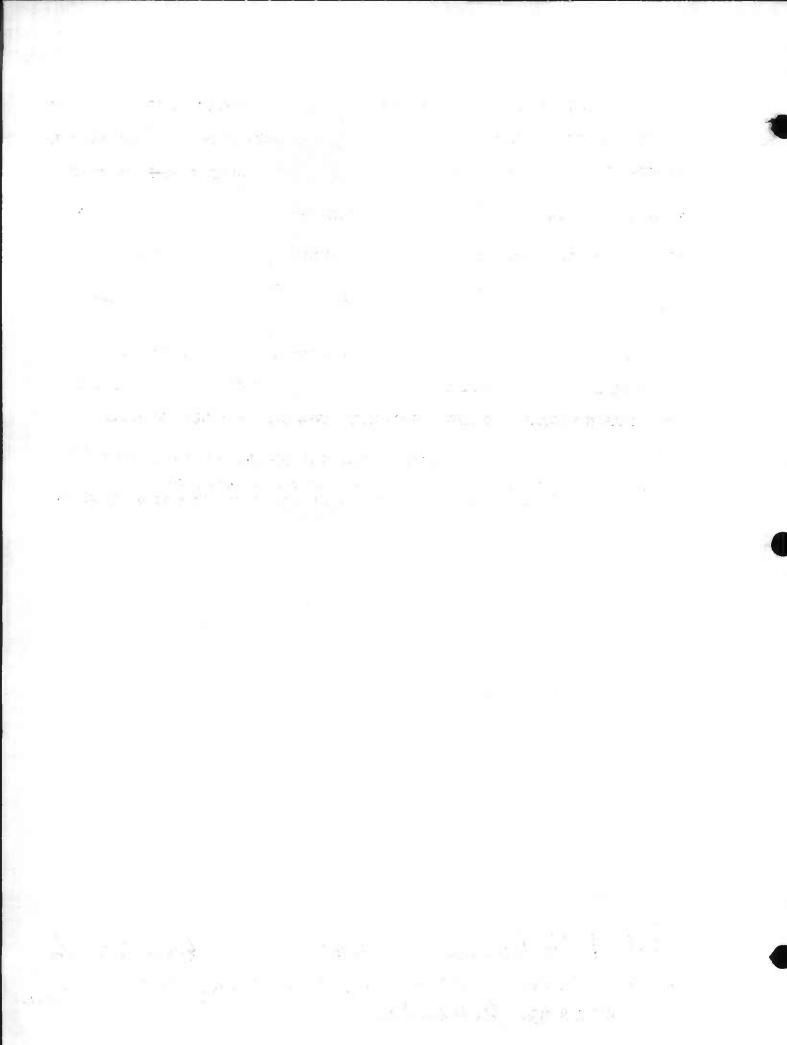
32. Registrar's Signatura

State Registrar

AUG 2 8

Be

Medical Certification: To



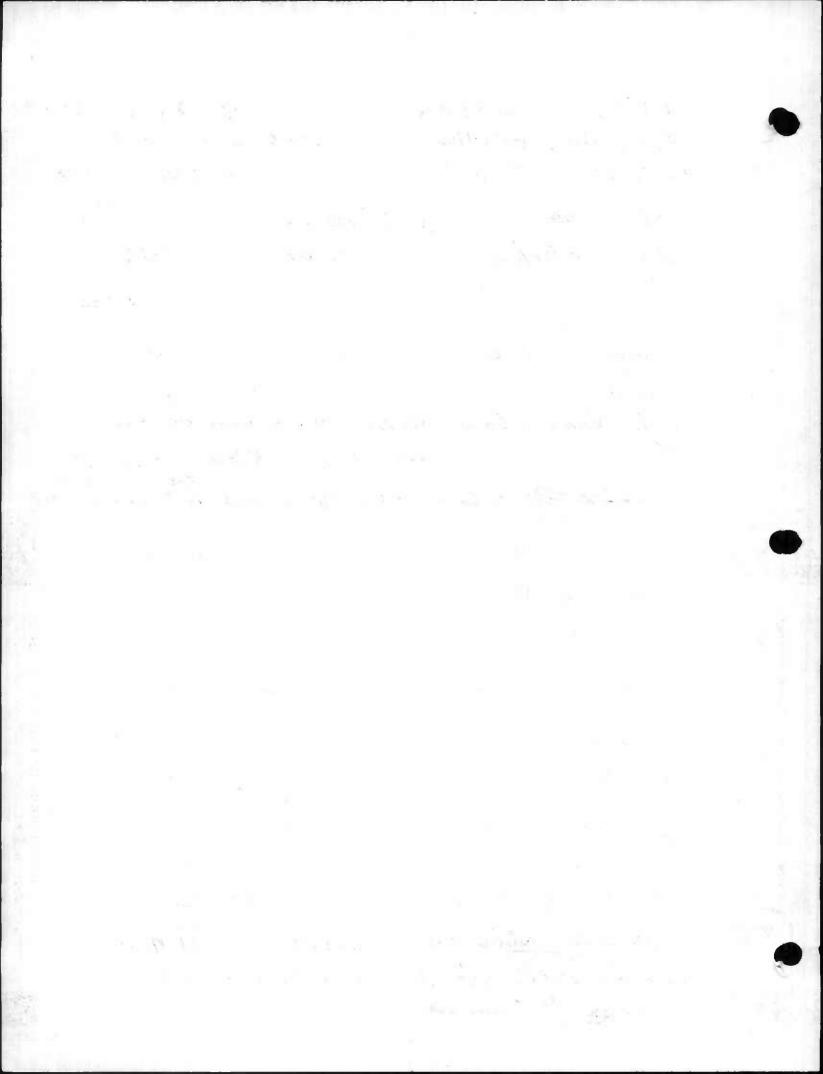
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** Month 4c. County of Deeth 9.00pm /Medical 4e. Fecility Name (If not institution, giva straat and numbar) 4b. City, Town, or Location of Daath Examiner BATIMORE Bonsecours 5. Social Sacurity Number If Under 1 Yaar If Under 24 Hrs. 6. Sax Data of Birth (Month, Dey, Ye 7. Aga (In yrs. last birthday) **Funeral** Birthplace (Stata or Foraign Country) 1□M 294F Months Days Yrs. Director 130-05-627 Usual Residanca of Dacedent Pages 1 and 2 should be filed within 72 hours efter death with the Maryland nent of Heelth and Mental Hygiane. 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show the Medical Examiner must be notified at MID Yes 2 No Funeral Director 10e. Street and Number 10g. Citizan of What Country? 9 21228 or items 23s 12. Was Decedant Evar In U,S. Armad Forcas? 1 ☐ Yas 2 ☐ 🗚o Wes Dacedant of Hispenic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxicen, Puarto Ricen, atc.) Rece - Amarican Indian, Black, White, etc. 1 Navar Marriad 2 Married Baltimore, Maryland 21215-0020 1 □ Yas 2 □ No Specify. If Yes, Give Yaar or Dates: Completed by Black 3 ☐ Widowed 4 ☐ Divorced "naturel" 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedant's Education 16b. Kind of Businass/Industry nd Mental Hygiane. marked other than Elamantary/Secondary (0-12) College (1-4or 5+) UNK MK ME UNK-17. Father's Nama (First, Middla, Last) 18. Mother's Nama (First, Middia, Maidan Sumama) Be UNK 2 permit. Pages 1 and 2 shoul Department of Heelth and Mi Important: If item 27 Is mark any injury or other traumati once. 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Numbar or Rural Routa Numbar, City or Town, State, Zip Coda) NSOM-Guardian 861 Park , mD, 21201 Corta 20b. Place of Disposition (Nama of cemetary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 12 Burial 2 Cramation 3 Ramoval from Stata 4 Donation 5 Other (Specify) 21. Signatura of Funaral Service Licensaa 63BN. Gilmor StreT 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such es cardiac or respiretory errest, shock, or heart failure. List only ena cause on each line. Bollmore, MD ZIZIT Approximata Intervel Between Onset end Death Physician Immediata Ceuse (Final disease or condition resulting in death) Atheroschertic Cardio Vascular di segre. /Medical Examiner (rbrillation Completed by Physician/Medical Examine or Attending Physician: The law requires thet the death certificate be executed Sequantially list conditions, if any, laading to immediata ceusa. Enter Underlying Cause (Disease or Injury thet initiated events resulting in death) Last Division of Vital Records, P.O. Box 68760, Dua to (or as e consaquence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Saeral decibitus when 1 Yes 2 TNo 3 Probably 4 Unknown 24b. Were eutopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? Hyperlension 1 Yas 2 No 1 ☐ Yes 2 ☐ No 25. Was cesa refarred to medical axaminar? Be 26. Place of Death (Check only ona) Other: 4 Nursing Homa 5 Residence 6 Dother (Specify Sub adult fee 15 Hospital: Certification: To 1 Yas 2 No 1 Inpatiant 2 ER/Outpatient 3 DOA this 27. Manner of Death 28a. Data of Injury (Month, Day Year) at Bonsecure 28b. Tima of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Panding invastigation 1 2 Natural s efter deeth.

I Director: Aff Spite 2 Accidant 6 Could not be datarmined 3 Sulcida 28a. Place of Injury - At homa, ferm, straet, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 4 Homicida ospital 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, deta and plece, and due to the cause(s) end menner es steted.

2 Medical Examiner: On the basis of exemination and/or invastigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) and manner stated. Medical (Check only one) 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Dete signed (Month, Dey, Year) nether Aleyamma MID 30. Name and address of person who completed cause of death (Itam 23e) (Type, Print)
Alexform me Melhew. 54/10/06 frederick Ad "Baltimose. MD. 2/229.

State Registrar 31. Data filad (Month, Day, Yaar)
AUG 2 8 1996

32. Registrats Signature

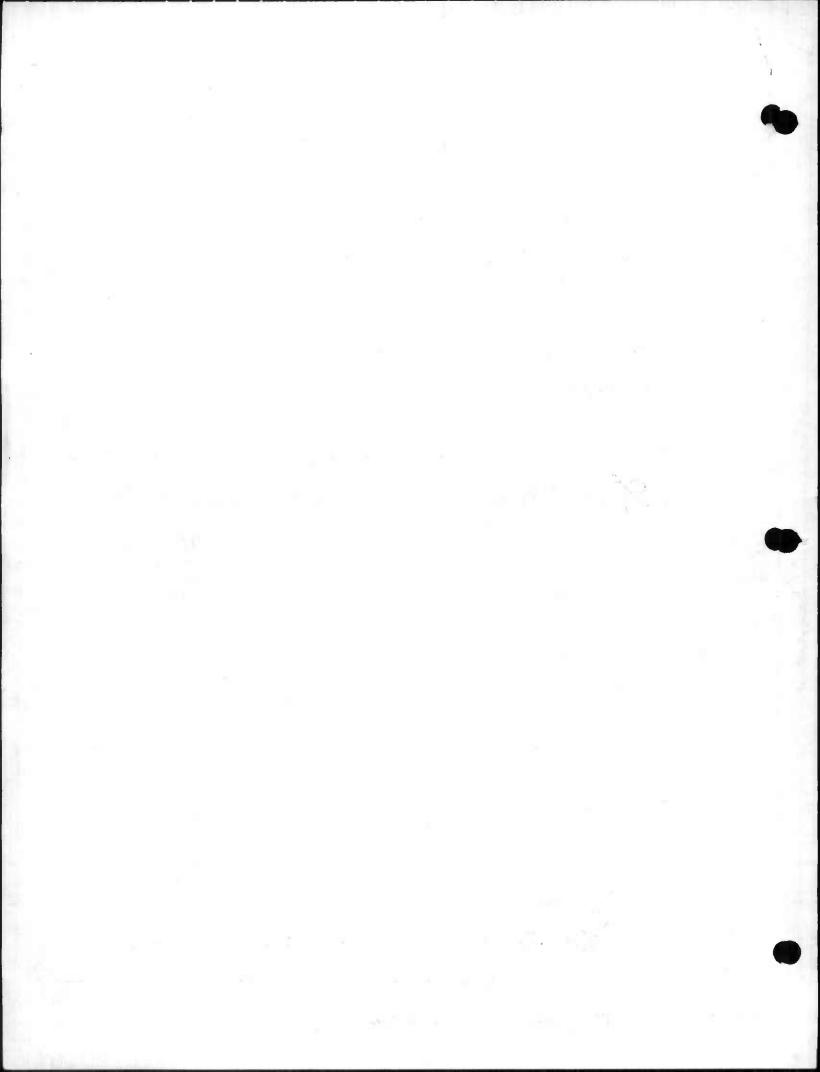


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

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hysici/ Medic/		Kobert L. Jacksu.	1 August		996 1	2:30A.H
Examin	er	7200	r Location of Deeth	4c. County of	Deeth	
 ineral	7	5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 H		NA	Birthnlece (S	Stete or Foreign
rector		220-36-5672 19 M 2 F 57 Yrs. Months Deys Hours Mile Usuel Rasidence of Decedant	n. (Month, Day, Ya	938	Country)	d
ai, or items 23a or 28a-i show Examiner must be notified at		10e. State 10b. County 10c. City, Town or Location				ide City Limits
ctiffe	Director	Ma NA Baltimore				Yes 2 No
200	JO IE	10e. Street end Number 10f. Zip Code 21215	10g.	Citizen of Who	et Country?	
100000000000000000000000000000000000000	by Funeral	11. Maritel Stetus 12. Wes Decedent Ever in U,S. Armed Forces? 1 Never Married 2 Married 1 Never Married 2 Married 3 Widowed 4 Divorced 12. Wes Decedent Ever in U,S. If Yes, specify Cuban, Mexicen, Pue If Yes, Sive Teer or Dates:	(Specify Yes or No- orto Rican, etc.)		American Indi White, etc.	en,
	Completed	15. Decedent's Education (Specify only highest grade completed) [Give kind of work done during most of wild an infa. DO NOT use ratired)	rodking 16b	. Kind of Busin	ness/Industry	
	mpi	College (1-4015+)		Calvin	Tai	10-
	Be Co	grade 1001	ame (First, Middle, Meld			
	To B	Willie Jackson Sadie	2 Paule	ey		
		19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Straet end Number or N	Rurel Route Number, Ci	ty or Town, St	ete, Zip Code)	
		20a. Method of Disposition (Neme of		wn L	rive	21244
		1) Burlet 2 Cremation 3 Removel from State (cemetery, crematory or other place)	Dete 20c	Locetion - Ci	ity or Town, Ste	ete d
à		4 □ Donetion 5 □ Other (Specify) KINY MeMor all Power 21. Signeture of Facility	8-24-96 RC	indai	150000	7.7
OUCE		March F. S.	NES 1 20 874	sh &	Leso rue	Both
		23e. 111. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdii shock, or heart feiture. List only one ceuse on each line.	ac or respiretory errest.		Appro	ulmata
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al er	/Medical Examiner	disease or condition resulting in deeth) e. Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Consecution in interest a cause. Enter Underlying Cause (Disease or injury that initieted avants resulting in daeth) Lest Due to (or es e consequence of):	Infard		Intarv	el Batwaan
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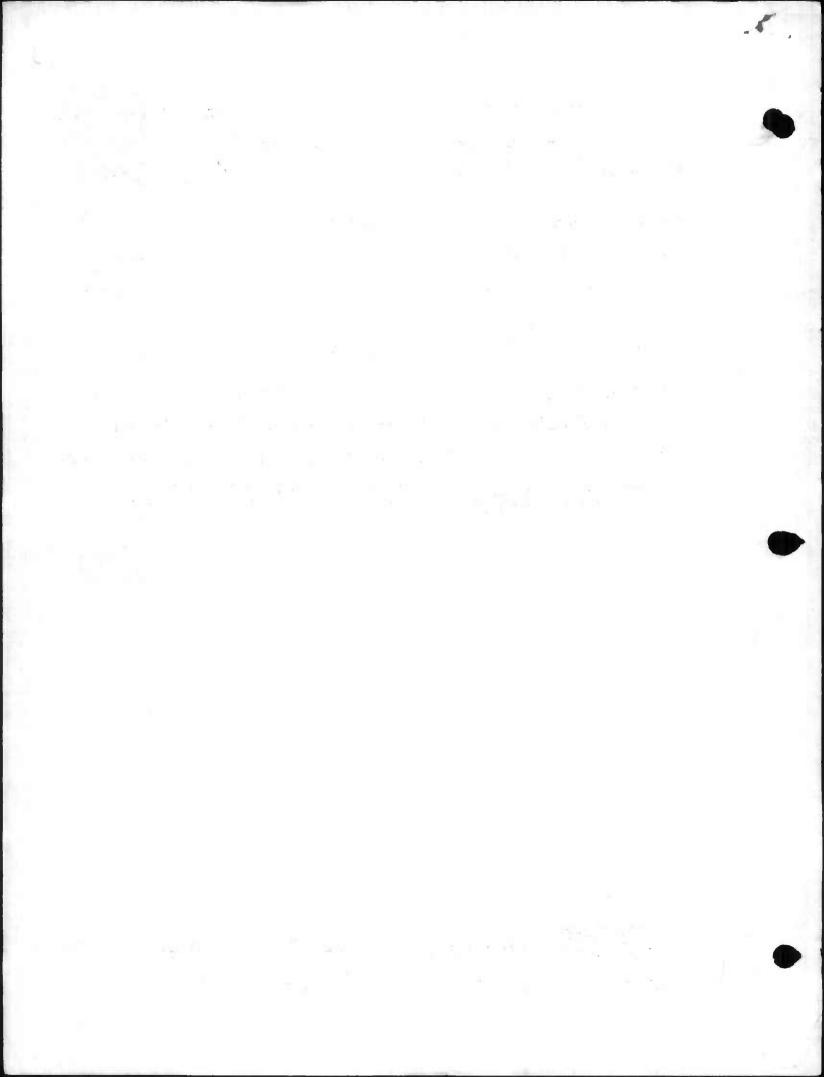


State of Maryland / Department of Health and Mental Hygiene 96

25479

					Cei	tificate o	of Death		Reg. No.	O	20413
			1. Decedent's Neme (First, Middle, La	st)				2. Dete of I	Deeth	V	3. Time of Death
15	Physic /Medi		MICHELLE	JOHNSON				AUGUS	Dey	Yeer 1996	9:28 am
	Exami		4a. Facility Neme (If not institution, giv	e street end number)			4b. City, Town,	or Location of De		y of Deeth	
			THE JOHNS H	OPKINS HOSPIT	AL		BALTIMOR	RE CITY			
	Funeral Director		5. Social Security Number 6. S 214-78-7835	ex 7. Age (In yr. 33	s. last birthdey) Yrs.	If Under 1 Ye Months De	er If Under 24 l			9. Birth	plece (State or Foreign (YLAND
	pur *		Usuel Residence of Decedent 10e. Stete 10b. County	100.0	City, Town or Lo	cation		3/23/	1902		10d. inside City Limits
	aho a	5	MARYLAND N/A	100.0		BALTIMO	DE				Yayes 2 No
	the the	ect	10e. Street end Number			10f. Zlp Cod			10g. Citizen of	What Cou	
	s 23a or	Funeral Director	2301 EAST MADISON						U.	.S.A.	
21215-0020	s 1 and 2 should be filed within 72 hours effer death with the Manyland of Heelth and Mental Hygiene. Item 27 Is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Evanties must be notified at	þ	11. Maritel Status 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever In Armed Forage? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes:		Wes Decedent f Yes, specify C I□ Yes 2 🛣	of Hispanic Origin? Cuben, Mexican, Pu No Specify:	(Specify Yes or I verto Rican, etc.)	Specify: BLAC		
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121	within one.	Completed	Elementery/Secondery (0-12)	College (1-4or 5+)	life. I	OO NOT USE TO OMEMAKE	tired)			HOM	(E
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Maryland	should be filed with nd Mental Hygiene. marked other than umatic event, the	Be							le, Meiden Sumer	ne)	
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Z	and 2 shoeith and 127 is ma		PATRICIA WILLIAMS				ENUE BALT		-		
ē,	ges 1 and 2 t of Heelth if Item 27 or other tra		20e. Method of Disposition	20b.	Plece of Dispo	sition (Neme of	f	Dete	20c. Location		
Baltimore,	Page ment in uny or		1 ☑ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetlon 5 ☐ Other (Specify) 141	. ZION		RY 8/31/9	91	LANSDOV	WNE,M	IARYLAND
Bal	permit. Pa Departmen Important: any injury once.		21. Signature of Furieral Service Licen	de de	ES	STEP BR	OTHERS FL				
	-		23a. Perkt. Enter the disease, or com shock, or heart feilure. List only	olicetions thet call ed the dec	eth. Do not ente	BOO EUT	AW PLACE dying, such es care	BALTIM(diec or respiretory	DRE, MARYL errest,	_AND_	21217 Approximete
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or	been s should	Completed							es an autopsy formed?	64	Vere autopsy findings vailable prior to empletion of cause
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	to the Hospital or Attending Ph fithin 24 hours after deeth. To the Funeral Director: After th completely filled in by the funeral	29e. Certifier (Check only one) Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and recommendate the time, date end place, and due to the cause(s) and recommendate the time, date end place, and due to the cause(s) and recommendate the time, date end place, and due to the cause(s) and recommendate the time, date end place, and due to the cause(s) and recommendate the time, date end place, and due to the cause(s) and recommendate the time, date end place, and due to the cause(s) and recommendate the time, date end place, and due to the cause(s) and recommendate the time, date end place, and due to the cause(s) and recommendate the time, date end place, and due to the cause(s) and recommendate the time, date end place, and due to the cause(s) and recommendate the time, date end place, and due to the cause(s) and recommendate the time, date end place, and due to the cause(s) and recommendate the time, date end place, and due to the cause(s) and recommendate the time, date end place, and due to the cause(s) and recommendate the time, date end place, and due to the cause(s) and recommendate the time, date end place, and due to the cause(s) and recommendate the time, date end place, and due to the cause(s) and recommendate the time, date end place, and due to the cause(s) and determined the time, date end place, and due to the cause the time, date end place, and due to the cause the time, date end place, and due to the cause the time, date end place, and due to the cause the time, date end place, and due to the cause the time, date end place, and due to the cause the time, date end place, and due to the cause the time, date end place, and due to the cause the time, date end place, and due to the cause the time, date end place, and due to the cause the time, date end place, and due to the cause the time, date end place, and due to the cause the time, date end place, and due to the cause the time, date end place, and due to the cause the time, date								anner es s end due t	stated. to the cause(s)
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1	4		30. Neme and eddress of person who	URESHI		60C	2605 Nort	h WOH	e Stree	2+	
	Sta Registr		31. Date filed (Month, Dey, Year) AUG 2 8 199	6 Registrer's Sign	neture Randa				12		

DHMH 16 Rev 6/95



item #10b, filmg 738, 8/28/96, 5, w, per file Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Daath **Physiclan** Month Yaar JAMES WALTER JACKSON 5:00 pm 24, 1996 August /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Daath Examiner 5712 Pembroke Avenue (res) Lochearn Baltimore 5. Social Sacurity Number If Undar 1 Yaar | If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 9. Birthplaca (Stata o Country) Jan. 12,1925 Maryland 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) **Funeral** 1**2** M 2□ F Months Days Yrs. 262-16-9279 71 Director Usual Rasidanca of Dacedant Menylend 10a, Stata 10b. County BALTIMORE 10c. City, Town or Location 10d. Insida City Limits 28a-f show the Medical Examiner must be notified at 1 ☐ Yas 2 No Director MD N/A Lochearn the 10e. Street and Numbar 10f. Zip Code 10g. Citizan of What Country? ò 5712 Pembroke Avenue 21207 items 23a USA 12. Was Decedant Evar in U,S. Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - Amaricen Indian, Black, Whita, atc. 1 XYas 2 197/43 If Yas, Giva 497/43 Yaar or Detes: 10/8/45 1 □ Navar Married 2 □ Married 5 altimore, Maryland 21215-0020 1 Yas 2 XNo Specify: þ 3 Widowad 4 ☐ Divorced Specify: **Black** "natural". Completed 16a. Dacedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education 16b. Kind of Business/Industry (Specify only highest grade completed) filed within than Elamantary/Secondary (0-12) Collaga (1-4or 5+) Beauty Supply Salesman 12th permit. Pages 1 and 2 should be filed of Department of Health end Mental Hygis Important; If Item 27 is marked other 1 any Injury or other traumatic event. 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maidan Surname) Be William C. Jackson Mae Youth Cosnell 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8723-11 Hayshed Lane, Columbia, MD 21045 Stephanie Adams 20a. Mathod of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stata Data 8/28 1 X Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata Garrison Forest Vet. Cem. Owings Mills, MD 4 ☐ Donation 5 ☐ Othar (Specify) 22. Nama and Addrass of Facility
LEROY O. DYETT & SON FUNERAL HOME, P.A
4600 LIBERTY HEIGHTS AVE., BALTO. 21207 21. Signatura of Funaral Sarvica Licens or complications that ceusad tha death. Do not antar tha mode of dylng, such as cardiac or respiratory arrest, st only one cause on each is. Physician "/Medical Immadiata Causa (Final disaasa or condition rasulting In daath) Examiner Dua to (or as a consequence of) 5 sertengion be executed Exami physician and s the bunal-trans Sequentially list conditions, if any, laading to Immadiata ceuse. Enter Underlying Causa (Disease or Injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of): Box 68760 Physician/Medical Dua to (or as a consequence of): ettending | P.O. I Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? É Peripheral Vosculor 1 Yee 2 No 3 Probably 4 Unknown been signed should be det Records, þ Be Completed 24b. Wera autopsy findings availabla prior to completion of causa of death? 24a. Was an autopsy performed? Cerebro rescular Disease Chronic Rend certificate 1 ☐ Yas 1 ☐ Yas 2 ☐ No Division of Vital 25. Wes cesa rafarred to medicel examiner? 26. Placa of Daath (Check only one) Other: 4 Nursing Homa 5 Desidance 8 Othar (Specify) Certification: To 1 Yes 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 主言 27. Mannar of Daath 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Tima of 28d. Dascribe how injury occurred After Attending 1 Watural 5 Panding investigation death. 1 ☐ Yas 2 ☐ No Director: A d in by the f 2 Accidant 6 Could not be datarmined 3 Suicida 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicida To the Hotpett o within 24 hours or To the Funeral C completely filled edical 29a. Cartitian 1 Certifying Physician; To the best of my knowledga, death occurred at tha tima, data and place, and dua to tha causa(s) and manner as stated. 2 Medical Examinar: On the bests of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29b. Signatur TENDING 29c. Licansa number 29d. Data signed (Month, Day, Year) PHYSICIAN Nama and eddress of person who complated ceusa of death (Item 23e) (Type, Print) OLD FREDERICK RD, BALTOMYS 21229 5411 M.D E15/NG 82 31. Data filad (Month, Day, Year) 32. Registrer's Signetura State Julia Davidson-Randall Registrar AUG 2 8 1996

DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene 96 25481

						Certificate	e of	Death		Reg. No.		L 0 - 7 0 1
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	Funeral Director		5. Sociel Security Number 214-28-7583 Usuel Residence of Decedent	Sex 7. Age	70	thday) If Under 1 Months	Deys	If Under 24 Hrs. Hours Min.	8. Date of B (Month, D) 3/20/		9. Birthp Coun	plece (Stete or Foreign htry) RT, MARYLAN
	dand ww		10e. State 10b. County		10c. City, Tow	n or Location					1	0d. Inside City Limits
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	or its	by Funeral Director	11. Maritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent B Armed Forces? 1 1 Yes 2 N If Yes, Give Yeer or Dates:	F. 1141	13. Was Decede If Yes, specif		dispenic Origin? (Sp an, Mexican, Puerto Specify:	pecify Yes or N Rican, etc.)	o- 14. Re Bia Specii	ce - Americ ick, White, fy: BLAC	etc.
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Maryland	and and single	To	19e. Informent's Neme/Relationship SARAH KENT (DAUGH	(Type, Print) HTER)				end Number or Rui	re <i>l Route</i> Numi			
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Balti	Department Department Important: It any Injury o		21. Signeture of Funeral Servica Lice			22. Name end ESTEP B	Addre ROT	ess of Fecility HERS FUNE	RAL HO	ME PA.		
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Во	attendin for use	lan/		d								
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О.	igned by be datac	by Ph	Smo King	Artery	Disc	case			1 🗆	Yes 2□ No	3 Prot	pably 4⊠ Unknown
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]		edicai	29a. Certifier (Check only one) 1 1 Certifying Pr 2 Medical Example 1 Medical Exampl	nysician: To the best of niner: On the basis of end manner stat	examination end	death occurred at f/or investigetion, in	the tin	ne, dete end placa, pinion, deeth occurr	end due to the ed et the time,	ceuse(s) end mo date end place,	enner as sto end due to	eted. the cause(s)
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x 68760,	leath certificate be execu attending physician and I for use as the burial-ira	edicai	Causa (Disease or injury that initieted events resulting in death) Lest	c	Oue to (or es e	consequence of):						
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State Registrar

Medical Certificat

3 Suicide

29e. Certifier (Check only one)

4 Homlcide

29b. Signature end title of certifier

30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

6 Could not be detarmined

Robert Musselman 31. Date liled (Month, Day, Year) AUG 2 8 1996 1106

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner ss steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, dete and plece, and due to the cause(s) and menner stated.

29c. License number

D47215

28e. Plece of Injury - At home, ferm, straet, factory, office building, etc. (Specify)

29d. Date signed (Month, Dey, Year)

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

Spring Street Silver Spring, NO 2010

31. DATE FILED (Month, Day, Year)

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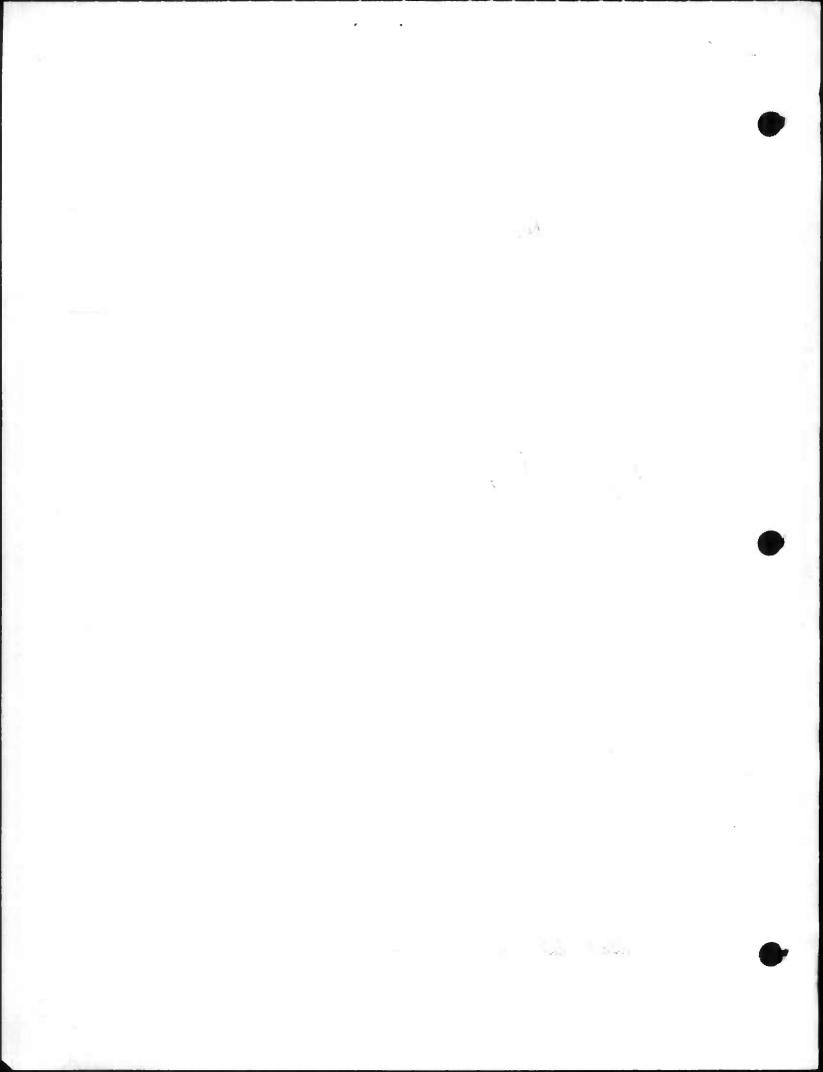
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ě,	HETTER A THE CERTIFICATE has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit.	The the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	with terts marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifi
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SPITA	E FUNERALL D	fled within 72	APORTANT: If III
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	1 - FOR STATE OF I	MARYLAND	/ DEPAR	TMEN ICAT	T OF H	EALTH DEAT	AND I		IYGIEN REG. NO.		•		
	1. DECEDENT'S NAME (First, Middle, Last)	· (M						2. DATE OF	DEATH	v rt	YEAR	3. TIME OF DE	
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æ	9a. FACILITY NAME (if not institution, give street and number)			9b. CIT	Y, TOWN C	OR LOCATION	ON OF DE	ATN			NTY OF D		
DIRECTOR	Loch Raven Center			TO	WSON					BAI	TIMO	DRE	
IRE(10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CI LIMITS?	TY
LD	MARYLAND 10-a. STREET AND NUMBER		BAI	LTIM	_	ZIP CODE						1 X YES 2	
BY FUNERAL	524 N. Charles St.				101	2120					CORE	HAT COUNTRY	
5	11. MARITAL STATUS 12. WAS DECEDEN	T EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT C	F NISPAN	IIC ORIGIN? (S	pecify Yes		14. RACE	- American in	dlan,
ВУ	1 Never Married 2 Married IF YES, GIVE V	AR OR DATES			1 TES	2 X NO	Specify	n, Puerto Rica: /:	1, etc.)			ASIAN	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a.	DECEDENT'S	USUAL C	CCUPATIO	ON		16b. KIN	ID OF BUS	INESS/INE	USTRY		
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COMPLETED	n/a n/a 17. FATHER'S NAME (First, Middle, Last)		Homema	aker					wn H				
BE C	Chin Kab Hwang					16. MOTE	HER'S NA	ME (First, Middl S	e, <i>Meiden :</i> hin	Sumame)			
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRES	S (Street a	nd Number	or Rural F	Route Number, C	City or Town	, State, Zip	Code)		
	Minsurk Kim							Balto					
	10 Boriel 2 Cremation 3 Removal from State	camelery, o	ey Va	her place	Mom	Car	danc	28E		eation — onium	-		
	21. SIGNATURAL OF FUNERAL SERVICE LICENSEE CALL	Dulan	ley va.	22.	NAME AN	ID AUDRES	SS OF FAI	CILITY					_
	Bryan W. Clary										-	Valley 21093	
	23. PART I. Enter the diseases, or complications the shock, or heart failure. List only one can	ceused the	death. Do n	ot enter	the mo	de of dyl	ing, auci	h as cardiac	or respir	atory arr	est,	Approxi	mate
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ERT	resulting in death) LAST	-	ons		eke.	di	ing,	le	be			İ	
O	PART II. Other significent conditions contributing to	death but no	t resulting i	the u	nderlying	cause o	lven in	Part I. 24e	. WAS AN	WITOPSY	24h	WERE AUTOPSY	FINDINGS
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PHYSICIAN:	27. MANNER-OF DEATH 28s. DATE OF	INJURY	28b. TIMI	E OF	28c. INJI	URY AT	sidence	8 Other (Sp 28d. DESCRIE	-	JURY OCC	URED		
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OME	(Check only one) 2 MEDICAL EXAMINER: On the basis of examiners on the basis of examiners.											and menner as	stated.
BE C	290 SIGNATURE AND TITLE OF CERTIFIER	01.0	.01:	*		29c. LIÇE	NSE NUM	IBER / /	/			(Month, Day, Year	
TO B	30, NAME AND ADDRESS OF PERSON WHO COMPLETED DAILS	E OF DEATH (7		~		D	30	0661		► AJ	ugu	M 26	96

DHMH-16 Rev 1/89



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96 25484

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		31	1. Decedent's Neme	(First, Middle	, Last)								2. Dete of De			3. Time of Death
	Physic		DESPINA	GRACE	KONTOY]	IANIS							Month August	24, 199	Yeer	4:30 A.M
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	filed within 72 hours efter death with the Maryland Hygiene. Wher than "naturel", or flems 23a or 28a-f show ent, the Medical Examine must be notified at	Funeral Director	707 S.	Tolna	Street.						21224			U.S.		
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	fing Ph After th funeral	Ë	27. Menner of Deeth	5 Pending		te of Injury onth, Day Y		ime of	28	c. Inju Wo	ry et		28d. Describe	how Injury occur	red	
sion	ath. or: After he fune	atic	2 Accident	investig	1972.12	NIA		., ,	М		Yes 2	No				
S	T de de	110	3 Suicide	6 Could n	ned 288. Ple		- At home, fe	rm, stre	et, fectory,	office	Č.		28f. Location (Street and Numb	per or Run	al Route Number,
m	2.5.5	Certification:	4 Homicide		bui	iding, etc. ((Specify)						City or To	wn, State)		
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arm or a grown girth. ¢ .

Please Type or Print in Black Indeible Ink. Assure All Copies Are Legible. ITEM: 20b, PER F'.H. FILM G-739 9/4/96 State of Maryland / Department of Health and Mental Hygiene 25485 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** Yeer 4:45 p.m. Helen 23 1996 Beatrice Lewis Auq. /Medical 4e. Fecility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Baltimore City
If Under 24 Hrs. 8. Dete of B 2334 Reisterstown Road If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) **Funeral** 1DM 2FE Months Deys Hours 215-03-0351 85 Yrs. Director Maryland Usuel Residence of Decedent 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits "natural", or items 23a or 28a-f show 1 Yes 2 No Director Md. N/A Baltimore, City 10a. Street and Number 10f. Zlp Code 10g. Citizen of Whet Country? 21217 U.S.A. Funeral 2334 Reisterstown Road death 12. Wes Decedent Ever in U,S. Armed Forces?

1 ☐ Yes 2 ☒ No if Yes, Give Yeer or Detes: 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. filed within 72 hours efter 1 □ Never Married 2 □ Merried Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Black þ 3 Widowed 4 □ Divorced Completed h and Mental Hygiene.
7 Is marked other than "natur traumatic event, ire Medical 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/industry Elementery/Secondery (0-12) College (1-4or 5+) Clothing Industry 11th Machine Operator 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Be Peges 1 and 2 should be fament of Heelth and Mental Int: If Item 27 Is marked of Alexander Young Lillian Davis 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Shirley O. Waddell/daughter 2334 Reisterstown Road, Baltimore, Maryland 21217 Item 27 20b. Plece of Disposition (Name of cemetery, crematory or other plece) Dete 29 20a. Method of Disposition 20c. Location - City or Town, Stete Department of Important: If it any injury or one once. 1 □xBurial 2 □ Cremetion 3 □ Removel from State Bushy Park Comm. Ch. Cem 8/89/96 Howard Co. Md. 4 □ Donetion 5 □ Other (Specify) 21. Signeture of Fundal S 22. Neme end Address of Fecility William C. Brown Community Funeral Home DOULU 1206 W. North Ave Baltimore, Maryland 21217 23a. Part. Ever the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cardiac or respiretory errest, should be recalled in the cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediete Cause (Finel disease or condition resulting in deeth) Examiner Examiner The law requires that the death certificate be executed Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or as a consequence of): physician s the burial P.O. Box 68760, 0 Physician/Medical Due to (or es e consequence of): ate has been signed by the a page 2 should be detached t Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, ρ Completed 24b. Were autopsy findings avellable prior to 24a. Wes an autopsy performed? completion of cause of death? 1 Yes 208No 1 ☐ Yes 2 ☐ No of Vital Physician: director, Be 25. Wes case referred to medical 28. Placa of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 e Hospital or Attending Physics 24 hours efter death.

Funeral Director: After this sletely filled in by the funeral di After this 27. Menner of Death 1 Neturel 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how Injury occurred Division 5 Pending Investigation 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 4 - Homicide 24 hours 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and pleca, end due to the cause(s) end manner es steted.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, dete end plece, and due to the cause(s) end menner steted. 29a, Certifier To the Hosp within 24 hou To the Fune completely fil Medical 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 9 who completed cause of death (Item 23a) (Type, Print)

State Registrar

31. Dete filed (Month, Day, Yeer)
AUG 2 8 1996

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State of Maryland / Department of Health and Mental Hygiene

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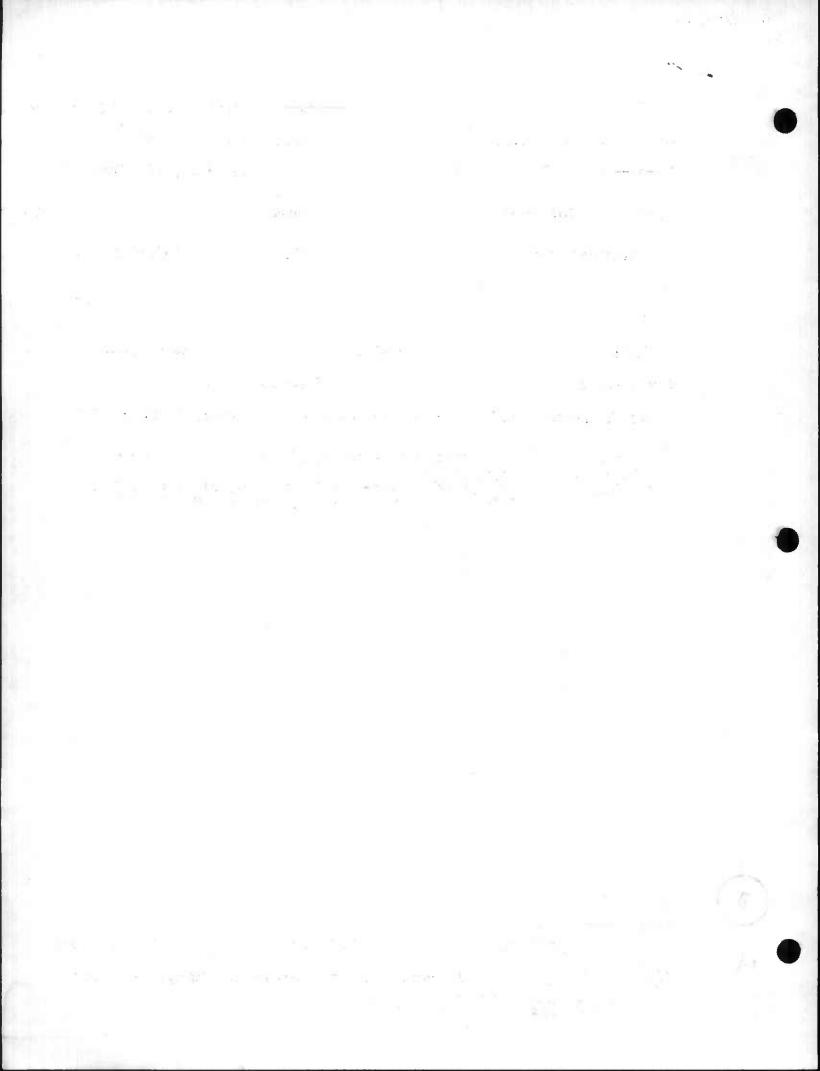
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and		10a. Stata	10b. County	/	10c. City	y, Town or Lo	ocation							10d. Inside City Limit
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filed within 72 hours efter death with the Maryland Hygiane. ther than "natural", or flems 23a or 23a-f show ont, the Medical Examinat must be musted at	Funeral Director	11. Marital Status			cedent Evar in U,	S. 13. 1	Was Deced	dant of H	ispenic Ori	aln? (Sp	acify Yes or N Rican, atc.)	o- 14. F	leca - Amar	rican Indien,
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permit. Pages Department of Important: If It	ì	21. Signature of F	lineral Service	Lifenson / /	//	22	. Nama an	d Addres	ss of Facilit	y The	e Dippe	el Fune	ral H	ome Inc.
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State of Maryland / Department of Health and Mental Hygiene 96

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Physic /Medi	ian	Decedent's Name (First, Middle, Last,			-	****	Date of Deet		3. Time of Death	
		CHARLES	JOHN		L	UEDTKE	Month	Day	Year	
Evente		4a. Facility Name (If not institution, give		,		4b. City, Town, or Lo	AUGUS'	T 25,	1996 5:27AM	
Exami	ner	UNIVERSITY HOS	AMEN'S TREE			BALTIM		N/A		
Funeral		5. Social Security Number 6. Sec	7. Age	(In yrs. last birthday)	If Under 1 Year	If Under 24 Hrs.	9 Date of Birth		9. Birthplace (State or Foreign	
Director		214-38-0944	M 2□F	54 Yrs.	Months Deys	Hours Min.	April 2	7,1942	Gountry) Maryland	
po &		Usual Residence of Decedent 10a. State 10b. County		10c. City, Town or Lo	cation				404 1-14-07-11-7-	
Aaryle I aho	5		imore	Too. Only, Town of Lo	Cation	Dundalk			10d. Inside City Limits 1 ☐ Yes 2 2 2 No	
the h	Director	10e. Street end Number			10f, Zip Code		1	0g. Citizen of V		
3a or	0	124 Briarwood Roa	d			21222			d States	
ter death with the Marylan Items 23a or 28a-f show ther Trust be notified at	Funeral		12. Wes Decedent Ev	ver in U,S. 13.	Was Decedent of H	Hispanic Orlgin? (Spe an, Mexican, Puerto	cify Yes or No-	14. Race	e - American Indian,	
72 hours effer death with the Maryland nature!', or items 23s or 28s-1 show orcal Examinet must be notitied at	by Fu	1 ☑ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces? 1 ☐ Yes 2 2 No If Yes, Give Year or Detes:		1 Yes, specify Cubi		HICAN, etc.)	Specify	k, White, etc. White	
72 hours of netural', or	per	15. Decedent's Education 16e. De			ient's Usuel Occup	pation		16b. Kind of Business/Industry		
C	Completed	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4or 5+	(Give	kind of work done OO NOT use retire	during most of working)	ng			
filed with Hygiene. ther than	Con	8 Years	go (7 101 01.	He	lper			Book B.		
o la b	Be	17. Fether's Name (First, Middle, Last)				18. Mother's Name		Meiden Sumem	Θ)	
	2	Otto Luedtke				Josephine				
1 8 E		190. Informant's Name/Relationship (Ty Angelo F. Luedtke				end Number or Rura d Road Di				
Heal Heal Heal ther		20a. Method of Disposition	, 5,0,75,00	20b. Place of Dispo					City or Town, State	
8 = 5		1 Burial 2 Cremation 3 R 4 Donetion	emovel from State			.y 8/29/96			ore, MD	
교 는 근 글		21. Signature of Empiral Service License	10/5/	9 //	. Name and Addre			buccom	orce, mo	
Depa Impo any Ir		> (hel M		01	Ida - Ruch	FUNDRAP H	ome of	Dundalk	, Inc.	
		23a. Part1. Enter the diseese, or compli shock, or heert failure. List only or	cations that caused the	he deeth. Do not ente	922 Wise er the mode of dyir	Ave. Dun ng, such es cardiac o	dalk, Morrespiretory erro	aryland	21222 Approximete	
Physician		snock, or neert failure. List only or	ne cause on each line	o.					Interval Between Onset and Deeth	
/Medicai		immediate Cause (Finel disease or condition	Head	d Inju	14					
Examiner	U	resulting in death)		ue to (or as a conseq						
Si ad	jue)							
tificate be executed g physician and as the buriel-transit	Examiner	Sequentially list conditions, if env. leading to immediate	D	ue to (or es e conseq	uence of):					
be e sician burie		Sequentially list conditions, if eny, leading to immediate cause. Enter Underrying Cause (Disease or injury that initiated events resulting In deeth) Last Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es a consequence of):								
ficate physicate	edic									
nding use a	M/		l							
thet the death car ed by the attendin deteched for use	Physician/N	Part il. Other significent conditions con	tributing to death but	not resulting in the ur	ndertving cause giv	en in Pert I.	23b. Did to	bacco uee cor	ntribute to the cause of death?	
by the	Phys				, , ,				3 Probably 4 ☐ Unknow	
8 5 8	by							,		
v requires been sign should be	Completed						24e. Wes a perform		24b. Were autopsy findings available prior to	
N 25 W	nple								completion of cause of death?	
The ate	ပိ						1 ⊘ Y€	es 2 No	19 Yes 2 No	
Physicien: The rhis certificate oral director, page	Be	25. Was case referred to medical examiner?	ospital:	They	Oth	26. Place of Death				
this aldi	. To	XXYes 2 No	1 ☐ Inpatient 28a. Date of Injury	28b. Time of	I SLI DOA	4 Li Nursing nor	ne 5 ☐ Reside 28d. Describe ho			
After fune	tlon	1 Natural 5 Pending 2 Accident investigation	(Month, Day)	Year) Injury	28c. Injur Wor	k? Yes 2.⊠No	C-011	loun &	sus, eer	
Attending or death. rector: After by the fune	ertification:	3 Suicide 6 Could not be	28e. Place of Injun	v - At home, farm, stre			28f. Location (St	reet end Numb	er or Rural Route Number,	
5555	Certi	4 Homicide	building, etc.	(Specify)			City or Town	176, Stete)	st.	
(10 kg	edicai (29a. Certifier 1 Certifying Phys (Check only one)	lclen: To the best of e	my knowledge, deeth xaminetion end/or inv	occurred et the tir	ne, date and place, e	and due to the ce	ouse(s) end ma		
110	Me	29b. Signeture and title of certifler	2//	-	29c. Licens	e number	2	9d. Date signed	1 (Month, Dey, Year)	
P > P 0		1	10/		0.0	M.E.		AUGUST	26, 1996	
U		30. Name and address of person who co	mpleted cause of dee	eth (Item 23e) (Type, I	Print)					

Registrar



State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death

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_						061	uncate	OI L	calli	Reg	J. No.									
	Physici /Medic		1. Decedent's Neme (First, Middle LOUIS		LIBER	RCCI	SR.			2. Dete of Deeth Month AUGUST	26,	1996		of Death						
	Examin	er	4a. Fecility Neme (If not institution SAINT JO:		,	ENTE	2		OWSON, M	ocation of Deeth IARYLAND	111	y of Deeth	MORE	2						
	Funeral Director		5. Social Sacurity Number 212-03-7972 Usual Rasidence of Decedent	6. Sex 1⊠M 2□F	7. Age (In yrs. i	est birthdey) Yrs.	If Undar 1 Months E	Yaar Deys	if Undar 24 Hrs. Hours Min.	8. Dete of Birth June 21,	1913		olece (Stentry)	ete or Forei						
	the Maryland 28a-f show notified at	ctor	10a. Stete 10b. County	imore	10c. City	, Town or Lo	cation	E	Essex					le City Limit						
	th with the	Funeral Director	10e. Street and Number 1000 Frank	lin Ave.			10f. Zip Co	oda	21221	100	g. Citizen of	Whet Cou	ntry?							
020	within 72 hours after death with the Maryland ene. than "natural", or items 23s or 28s-f show he Medical Examinet must be notified at	Ď	Ď	11. Maritel Stetus 1 □ Never Married 2 □ Merri 3 ☑ Widowed 4 □ Divorced	Armed F	2 XNo iva	XNo 1 E		es Dacedant of Hispanic Origin? (Specif Yas, specify Cuban, Mexican, Puarto Rk		ecify Yes or No- Rican, etc.)		lace - Amarican Indian, leck, White, atc.		n,					
Maryland 21215-0020	s 1 and 2 should be filed within 72 hd f Health and Mental Hygiene. Nem 27 Is merked other than "natur other traumatic event, tra Medical	Completed	15. Decedent (Specify only highes Elementery/Secondery (0-12) 7th	grade completed,) (1-4or 5+)		dent's Usuel C kind of work of DO NOT use i		ion uring most of work	ing		Kind of Business/Industry Taxi								
and	2 should be filed withir and Mental Hygiene. Is marked other than aumetic event, tra M.	Be	17. Fether's Neme (First, Middle,							e (First, Middle, Me		me)								
aryl	2 should be f and Mental I Is merked of aumetic eve	ဥ	Michael I 19e. Informent's Neme/Reletions!			19b. Meilir	ng Address (S	treet ar		Lucille F		, State, Zip	Code)							
	es 1 and 2 of Health a l Item 27 is r other tra		William Libero	ci - son			nawn Co		Balt	imore Md.										
Baltimore,			20e. Method of Disposition 1 ☑ Buriei 2 ☐ Cramation 4 ☐ Donetion 5 ☐ Other (Sp.		Charles CE	ematary, cren	sition (Neme natory or othe dge Cet	r piece			Balti			Đ						
Balt	permit. Page: Department of Important: If I any Injury or once.		21. Signature of Funerel Service I	icensee A	nell	(Ly E	uneral	HOme of E		21								
	Physician /Medical Examiner		23e. Pefi1. Enter the disaase, or shock, or heart feilure. Linguistic line of the disease or condition resulting in deeth)	one ceuse on	PPER GA	1	INTEST			or respiretory erres	st,		Approxi Intarval Onset a	mate Between and Deeth						
ox 68760,	h certificate be executed anding physician and use as the bunal-transit	n/Medical Examiner		Physician/Medical Examin					Sequentially list conditions, if any, leeding to immadiate cause. Enter Undarlying Cause (Disease or Injury that initiated events rasulting in daath) Lest	b c		es e conseq as a conseq								
, P.O. B	5 60		Pert II. Other significant condition ATHEROSCL							23b. Did tob		ontribute to		use of deatl						
Vital Records,	law requires as been sign 2 should be	Completed by	CHRONIC O	BSTRUCT	IVE PUI	LMONA	RY DIS	SEA	SE	24a. Wes an performe		av	ere autop eilabla pri empletion death?							
al Re	The ate h	Com								1 ☐ Yes	₩ No			X No						
Vita	Physician: The this certificate ral director, par	Be	25. Wes case referred to medical examiner?	Hospitei:				Other		h (Check only one)										
Division of	The stand	Certification: To				1	28e. Dete (Mor	of Injury oth, Day Year)	ER/Outpetien 28b. Time of tnjury	28c.	Injury (Work?	4 LI Nursing Ho	28d. Describe how	Injury occu	rred					
Div	To the Hospital or Attan Within 24 hours after death To the Funeral Director: completely filled in by the		4 ☐ Homicide determi	build	e of Injury - At ho ling, etc. (Specify)			, date and piece	28f. Location (Stre City or Town, and due to the cau	Stete)			variaber,						
	the House in 24 h the Fur	edical		xaminer: On the b	easis of examineti	ion end/or inv	restigetion, in	my opi	nion, deeth occur	red et the time, det	e end piece,	end due to	tha caus	se(s)						
	To the comple	M	29b. Signature and titla of certifier	· Leur	restmo			cense	D31008	290	d. Data signe	_		ir)						
	TU		30. Neme end address of person v	no completed cau	se of deeth (Item	23a) (Type,	Print)													

DAVID B. PEICHERT, M.D., 7620 YORK ROAD, TOWSON, MARYLAND 21204

32. Registrer's Signeture

DHMH 16 Ray 6/95

State

Registrar

31. Dete filed (Month, Dey, Year)

AUG 2 8 1996

State of Maryland / Department of Health and Mental Hygiene

ARUNDEL

MARYLAND

U.S.A.

14. Rece - American Indian,
Bleck, White, etc.

Specify: BLACK

1996

4c. County of Deeth

22,

ANNE

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth AUGUST **Physician** HELEN RUTH MCCRACKEN /Medical 4e. Fecllity Neme (If not institution, give street end number) 4b. City, Town, or Location of Death Examiner NORTH ARUNDEL HOSPITAL E.R. GLEN BURNIE If Under 1 Year | If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dev. Year) **Funeral** 1□M aX F Months Deys Hours Yrs. Director 218-44-5544 49 Nov. 7 1946 Usual Residence of Decedent the Maryland 10b. County 10c. City, Town or Location ns 23a or 28a-f shortman at Director MARYLAND N/A BALTIMORE CITY 10e. Streat and Number 10f. Zip Code 10g. Citizen of Whet Country? with t 801 CHERRY HILL ROAD Funeral 21225 death Hems 12. Was Decedent Ever in U.S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) Yes KIN No 1 X Never Married 2 Married Be Completed by 1 ☐ Yes 2 X No Specify: 3 ☐ Widowed 4 ☐ Divorced

16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elemantary/Secondery (0-12) Collaga (1-4or 5+) PRIVATE

12th grade HOUSE KEEPER 17. Fether's Name (First, Middla, Last)

18. Mother's Neme (First, Middle, Maiden Sumeme) Annie Wade Foster

James A. McCracken, Sr. 19a. Informent's Name/Reletionship (Type, Print)

19b. Mailing Address (Street and Number or Rurel Routa Number, City or Town, Stete, Zip Code)

Cassandra McCracken/Daughter 20b. Plece of Disposition (Neme of cematary, cremetory or other piece) 20e. Method of Disposition 1√ Burlal 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify)

1215 Ashland Avenue, Baltimpre, Maryland 21202 20c. Locetion - City or Town, State

Cedar Hill Cememtery 21. Signature of Funeral Service Licensee

8-28-96 BALTIMORE, MARYLAND 22. Name and Address of Fecility WILLIAM C. BROWN COMMUNITY F/H

23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line.

1206 W. NORTH AVENUE

Immediete Causa (Final disease or condition resulting in deeth)

consequance of

Approximete Interval Between Onset end Death

Dua to (or es e consequence of)

Due to (or es e consequence of):

Sequentielly list conditions, if eny, leeding to immadiate cause. Enter Underlying Cause (Disease or Injury that Initiated evants resulting In deeth) Last

ert II. C	Other significant conditions contributing to death but not res	sulting In the undariying ceuse givan in Part

23b. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 ☐ Unknown 1 Yes

24e. Wes en eutopsy performed?

24b. Were eutopsy findings aveilable prior to completion of ceuse of deeth?

Yes 2 No 26. Piece of Deeth (Check only one)

Yes 2 No

25. Wes cese raferred to medical examiner? 1XYes 2 No

27. Manner of Death

1 Naturel

3 ☐ Suicida

222 Accident

Hospitel: 1 ☐ Inpatient 2 XER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 28b. Time of

-22-96

28c. Injury at Work? Injury 406

Other: 4 Nursing Home 1 Yes 2 VNo

5 ☐ Residence 8 ☐ Other (Specify) 28d Describe how Injury occurred

auto Location (Street end Number or Rurel Route Number, Stata) war Clen

4 Homleide 29a. Certifier

5 Pending

investigetion

6 Could not be detarmined

28e. Plece of tnjury - At home, ferm, streat, fectory, office building, etc. (Specify)

Har Mitchie BUME

29b. Signat as and title of certifier

1 Certifying Physician: To tha bast of my knowledge, deeth occurred at the time, dete end place, and due to the ceusa(s) end mannar as steted.

2 Medical Examiner: On the basis of exeminetion end/or invastigation, in my opinion, deeth occurred et the time, data end place, and due to the ceuse(s) end mennar steted. 29c. License number 29d. Date signed (Month, Day, Year)

O.C.M.E.

AUGUST 23, 1996

nd address of person who complated ceuse of deeth (Itam 23e) (Type, Print)

LUC 111 Penn Street, Baltimore, Maryland 21201

31. Dete filed (Month, Day, Year) State AUG 2 8 1996

32 Registrer's Signeture

3. Time of Death

1605PM

10d. Inside City Limits

1 X Yes 2 □ No

Birthplece (Stete or Foreign Country)

permit. Pages 1 and 2 should be filed within 72 hours after. Department of Health and Mantal Hygiane. Important: If item 27 is marked other than "natural". or hanny Injury or other treument. Maryland 21215-0020 altimore.

> Physiclan /Medical

Examiner

pu

the

signed by ti

peed

certificate

this funeral

After

filled in by the

Examiner

Physician/Medical

þ

Completed

Be

Certification: To

Medicai

The law requires that the death certificate be axecuted Division of Vital Records, P.O. Box 68760,

Attending Physician: death. Hospital or Attendi 24 hours after death. Funeral Director: A To the Hospital of within 24 hours at To the Funeral D complately filled

Registrar

DHMH 16 Rev 6/95

February Francis

graz ferriada e esculla ferriadade a como "cal" i a 225 e Gradi a 1944 con terriada

96 Aug 20 'All 3: 13

State of Maryland / Department of Health and Mental Hygiene

25490

Certificate of Death

Physician /Medical **Examiner**

RAYMOND 4a. Facility Name (If not institution, give street and number) MILLER

Days

if Undar 1 Yaar

10f. Zip Code

1□Yes 2No

2. Date of Death Month AUGUST

3. Time of Death

HARBOR HOSPITAL E.R 4b. City, Town, or Location of Death BALTIMORE

22, 1996 0810AM 4c. County of Death

Funeral Director

the Maryland

Pages 1 and 2 should be filed within 72 hours after nent of Health end Mental Hygiene. Int II frem 27 Is marked other than "natural", or ite

Is marked other than "nature traumatic event, the Medical"

Baltimore, Maryland 21215-0020

95 -32-693 Usuei Residence of Decedent

1. Decedent's Name (First, Middle, Last)

Months 55 Yrs.

MSADENA

If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Hours 30,1941 9. Birthplace (State or Form)
Cook Towns Hip

show 10e. State "natural", or items 23a or 28a-f shored call Examiner must be notified at

Funeral

é

Completed

Be

2

10b. County

10c. City. Town or Location

7. Age (In yrs. last birthday)

CITY

10d. Inside City Limits

1 Yes 2 No

Director

10e. Straat and Number

12. Was Decedent Ever in U,S. Armed Forces? 1 Yes 2 ☐ No bytes, Give

2// 2 2

13. Was Decedent of Hispanic Origin? (Specify Yas or NoIf Yas, specify Cuban, Mexican, Puerto Rican, etc.)

5 14. Race - American Indian Black, Whita, atc.

11. Marital Status

5. Social Security Number

1 Never Married 2 Married 3 Widowed 4 Divorced

Year or Dates 15. Decedent's Education (Specify only highest grade completed)

16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired)

Specify: WHITE 16b. KInd of Business/Industry

10g. Citizen of What Country?

Eiementary/Secondary (0-12)

Cotiege (1-4or 5+)

17. Father's Nama (First, Middle, Last)

MILLER

TAZE

Specify.

18. Mother's Name (First, Middle, Malden Sumame)

19a. Informant's Name/Relationship (Type, Print)

A

Waral Service Licentee

4356 20b. Place of Disposition (Name of cemetery, crematory or other place)

19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Data UC 27

20a. Method of Disposition Buriai 2 Cremation 3 Removat from State

23a. Part1. Enter the diseasa, o complications that caused the tieeth. Do not enter the mode of dying, such as cerdiac o shock, or heart failure. List only one cause on each line.

LICONIER VALLEY CEM 22. Name and Address of Facility

a Arteriosclerotic Cardiovascular Disease

Physician /Medical Examiner

> Physician/Medical Examiner þ Completed Certification: To Be

use es the buriel-transit attending physician nd peutin

mounts that the daeth certificate be executed P.O. Box 68760 After Attending death after death Director: B

Division of Wifal Records.

Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last

Immediate Ceuse (Final disease or condition resulting in death)

Due to (or as a consequence of)

Due to (or as a consequence of)

Due to (or as a consequence of)

Part tl. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

24a. Was an eutopsy performed?

 Wera autopsy findings avaliable prior to completion of cause of deeth?

Approximate intervel Between Onset and Death

INSPECTION 1 ☐ Yes 2 No

1 ☐ Yes 2 No

25. Was cese referred to medical 1⊠ Yes 2□ No

6 Could not be determined

28a. Date of Injury (Month, Day Year) 5 Pending investigation

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28e. Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify)

28c. Injury at Work? 1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how Injury occurred

26. Place of Death (Check only one)

29a. Certifier (Check only one)

27. Manner of Death

1 Natural

2 Accident

3 Sulcida

4 ☐ Homicide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and dua to the cause(s) and manner stated.

29b. Signature and title of certifier

29c. Licensa number

29d. Data signed (Month, Day, Year)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

O.C.M.E.

AUGUST 22, 1996

State Registrar

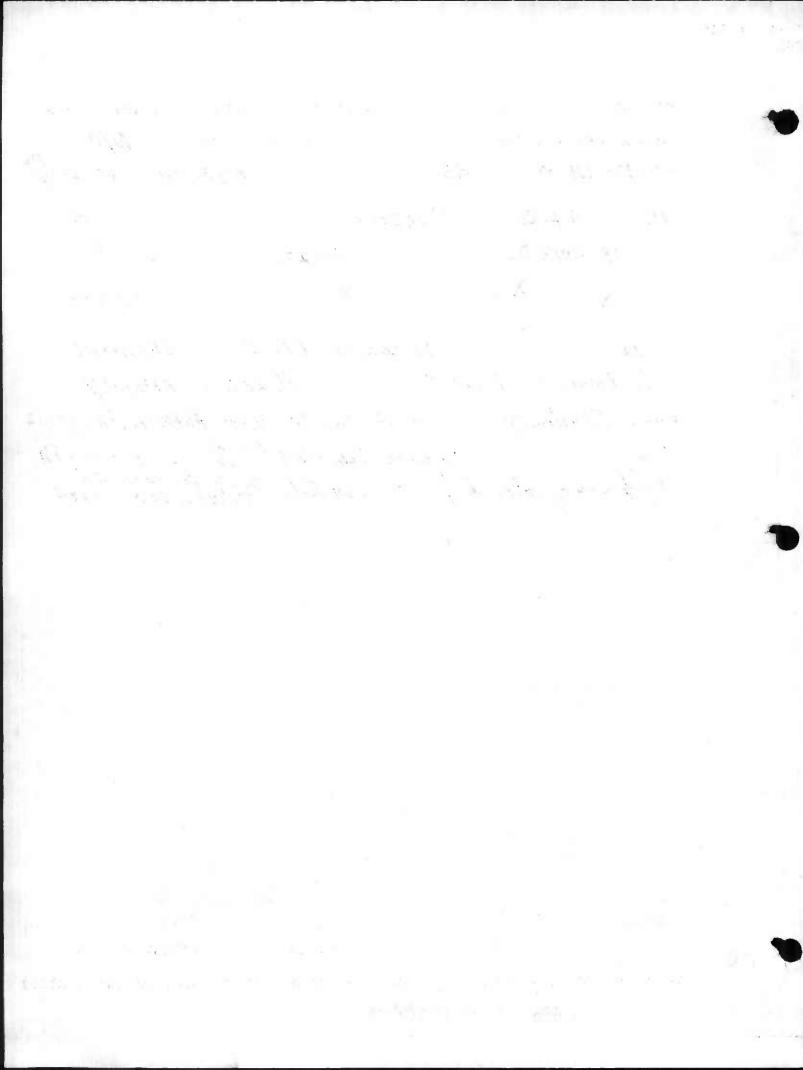
Medicai

David R. Fowler, 31. Date filed (Month, Day, Year)

M.D. 32. Registrar's Signature

111 Penn Street, Baltimore, Maryland 21201 The Davidson AUG 2 8 1996

To the Hospital a within 24 hours and To the Funeral Di completaly filled in



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middla, Last) 2. Data of Death 3. Time of Courth Physician LUCIA McGEE 10:00 P.M. AUGUST 24, 1996 /Medical 4a. Fecility Nema (If not institution, giva streat and number) 4b. City, Town, or Location of Daath 4c. County of Deeth **Examiner** PASADENA 8329 BEECHWOOD PARK ROAD PASADENA If Under 1 Yeer | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) 5. Sociel Sacurity Number 6. Sex 7. Aga (In yrs. last birthdey) Birthplece (State or Foreign Country) **Funeral** 1□M 22 F Months 249-34-9455 Director DECEMBER 18125 South CAROLINA Usuel Residence of Dacedent filed within 72 hours after death with the Maryland 10a Stete 10b. County 10c. City, Town or Location I'l is marked other than "natural", or items 23a or 28a-f show traumstic event, the Medical Examiner must be notified at 10d. Inside City Limits MARYLAND PASADENA LAS ADENA 1 ☐ Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 8329 BEECHWOOD PARK ROAD 21122 12. Was Decedent Evar in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-if Yas, specify Cuban, Mexicen, Puarto Rican, atc.) 11. Marital Status 14. Race - Amarican Indlen, Bleck, Whita, atc. 1 ☐ Yas 2 ☑ No If Yas, Give Yeer or Dates: 8 1 ☐ Never Married 2 ☐ Married 1 ☐ Yas 2 X No þ Specify: Specify: Black 3 ☐ Widowed 4 M Divorced Completed 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry 16a. Decedent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT use retired) al Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) CENERAL Electric ASSEMBLY LINE WORKER 17. Fether's Neme (First, Middle, Last) 18. Mothar's Nema (First, Middla, Meiden Surneme) Be Pages 1 and 2 should be ment of Health and Mental is marked Lily MACK 10m WildER 2 19b. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. informent's Neme/Relationship (Type, Print) Department of Health a Important: If them 27 is any injury or other train once. 8329 BEECHWOOD PARK ROND, PASADENA, MD 2422 Alethin GRISWALD 20b. Plece of Disposition (Name of cematary, crematory or other piece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Buriel 2 □ Cremation 3 □ Removel from State EDAR HILL CEMETERY 8-29-96 GLEN BURNIE, MARYLAND 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility
JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 2140 N. FULTON AVENUE, BALTIMORE, MD. 23e. Pert1 Errer the dissiplication of heart fall. er the diseasa, or compilcations that caused the deeth. Do not anter tha mode of dying, such as cerdiac or raspiratory arrest, heert fellure. List only one cause on each line. **Physician** disaase or condition resulting in deeth) /Medical Ven Wichlan Fibrillation Secsif minutes **Examiner** Due to (or as a consequence of) minute Physician/Medical Examiner Hyper Kalemi A The law requires that the death certificate be executed been signed by the attending physician and should be detached for use as the burial-transit Sequentially list conditions, if eny, leeding to Immediate ceuse. Enter Underlying Cause (Diseese or injury that initiated events rasuiting in deeth) Lest Due to (or as e consequence of) Gal STAge Due to (or es a consequence of): Pert It. Other significant conditions contributing to death but not resulting in the undarlying cause given in Pert i. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown infract Penertia Division of Vital Records, þ Completed 24b. Were autopsy findings 24e. Wes an autopsy available prior to completion of ceuse of deeth? performed? After this certificate has 1 TYAS 2 17 No 1 ☐ Yes 2 ☐ No 25. Was cese referred to medicel axaminer? Be 26. Place of Deeth (Check only one) Hospitel: 1 ☐ Inpatiant 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Aesidence 6 □Other (Specify) 2 1 Yes 2 No funeral 27. Menner of Deeth 28e. Deta of Injury (Month, Day Year) 28c. injury et Work? 28d. Describe how injury occurred Certification: 5 Panding Investigation Attending 1 ⊟Naturel death. 1 ☐ Yes 2 ☐ No i or Attendi after death. Director: A 2 Accidant 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicida which 24 hours a To the Funeral D edicai 29a. Certifier 1 Certifying Physician: To the best of my knowledge, daath occurred at tha time, date end place, and dua to the cause(s) end manner es steted. (Check only one) 2 Medical Examiner: On the basis of axamination end/or investigation, in my opinion, deeth occurred at tha time, data end place, end due to the cause(s) end manner steted. 29b. Signetura and titla of certifian 29c. Licansa number 29d. Date signed (Month, Day, Year) 30. Name and address of person wito complated causa of death (Item 23a) (Type, Print) GENAND LOWDER E. FONT AVE Balt. Mil 707

State Registrar

AUG 2 8 1996

31. Dete filed (Month, Dey, Year)



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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 1. **Analand / Department of Health and Mental Hygiene 96**

		ITEM#27 g738 8/28/	96ag perDr.	Ce	rtificate	of L	Death			Reg. No			
Dhuel		Dacadant's Nama (First, Middle, Last							2. Data of De	ath		Vone	3. Tima of Death
Physic /Med			ckens						August	19		Yaar 199	4:53 P
Exami		4a. Facility Nema (If not institution, give Ur:10n Memorial I					b.City,Town	n, or Loc	ation of Deat	h 4c		y of Deeth	
Funeral Director		5. Social Sacurity Number 6. S 214-30-4553	ax □ M 2	: last birthday) Yrs.	if Undar 1 Months	Yaar Days	If Under 24 Hours	4 Hrs. Min.	8. Data of Bir	th Year)		9. Birthpi	ace (Stata or Fora
pu *		Usual Rasidance of Decedent 10a. Stata 10b. County	100 0	ity, Town or Lo									
show	5	,		•		DE						10	od. Insida City Limi 1 ☑ Yas 2 ☐ N
the Maryla 28a-f show	ect	MARYLAND N/	A	В	BALTIMO					10 01			
23a or	Funeral Director	319 EAST 24th STE	REET		10f. Zip C	oda	21218		10		Og. Citizan of What Country? U.S.A.		
72 hours after death with the Maryland natural, or Items 23a or 28a-f show 16al Examiner, must be notified at	by	11. Marital Stetus 1 □ Navar Married 2 □ Marriad 3 ◯ Widowed 4 □ Divorced	12. Was Dacedant Evar in t Armed Forces? 1 □ Yas 2√0 No If Yas, Giva Yeer or Datas:		Was Decedar If Yas, specify 1 ☐ Yas 2 ☐		spenic Origin n, Maxican, I Specify:	n? (Spac Puarto P	cify Yas or No Rican, atc.))-		ce - Amarica ick, Whita, e fy: BLA	etc.
natur Ical	ted	15. Dacadant's Ed	ucation	16a. Dece	dant's Usual (Occupa	ition	of complete		16b. K	ind of E	Business/Ind	ustry
than "r	Completed	(Specify only highast grader) Elementary/Sacondary (0-12) 12	Collaga (1-4or 5+)	lifa.	kind of work	ratired,	KER	i workin	g			HOME	
Hygiene.		17. Fathar's Nama (First, Middla, Last)	U		HOP	LITIM		e Name	/Eirat Middle	Maidan	0		
marked of	To Be	MOSES HOWELL							ie (First, Middle, Maidan Sumame) ELLE HOWELL				
and Is me		19a. Informant's Nama/Ralationship (7	ype, Print)	19b. Mailie	ng Addrass (S	Straat a	nd Number	or Rural	Routa Numb	ar, City o	or Town	, Stata, Zip	Coda)
Health em 27 I		GWENDOLYN ADDISON	(DAUGHTER)	1700	CHESAC	0 A	VENUE	BAL	TIMORE	,MAR	RYLA	ND 212	237
permit, "reges I and should be med within 2 hours Department of Health and Mental Hygiene. Important: If Item 27 is merked other than "natural", any injury or other traumatic evant, the Medical Exagnose.		20a. Mathod of Disposition 1 □XBurial 2 □ Cramation 3 □ 4 □ Donation 5 □ Other (Spacify	Ramoval from Stata	Piaca of Dispo	osition (Name matory or othe	of ar place	a)	1	Data	20c. Lo	ocation	- City or Tov	
oortar Inju		21. Signature of Eurorai Sarvice Licen:	·		2. Nama and			1	,				
Depar Impor		1 /21.0 C	de		TEP BR								
mall's		23a. Part1. Enter tha disaasa, or comp shock, or heert failura. List only of	lications that ceus tha daa	th. Do not ant	00 EUT	AW_ of dying	PLACE a, such as ca	BAL ardiac or	TIMORE respiretory a	MAR	RYLA		217 Approximata
hysician		snock, or neert tallura. List only o	ona causa on aach ina.										Intarvel Between Onset and Death
/Medical		Immadiata Causa (Final diseasa or condition	a Electrom	201-6	0		m' 10.					i	1 10-
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ig physician and as the burial-transit	Examiner	Sequentially list conditions.		or es a consec		11 16	YCT IGY	1			-		1 1/1
ian a		Sequentially list conditions, if any, laading to Immadiate cause. Entar Undertying Cause (Disaasa or Injury										1	
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ding pl	Medical		d.										
6 3													
ched	iysi	Part II. Other significant conditions co	ntributing to death but not ra-	sulting in tha u	ndarlying caus	sa giva	n In Part I.		23b. Did	tobacco	usa co	ntribute to	the cause of deat
igned by the atte be detached for	by Physician	ESRD, HTN							1 🗆	Yes 2	□ No	3 Probe	ebly 4 Unkno
sign old be	q p	,							24a. Was	an autor	nev	24h War	ra autopsy findings
has been si ye 2 should I	Completed							_		rmed?	Joy	`avai	ilable prior to aplation of cause eath?
pag	Con								10	Yas 2	No No	1 🗆	Yes 2 No
ls certificate director, pag	Be	25. Wes casa raferrad to medical axaminar?					28. Placa of	f Death	(Check only o	ona)			
0 D	2	1 ☐ Yas 2 No		ER/Outpatien	nt 3□ DOA	Othe	4 LI Nursi	Ing Hom	a 5 □ Rasid	danca	8 🗆 Ott	nar (Specify)	
Ther	ation:	27. Mannar of Death 1 Naturai 5 Pending 2 Accidant Invastigation 28a. Data of injury (Month, Day Year) 28b. Tima of Injury Injury 28c. Injury at Work? 1 Yas 2 No							8d. Dascribe I	now injur	y occui	rred	-
s after death. I Director: After In by the fune	Certification:	3 ☐ Suicida 4 ☐ Homicida 6 ☐ Sould net be determined	28e. Place of Injury - At h building, atc. (Speci	oma, farm, str	eat, factory, o	ffice		28	Bf. Location (S City or Tox	Street an vn, Stata	d Numi	ber or Rural	Route Number,
within 24 hours after To the Funeral Dire completely filled in b	edicai	29a. Certifiar (Check only one) 1 Certifying Phy 2 Medicai Exami	sician: To the best of my kno inar: On the basis of examine and mennar stated.	owledga, daath atlon and/or inv	occurrad at t	ha tima my op	a, data and p Inion, daath	olace, an	nd dua to tha d at tha tima,	causa(s) data and	and m	annar as sta and dua to t	ited. tha causa(s)
o the	N.	29b. Signature and title of certifier	J. Stated.	~	29c. L	icansa	number			29d. Dat	e signe	rd (Montly, D	lay, Year)
s ⊢ ō		1 /Xdet 2	Mc Linne	9	Δ	T	1126	294	1/	6	1	a /a	*
		30 Name and address of series	- Juney	- 020) (7	7	10	1708	, / /	0	-	11	/ 76	
12		30. Nama and address of person who of				1		2. 2	100				
Sta	ite	The Union Memoria 31. Data filed (Month, Day, Yaar)	32. Registrer's Signa	Saltime ature	re, ma	ryl	and o	1121	18				
		ALIC 9 0 40	20 NO. NO										

2661 17 904

State of Maryland / Department of Health and Mental Hygiene

Pnysician
/Medical
Examiner

Funeral Director

the Maryland ns 23a or 28a-f show must be notified at with death Herns 2 the Medical Examiner Peges 1 and 2 should be filed within 72 hours efter of neat of Health and Mertal hygiene. And the first marked other than "natural", or file into or other traumatte event, the Medical Examinary or other traumatte event, the Medical Examinating or other traumatte event, the Medical Examinating or other traumatte event, the Medical Examination

altimore, Maryland 21215-0020

Physiclan /Medical Examiner

permit. Pege Department of Important: If any Injury or

burial-transit the death certificete be exec Division of Vital Records, P.O. Box 68760. ettending physician I for use es the buna signed by the el page 2 should certificate hes After this death. hours after death 6

Director þ Completed diseasa or condition resulting in death) Examiner Physician/Medical by Completed Be 2 1 XYes 2 No 27. Mannar of Death Certification: 1 Natural 2 Accident 3 Suicida 4 Homicida Medical (Check only 29b. Signeture end titla of cartifier

Certificate of Death 1. Decadant's Nema (First, Middle, Last) 2. Data of Deeth AUGUST 20, MARLO 1 9 9 6 MERCER 22:29 PM 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death SINAI HOSPITAL BALTIMORE If Undar 1 Yaar 5. Social Security Number Deta of Birth (Month, Day, Year) 1/18/73 6. Sax 7. Age (In yrs. last birthday) 9. Birthplaca (Stata or Foraign Days Hours Min. 23 Yrs. MARYLAND 216-96-7985 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Yas 2 No MARYLAND N/A BALTIMORE 10a. Street and Numbar 10f. Zip Coda 10g. Citizen of What Country? 2883 PELLHAM AVENUE 21213 U.S.A. 12. Was Dacedent Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☐ No If Yes, Giva Yaar or Dates: Was Dacedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) Race - Amarlcan Indien, Bleck, Whita, atc. Navar Married 2 Married 1 ☐ Yas X ☐ No Specify: BLACK 3 ☐ Widowad 4 ☐ Divorcad 15. Decedent's Education 16e. Decedent's Usual Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Elamentary/Secondary (0-12) College (1-4or 5+) UNKNOWN UNKNOWN 17. Fethar's Nama (First, Middle, Last) 18. Mother's Nama (First, Middla, Meidan Sumama) DAVID ANDREW JOANNE CARTER 19a. Informant's Name/Raletionship (Type, Print) 19b. Mailing Address (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) JOANNE CARTER (MOTHER) 7131 ROLLING BEND ROAD APT.A BALTO. MD. 21244 20e. Mathod of Disposition 20b. Place of Disposition (Nama of camatery, cramatory or other place) 20c. Location - City or Town, Steta 1
☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from State MT. ZION CEMETERY 8/27/96 LANSDOWNE, MARYLAND 4 ☐ Donation 5 ☐ Othar (Spacify) 21. Signature of Euperal Service Licenses ESTEP and AND THE ESTITY FUNERAL HOME PA. 1300 EUTAW PLACE BALTIMORE, MARYLAND 21217 23a. Part Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Batween Onsat and Deeth Immediate Cause (Final Sequantielly list conditions, if eny, laading to immadiate cause. Enter Underlying Cause (Disaasa or injury that initieted evants rasulting in daath) Lasf Due to (or es a consaguance of) Dua to (or es a consequence of): Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco uas contributs to the cause of death? 4 Unknown 1 Yss 2 No 3 Probably 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an eutopsy performed? 2 No 25. Was casa rafarred to medical 28. Pleca of Death (Check only ona) Hospital: 1 ☐ Inpatiant 2 XER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28b. Tima of 28d. Describe how injury occurred 5 Panding invastigation 2132 MR 20 1 Yes 10 6 Could not be datarmined 28a. Plece of Injury - At homa, farm, streat, factory, office building, atc. (Specify) OO North 1 Certifying Phyelcian: To the best of my knowladga, death occurred at the tima, data and plece, and dua to tha cause(s) end mannar as steted. Manual Medical Examinar: On the basis of axaminetion and/or investigation, in my opinion, death occurred at the fima, data and pleca, and dua to the cause(s) end mannar as steted. Manual Medical Examinar: On the basis of axaminetion and/or investigation, in my opinion, death occurred at the fima, data and pleca, and dua to the cause(s) end mannar as steted.

29c. Licensa number

O.C.M.E.

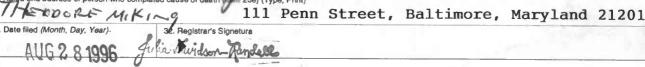
29d. Date signed (Month, Day, Year)

AUGUST 21, 1996

Registrar

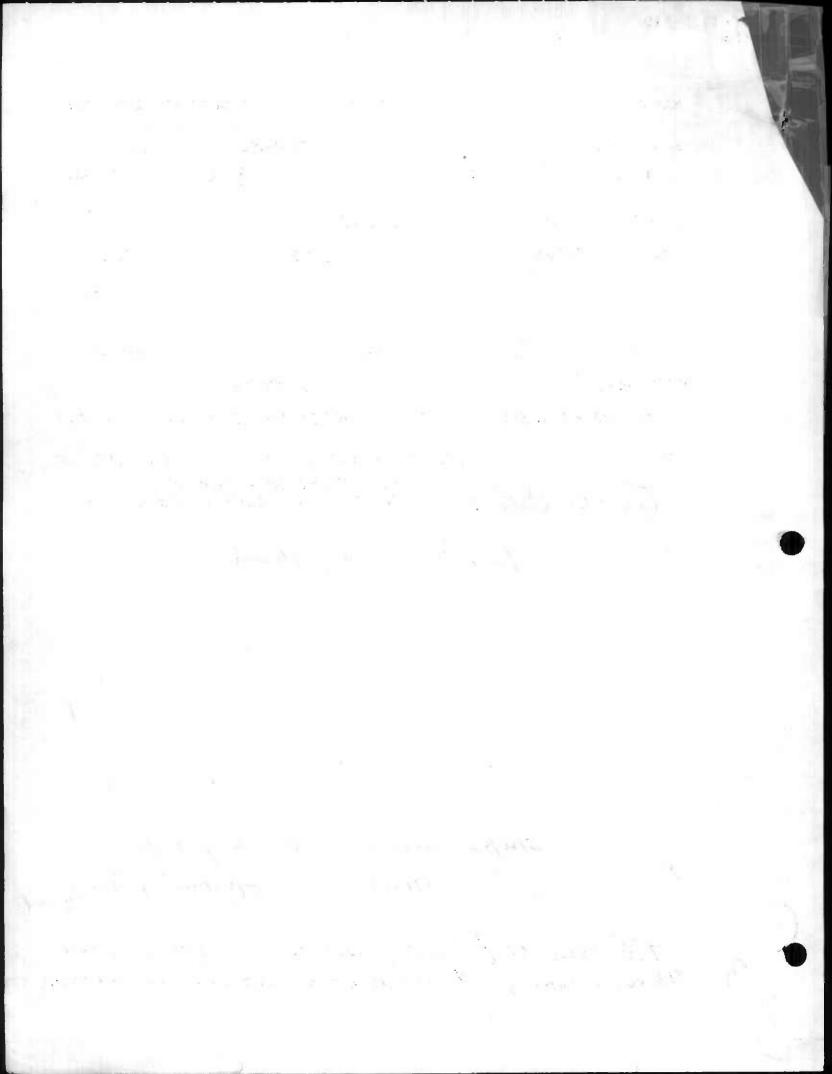
31. Date filed (Month, Day, Year)-

30 Name end address of person who completed cause of death in



m 23e) (Type, Print)

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

2	5	4	9	4	

Certificate of Death 1. Decedant's Nema (First, Middla, Last) 2. Dete of Death 3. Time of Death **Physician** August 1998 William H. Morgan 4:30 P.M. /Medical 4a. Fecility Neme (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Prince George 6103 Parkway Drive Laurel If Under 1 Yaar If Undar 24 Hrs. 5. Social Security Number 8. Data of Birth (Month, Day, June 7, 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Deys Hours 1 M 2□ F Yrs. Director 152-12-8098 79 New York Usual Rasidence of Decedant the Maryland 10a Steta 10b. County 10c. City, Town or Location 10d. Inside City Limits "natural", or items 23a or 28s-f show solical Examiner must be notified at 1 ☐ Yes 2X No Director Laurel Prince George 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? USA 20707-2630 6103 Parkway Drive death Funeral 12. Wes Dacedent Evar in U.S.

Armed Forces?

1 ፟∑ Yes 2 □ No

If Yes, Give
Yeer or Datas: 1942-1946 Wes Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Maxican, Puarto Rican, etc.) 14. Race - Amarican Indian, Biack, Whife, etc. 11. Marital Stetus Pages 1 and 2 should be filed within 72 hours after inent of Health and Menial Hygiene. Int: If Item 27 Is marked other than "natural", or ite 1 □ Naver Merried 2 N Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed the Medical 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use ratired) 15. Dacedant's Education 16b, Kind of Buainass/Industry (Specify only highest grada completed) Eiamantary/Secondery (0-12) Coilega (1-4or 5+) U.S. Government Research Analyst 12 17. Fether's Nema (First, Middle, Last) 18. Mother's Neme (First, Middla, Maidan Sumama) Be Martha J. Dombroski William E. Morgan 19a. Informent's Name/Raiatlonship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) nt of Health a H frem 27 is or other train Laurel, Maryland 20707-2630 6103 Parkway Drive Mary Joe Morgan 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1
☐ Burial 2
☐ Cramation 3
☐ Ramoval from Stata permit. Page Department of Important: If any injury or once. Maryland National Mem. 8-26-1996Laurel, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) 21. Storature of Funaral Service Licensee 22. Nama end Address of Fecility
Fleck Funeral Home, Inc.
7601 Sandy Spring Road, Laurel, Maryland 20707 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory errest, shock, or heer failure. List only one cause on each line. Approximate Onset and Death **Physician** Immediata Cause (Finel diseasa or condition resulting in daath) /Medical · Cerebrovasculas Accidents **Examiner** Examiner siclan and burief-transit The law requires that the death certificate be executed Sequantially list conditions, if any, leading to immadiata ceuse. Entar Underlying Causa (Disease or Injury that initiated events rasulting in death) Last Dua to (or as a consequence of) P.O. Box 68760, attending physiclan for use es the burie Physician/Medical Dua to (or es e consequance of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 3 Probably 4 ☐ Unknown 1 ☐ Yes 2 ☐ No signed b Decubito Records, þ 24b. Wara autopsy findings aveilable prior to completion of cause of death? page 2 should Completed 24a. Wes en autopsy Urinary Tract Infections 1 Yes 2 No 1 Yes 2 No Division of Vital To the Hospital or Attending Physician: "
within 24 hours effer death.

To the Funeral Director: After this certifica Be 25. Was cese rafarred to medical axaminer? 28. Place of Death (Check only ona) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Othar (Specify) 1 Yas 2 No Certification: To filled In by the funeral 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 27. Mannar of Death 28b. Tima of 28d. Dascribe how Injury occurred 1 Naturel 5 Pending investigation 1 ☐ Yas 2 ☐ No 2 Accidant 3 Sulcide 6 Could not be datamined 28a. Place of Injury - At home, farm, straat, factory, office building, atc. (Spacify) 281. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 4 I Homloida 1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner steted. 29a. Certifiar

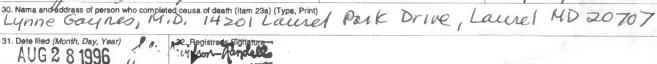
State Registrar

Medical

31. Dete filed (Month, Day, Year) AUG 2 8 1996

29b. Signature end titla of certifiar

(Check only one)

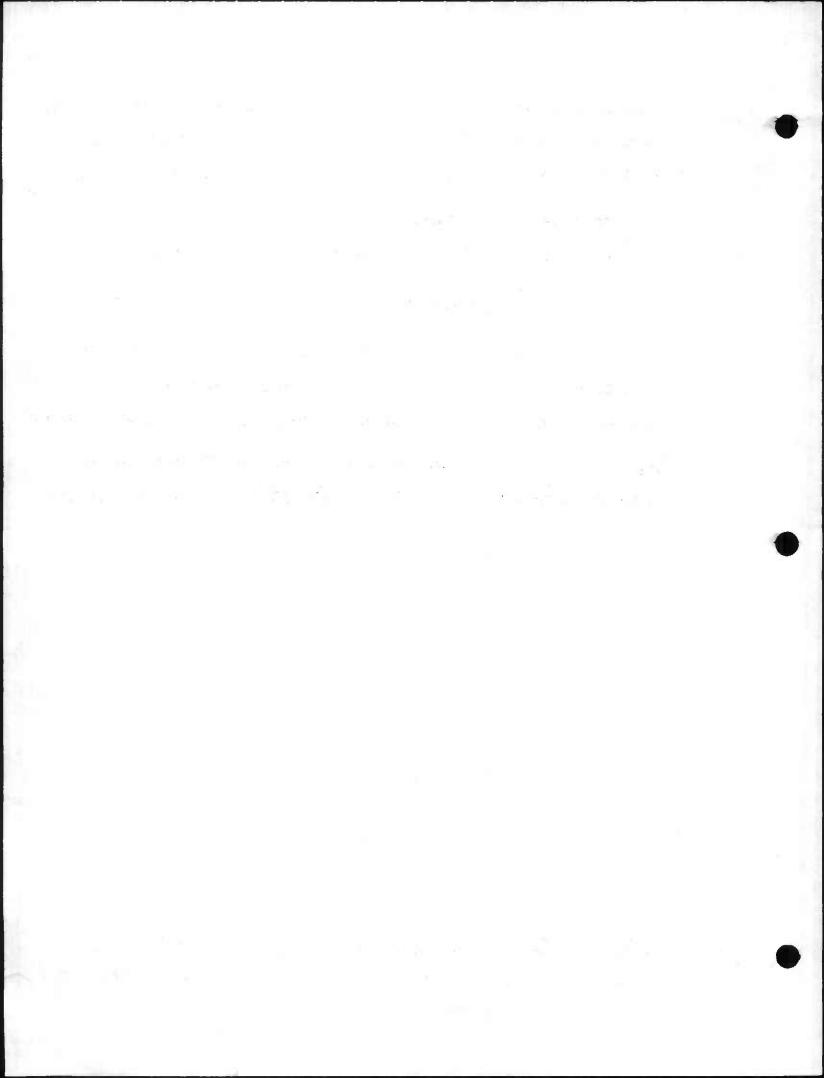


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29c. Licensa number

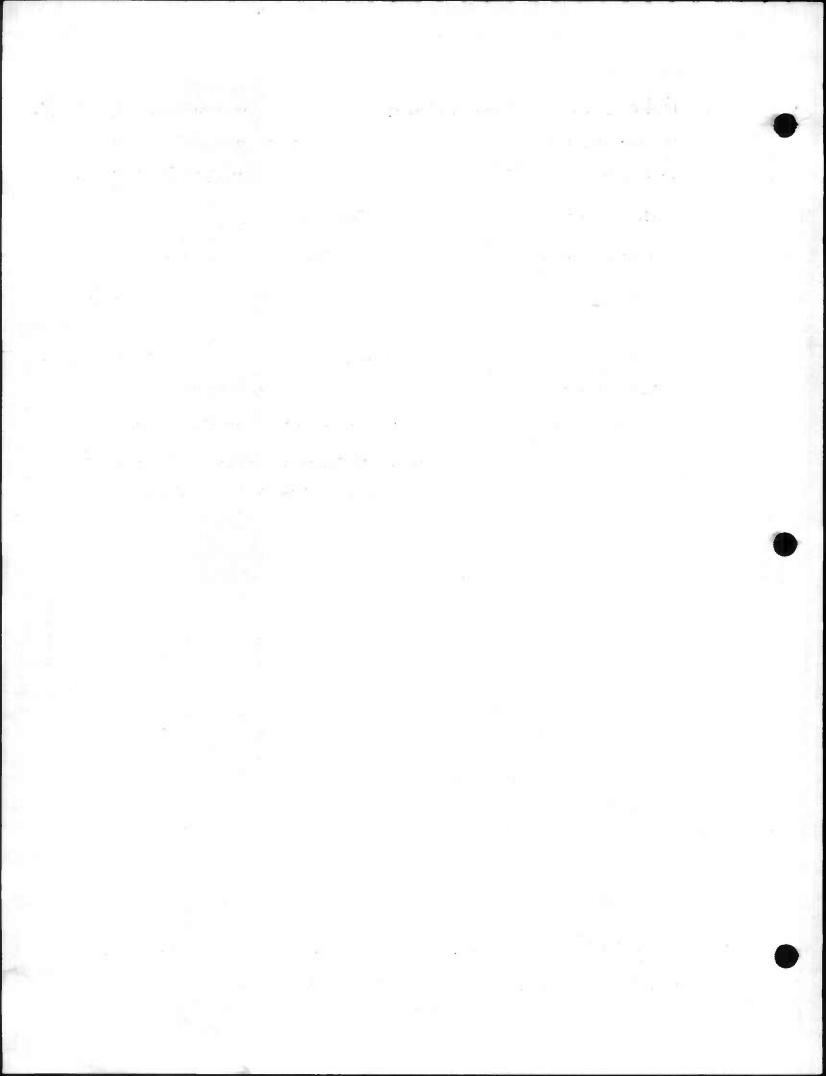
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29d. Dete signed (Month, Day, Year)



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				State of Mary	yland /	Departme <i>Certifica</i>			Mental Hy	giene 🗦 Reg. No.	0 23	1490
	Physici /Medi		1. Decedant'a Name (First, Middla, Las	mace	ACOC	LD			2. Date of Da Month Augus	T 26	96 (o pin
,	Examir Funeral Director	ner	218-28-1296		n yrs. last bi	rthdey) If Undo Yrs. Months	er 1 Year	Balits Hours Min.	nore		n/a	Stata or Foraign
	ahow at all	'n	Usual Rasidance of Decedant 10a. Stete 10b. County MD n/a	10	Oc. City, Tow	n or Location	Balti:	more				sida City Limits
	h with the A 3a or 28a-	Funeral Director	10a. Street and Number 5400 Eastern Ave				ip Coda	1224		10g. Citizan of V USA		1162 2 110
020	should be filed within 72 hours after death with the Merylend of Mentel Hyglane. marked other than "natural", or items 23s or 28s-1 show umatic event, its Medical Examination matter that the notified at	by Funera	1t. Meritai Stetus 1 Never Merried 2 Married 3 Widowed 4X Divorced	12. Was Dacedant Eval Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas:	r In U,S.	13. Was Dec	edent of H ecify Cuba	ispanic Origin? (Sin, Maxican, Puarto	pecify Yas or No o Rican, etc.)	14. Rac Blac	a - Amarican Ind ck, Whita, atc.	ian,
Maryland 21215-0020	within 72 hou ene. then "neture the Medical E	Completed	15. Dacedant's Edi (Specify only highast grad Elamantary/Secondary (0-12) 12th	ucation	168	lifa. DO NOT	ork dona d usa retired	during most of wor	king		usinass/Industry	
yland 2	ould be filed Mentel Hygi arked other atic event, I	To Be Co	17. Fether's Nama (First, Middla, Last) James Gilner			Homema			rie Sch	, Maidan Suman 11tz	na)	
4	and 2 eeith a n 27 is		19a. informant's Name/Relationship (T) YVONNE Maunes 20e. Mathod of Disposition 1 D\Bunial 2 Cramation 3 If	Ramoval from Stata	20b. Place o	104 Not of Disposition (Many, cramatory or	th S ama of other place	ee)	Baltin	nore Md	. 21221 City or Town, St	ata
Baltimore,	permit. Pages 1 Department of H Important: if iter any Injury or oth		4 Donation 5 Other (Specify, 21. Signature of Funaral Sarvice Licens	508	nn	22. Neme e	and Addra	etery 8/2 ss of Fecility Funeral Ave. Ba	Home of	F Fesov	more Md	
	Physician /Medicai Examiner		23a. Part 1. Entar tha disaasa, or comp shock, or haart failura. List only Immediata Causa (Final disaasa or condition rasulting in death)	. Sepsis		not antar tha mo		g, such as cardiac	or raspiratory a	rrast,	1	eximeta val Batween it and Death
x 68/60,	deeth certificate be executed e ettending physician and of for use as the burletransit	Medical Examiner	Sequantially list conditions, if any, leading to immediate cause. Entar Undarying Cause (Disease or injury thet initiated evants resulting in death) Lest	b. Sacral Due CVA	a to (or as a	consequence of):				Yea	eKs 15
ecords, P.O. Box	equires that the death certificater signed by the ettending prould be detached for use as	leted by Physician/M	Pert il. Other elgnificant conditions condit		~ .		causa giv	en in Part I.	1 □	tobacco use co Yes 2□ No an autopsy	arribute to the c	Unknown
r		Permiplet							1 🗆	Yas 2 No	completic of death?	on of causa
on or vital	Attending Physician or deeth.	tion: To Be	25. Was casa referred to medical axaminar? 1 Yas 2 No 27. Mannar of Death 1 Naturai 5 Panding 2 Accident invastigation	Hospital: 1 ☐ Inpatiant 28a. Data of Injury (Month, Day Ye	2 ER/O 28b.	utpatient 3 C Tima of injury	28c. Injun Wor	Nursing H	ome 5 Ras	one) dence 6 □Oth how injury occur		
DIVISION	725	I Certification:	3 Sulcida 6 Could not be datarmined	bullding, atc. (S	Specify)				City or To	Street and Numb wn, State)		a Number,
	To the Hospital of within 24 hours of To the Funeral D completely filled in	Medical	(Check only one) 29b. Signeture end title of certifier	sician: To the best of my iner: On the basis of axa and menner stated.	aminetion er	nd/or invastigatio	n, in my o	oinion, daath occu	, and dua to tha rred et the time,	data end place,	and dua to the co	
	0		30. Nama and address of person who or	omplated cause of death	(itam 23a)	(Type, Print)	D4-	7479		08/2		
	Sta Registr	_	Brock Beamer 31. Data filed (Month, Day, Year)		Bayu	ven Chrol	e, B.	Hmore,	MD 212:	24		



O.C.M.E

111 Penn Street, Baltimore, Maryland 21201

AUG. 26, 1996

\ State Registrar

DHMH 16 Rev 6/95

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31. Date filed (Month, Day, Year)

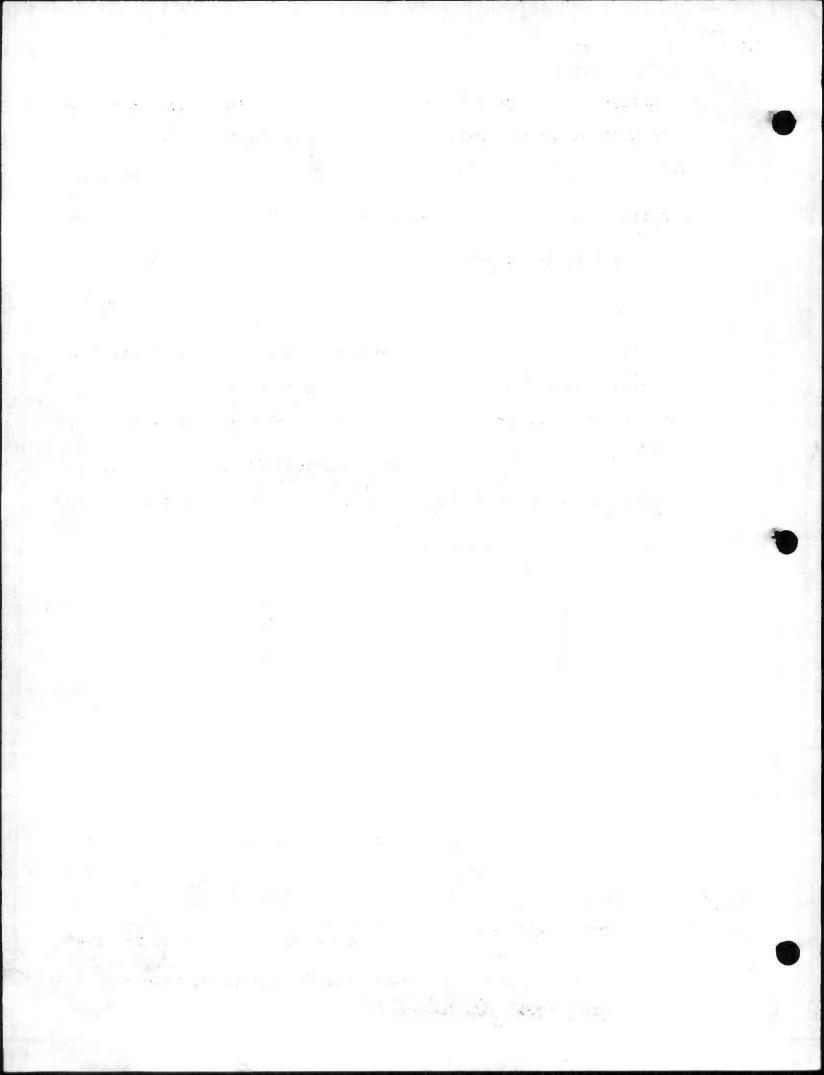
AUG 2

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

fowler

32. Registrar's Signeture

Author Randall



State of Maryland / Department of Health and Mental Hygiene

25497 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month **Physician** 20pm AUGUST 26 96 /Medical 4a., Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner DALTIMORE City HOSPITAL emoria Age (In yrs. last birthday) 5. Sociel Security Number If Under 1 If Under 24 Hrs. 9. Birthpla oe (State or Foreign **Funeral** Months 218-Days 2285 Director Usual Residence of Decadent 10a. State Show 10b. County 10c. City. Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or itema 23a or 28a-f show other traumatic event, me Medical Examinar must be notified as 1 Yes 2 No **Funeral Director** more 10e. Skeet and Number Citizen of What Country? 2 14. Raca - American Indian, Black, White, etc. 1. Marital Status 12. Was Decedent Ever in U.S. 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cupan, Mexican, Puerto Rican, etc.) Armed Forces?

1 Yes 2 No
If Yes, Give Pages 1 and 2 should be filed within 72 hours after nent of Health and Mentel Hygiene.
ant: If Item 27 is marked other than "natural", or ite 1 Never Married 2 Married Saltimore, Maryland 21215-0020 1□ Yes 2♥No Specify Completed by 3 Widowed 4 Divorced Year or Detes 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuat Occupation (Give kind of work done during most of working f life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) nares 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be JeR 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Department of Health er Important: If item 27 is eny Injury or other tra-NSOY 20a. Method of Disposition
1 Method of Disposition
2 □ Cremation 3 □ Removal from 20b. Place of Disposition (Name of cemetery, crematory or other) 20c. Location - City or Town, State 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Doll Name end Address of Facility uneral Home EdmondSon of dylng, such es cardiac or res 2/22 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the shock, or heart failure. List only one cause on each line. 0 Approximate Interval Between Onset and Death dying, such es cardiac or respiratory arrest, Physician Immediate Cause (Final disease or condition resulting in death) /Medical Severe COPI Examiner Examiner Dreumonia Pseudomona or Attending Physician: The law requires that the death certificate be executed for use es the buriel-transit Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760. signed by the ettending physician Physician/Medical that initiated events resulting in death) Last Due to (or as e consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No þ Completed 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? peen completion of cause of death? this certificate hes 2 No 1 ☐ Yes 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) To Hospital: 1 ☐ Yes 2 No 1 inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28c. Injury at Work? Certification: 28d. Describe how Injury occurred After 5 Pending Investigation 1 Natural Accident 1 Yes 2 No To the Hospital or Maer within 24 hours efter on To the Funeral Pijector completely filled in Digital 6 Could not be determined 3 ☐ Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and dua to the cause(s) and manner as stated.

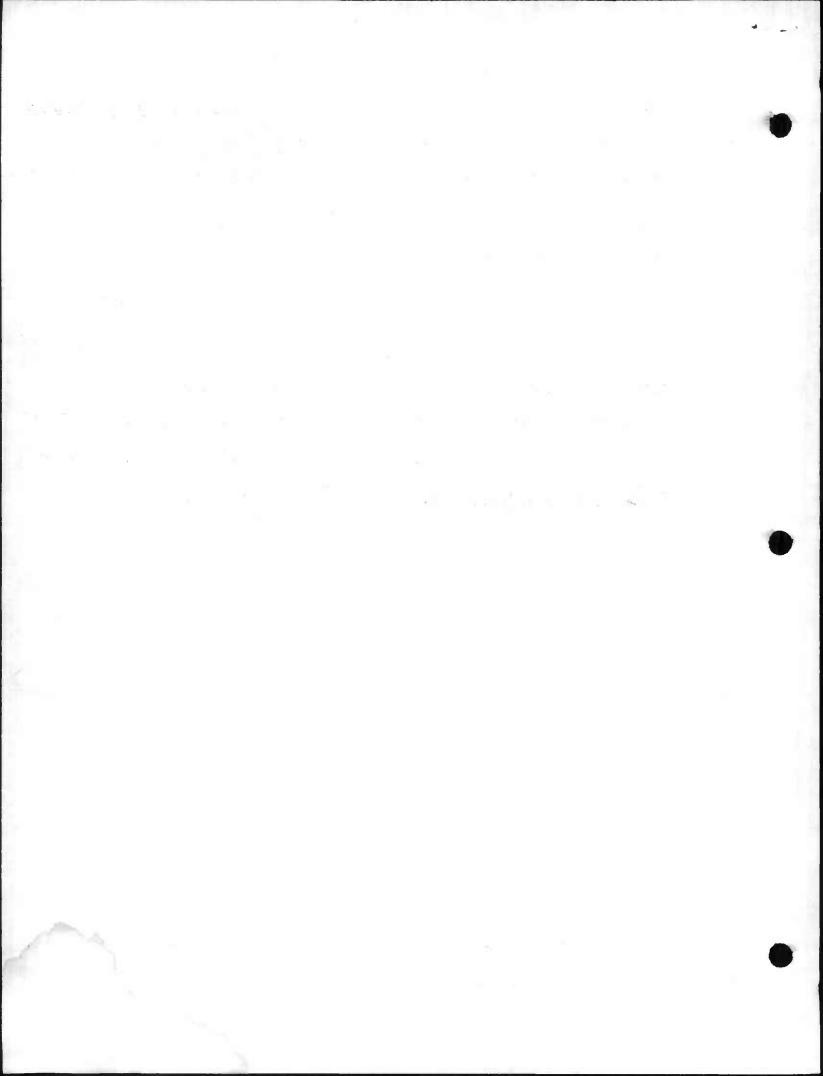
Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. Medical (Check only 29b. Signeture and title of cartifier 29c. License number 29d. Date signed (Month, Day, Year) AT 2438946 10 C 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Balhmore, Mz, 21318 01 · University NWOd 31. Dete filed (Month, Day, Year) AUG 28 1996 Registrar

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State of Maryland / Department of Health and Mental Hygiene Film G738 item 16b,20b per FH 8-28-96 rja Certificate of Death 1. Decedent'e Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** PERCY PINKNEY 4c. County of Deeth Hug! /Medical 4b. City, Town, or Location of Deeth 4e. Facility Neme (If not Institution, give street and number) Examiner NA MERCY HOSPITAL HOSPICE CARE BALTIMORE Months Deys Hours Min. June 15 5. Sociei Security Number 6. Sex 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country) **Funeral** 1QM 20 F Yrs. 219-33-2738 Usuel Residence of Decedent Director 64 North Carolina death with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r 28a-f shov 1 □-Yes 2 □ No Director BALTIMORE maryland NA 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? ir than "natural", or items 23s or the Medical Examiner must be 5907 21239 CHINQUAPIN PKWY #2 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. filed within 72 hours after 1 ☑ Never Merried 2 ☐ Married 1 Yes 2 No If Yes, Give Yeer or Detes: altimore, Maryland 21215-0020 1 Yes 2√ No Specify: Specify Black þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Country Cluo Hygiene. Eiementery/Secondery (0-12) Coilege (1-4or 5+) Cullinary Elk Ridge Gountery 12 7 is marked other traumatic avent. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be Pages 1 and 2 should be finent of Haalth and Mental I interm 27 is marked of Percy L. Pinkney Betty McKisset 19e. informent's Neme/Reletionship (Type, Pnnt) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 5907 Cninquapin Pkwy.#2 Sandra D. McKisset Balto. ind. 21239 other 20b. Piece of Disposition (Neme of Mourity, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Muriai 2 ☐ Cremetion 3 ☐ Removei from Stete 도청 Department of Important: If any injury or once. Houint Zion 3/31/96 Lansdowne, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Neme and Address of Fecility UNITY FUNERAL 103 9. NORTH A HOME 23a. Fanty Enter the disease, or complications that caused the selection, or heart failure. List only one cause on each line. NORTH AVENUE 21201 BALTO. MD. ith. Do not enter the mode of dying, such as cerdiec or respiretory errest, Approximete intervel Between Onset and Deeth **Physician** /Medical Immediate Cause (Finel ACQUIRED IMMUNE DEFICKTORY SYNDROME ~// years diseese or condition resulting in deeth) Examiner Due to (or as e consequence of): Examiner INFECTION physician and s the burial-transit certificata be axecuted Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760. Physician/Medical Due to (or es a consequence of): 8 usa lor signed by the a Pert fl. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown Records, à 24b. Were autopsy findings evallable prior to completion of cause of deeth? 24e. Wes an eutopsy performed? Completed peed paga 2 1 Yes 25 No 1 ☐ Yes 2 ☐ No certificata Division of Vital Physician: 26. Piece of Death (Check only one) STELLA MARIS AT MERCY 25. Wes case referred to medical Be Other: 4 \square Nursing Home 5 \square Residence 8 \boxtimes Other (Specify)HOSPICEHospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 1 Yes 2√2 No this 27. Manner of Deeth 28e. Dete of injury (Month, Dey Year) Certification: 28b. Time of 28c. injury et Work? 28d. Describe how injury occurred Naturel 5 Pending investigation al or Attending s after death. i Director: Aft 1 Yes 2 No 2 Accident 3 ☐ Suicide 6 Could not be determined 28e. Piece of injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 4 \(\text{Homicide} \) To the Hospital or within 24 hours of To the Funeral D Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end manner es steted.

| Medical Examiner: On the best of examination end/or investigation, in my opinion, deeth occurred et the time, dete end piece, end due to the cause(s) end menner stated. 29e. Certifier Medical (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) D. Durina D40480 1996 25 5810 BELAIR 30. Name end address of person who completed cause of deeth (ftem 23a) (Type, Print) 120 FRANDO 1. Forma 134210. 21206 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State

Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death RYBARCZYK Dey **Physician** JOHN AUGUST 24 1996 8:45 AM /Medical 4b. City, Town, or Location of Death 4a. Facility Name (If not institution, give street end number) 4c. County of Deeth **Examiner** BALTIMORE REMANSILITATION + EXTENDED CARE BALTIMORE BALTIMORE if Undar 24 Hrs. 8. Deta of Birth
(Month, Day, Year)
June 10,1920 7. Aga (In yrs. last birthdey) If Under 1 Yaar Months Deys 6. Sex 1XXM 2□ F 5. Social Security Number Birthpiaca (Steta or Foreign Country) **Funeral** 212-18-4398 Director Maryland Usuel Residence of Decedent 72 hours after death with the Merylend 10a. Stete 10c. City, Town or Location 10d. Inside City Limits Nem 27 is marked other than "natural", or Nems 23s or 25s4 show other traumedo event, the Mooical Examiner must be nothed at 1XXes 2□No Director Baltimore Md. N/A 10e. Street end Number 10f. Zip Coda 10g. Citizen of Whet Country? 408 S. Wolfe Street 21231 U.S.A. Funeral 12. Was Decedent Ever In U.S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Rece - American Indian, Biack, White, etc. 1∑Wes 2□No If Yes, Give Yeer or Detes: WW II 1 Never Married 2 Married 1 ☐ Yes 2 XXVo ģ Specify: 3 Widowed 4 Divorcad White Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry filed within 7 Hygiene. then. Elemantary/Secondery (0-12) Coilege (1-4or 5+) 8 Policeman Baltimore City 17. Fethar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maiden Sumeme) 12 should be fill h end Mentel H 7 is marked out Be 2 Rybarczyk Anna Kowalska 19a. Informant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Pages 1 end 2 s ment of Health en ant: If Nem 27 is Gertrude Rybarczyk/Wife 408 S. Wolfe Street, Baltimore, Md. 20b. Piece of Disposition (Neme of cematery, cremetory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, Stete permit. Pages Department of Important: If it any Injury or o Burial 2 Cremetion 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 8/27/96 Stanislaus Cem. Baltimore.Md. 21. Signature of Funerei Service Lices 22. Name end Address of Facility Lilly & Zeiler Inc. 1901 Eastern Avenue 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or raspiratory arrast, shock, or heart feilure. List only one cause on each line. Approximeta Intervel Betwaan Onset end Deeth **Physician** Immediete Ceuse (Finel disaese or condition resulting In deeth) PROBABLE CARDIAL ARRHYTHMIA /Medical MINATES Examiner Due to (or as a consequenca of):

CORONARY ARTERY Examiner 6 YEARS The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to Immadieta cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last and ettending physician Division of Vital Records, P.O. Box 68760 Physician/Medical Due to (or es a consequance of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by I BRADYCARDIA, IMMOBILITY, STROKE, 1 ☐ Yes 2 ☐ No 3 Probably 4 ☐ Unknown Completed by 24b. Wara autopsy findings evailable prior to completion of cause of daath? 24e. Wes an eutopsy performed? MULTI-INFARCTION DEMENTIA, DIABETES MELLITUS, SEIZURES 1 ☐ Yas 2 No iis certificate 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical examiner? director, Be 26. Place of Deeth (Check only one) Hospitei: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Rasidanca 6 Other (Specify) 2 1 ☐ Yas 2 No 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Dascribe how Injury occurred Certification: 1 Meture! 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident investigetion 6 Could not be detarmined 3 Suicide 28e. Piece of Injury - At home, farm, straat, factory, office building, etc. (Specify) 28f. Location (Streat and Number or Rural Route Number, City or Town, Stete) 4 Homicide Hospital
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 Funeral I 15 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner as steted.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end pieca, end due to the cause(s) end menner steted. Medical 29e. Certifier (Check only one) To the To the Comple 29b. Signeture and title of certifier. 29c. License number 29d. Date signed (Month, Day, Year) 30 Nema end address of person who completed cause of deeth (Item 23e) (Type, Print)

CALVIN MD BALTIMORE VA MEDICAL CENTER

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State Registrar

31. Deta filed (Month, Dey, Year)

AUG 2 8 1996

32. Registrer's Signeture

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